National Institute of Justice

Developing a Law Enforcement Stress Program for Officers and Their Families

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- *Evaluate the effectiveness of criminal justice programs* and identify programs that promise to be successful if continued or repeated.

- *Recommend actions* that can be taken by Federal, State, and local governments as well as by private organizations to improve criminal justice.

- *Carry out research on criminal behavior.*

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- Pioneering scientific advances such as the research and development of DNA analysis to positively identify suspects and eliminate the innocent from suspicion.

- The evaluation of innovative justice programs to determine what works, including drug enforcement, community policing, community anti-drug initiatives, prosecution of complex drug cases, drug testing throughout the criminal justice system, and user accountability programs.

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- Operation of the world's largest criminal justice information clearinghouse, a resource used by State and local officials across the Nation and by criminal justice agencies in foreign countries.

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Developing a Law Enforcement Stress Program for Officers and Their Families

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Foreword

Law enforcement has always been a stressful occupation. However, there appear to be new and more severe sources of stress for law enforcement officers than ever before. Some of these stresses are related to increased scrutiny and criticism from the media and the public and to anxiety and loss of morale as a result of layoffs and reduced salary raises. Even positive changes in law enforcement have increased stress for some officers: while community policing can increase officer job satisfaction and overall departmental efficiency and morale, the transition to this approach can cause apprehension. Furthermore, in recent years there has been increased recognition of longstanding sources of stress, including those that some police organizations themselves may inadvertently create for officers because of their rigid hierarchical structures, a culture of machoism, minimal opportunities for advancement, and paperwork requirements.

It is also becoming increasingly clear that law enforcement frequently exacts a severe toll on the family members of the officer. We should be concerned about the stress that law enforcement work creates for family members for its own sake, and we also need to recognize that a stressful home environment can impair an officer's ability to perform his or her job in a safe and effective manner.

In response to these issues, we have seen heightened interest in identifying and implementing strategies that will prevent and treat law enforcement stress, including its impact on stress on officers' families. This *Issues and Practices* report provides a comprehensive and up-to-date look at a number of law enforcement stress programs that have made serious efforts to help departments, individual officers, civilian employees, and officers' families cope with the stresses of a law enforcement career. The publication is based on nearly 100 interviews with mental health practitioners, police administrators, union and association officials, and line officers and their family members. It provides pragmatic suggestions that can help every police or sheriff's department reduce the debilitating stress that so many officers experience and thereby help these officers do the job they entered law enforcement to perform—protect the public.

Jeremy Travis
Director
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Acknowledgements

Executive Summary

Contents and Background of This Report

This publication provides practical guidance regarding the development and maintenance of a law enforcement stress program. The information is based largely on interviews with nearly 100 people, including mental health practitioners, law enforcement administrators, union and association officials, and almost 50 line officers and family members from both large and small agencies. The publication does not discuss specific counseling approaches but does include references to counseling literature and related resources.

Law enforcement officers face a number of sources of stress particular to their field, ranging from organizational demands (e.g., shift work) to the nature of police work itself (e.g., exposure to violence and suffering). In addition, some officers report new or increasing sources of stress, including those which result from the implementation of community policing, negative publicity, and reduced resources. It is important that stress programs address the needs of the family members of department personnel, who can be a source of considerable stress or support for officers and who themselves frequently experience difficulties associated with their spouse's or parent's law enforcement work.

Planning the Program

A program planner or independent practitioner who expects to provide mental health services to law enforcement agencies—or wishes to improve or expand existing services—needs to include key law enforcement administrators, labor representatives, officers, and family members in the planning or expansion process, and to conduct a needs assessment, form an advisory board, formulate program objectives, and develop written policies and procedures that identify the extent and limitations of program activities. Law enforcement stress experts recommend a systematic and holistic approach to program development, focusing on both the prevention and treatment of stress at the individual and organizational levels.

Structuring the Program

To provide such services, a planner can establish an in-house program, an independent external organization, or a combination of the two. Each option has advantages and drawbacks. Regardless of program structure, stress program services must be delivered in a location that is accessible and completely private—typically, not in a law enforcement department building.

Choosing Among Staffing Options

Stress program staffing configurations may differ and may include nonsworn mental health professionals, sworn mental health professionals, interns, chaplains, volunteers, and peer supporters. Careful screening, thorough training, and strong management support are especially essential for peer supporters to be of benefit.

Establishing a Referral Network

Program staff and independent practitioners need to select and monitor qualified external service providers to whom they can refer selected officers and family members in the event of lack of time to treat them in-house or if special counseling skills are required.

Dealing With Confidentiality

Strict confidentiality (within the limits of the law) is essential to program success. However, there are exceptions to the privileged nature of communication between clients and licensed mental health practitioners, some of which vary from State to State. To help ensure confidentiality, program staff can distribute clear confidentiality guidelines, maintain appropriate client records, and either send mandatory referrals to external counselors or clearly distinguish between the treatment of voluntary and mandatory referrals within the program. In addition, staff need to consult with legal counsel

in order to clarify their legal responsibility for maintaining confidentiality and reduce their exposure to lawsuits.

Marketing the Program

To be successful, a stress program must generate awareness, support, and referrals from administrators, mid-level managers, union or association officials, line officers, nonsworn personnel, and family members of all personnel. In order to generate support, program staff involve these target groups in program planning, provide training, and make themselves available around the clock. In the end, however, word of mouth is the best source of support.

Preventing Stress and Stress-Related Problems

Training officers and their families to recognize sources and signs of stress and to develop strategies for coping with it is a primary goal of any stress program. Most practitioners believe that the academy is the best time to begin, but in-service training is useful for reinforcing and extending basic concepts and strategies.

Reducing Organizational Stress

Because certain structures and practices within law enforcement agencies themselves can be a significant source of stress for officers and family members, program staff and independent clinicians sometimes work with departments to modify agency policies and procedures. Program staff have worked to alter rigid hierarchical structures, to make shift work more flexible, to improve supervisors' training methods, to provide conflict management among officers, supervisors, and managers, and to help create better matches between officer skills and the needs of a given job. In addition to reducing stress for individual officers such organizational changes can improve the overall efficiency of the agency itself.

Responding to Stress-Related Problems After They Occur

Among the treatment services that law enforcement stress programs can provide are short- and long-term counseling,

critical incident stress debriefing, crisis intervention, and assessment and referral to other providers.

Services for Family Members: Treatment and Training

Since many practitioners report that most problems for which officers seek assistance involve relationship difficulties, programs are increasingly providing services, including peer support, for family members.

Monitoring and Evaluating the Program

Program staff and independent practitioners who regularly monitor and can evaluate their own services are more likely to be able to maintain or increase their funding and to find ways of improving program operations and effectiveness. Several guidelines suggest how to conduct useful process and impact evaluations.

Managing Program Costs and Funding

Program staff and consulting mental health professionals can benefit by estimating both their total operating expenses and their unit costs, such as cost per client or counseling hour. While practitioners consulted in this study have found a variety of ways to save money and to secure funding, it should be noted that some managed care plans limit the ability of programs and individual counselors to provide services.

Tapping Other Resources

A limited search identified organizations and written materials and that can provide assistance in establishing or improving a stress program. Experienced staff from several stress programs are available to provide consultation by telephone.

Chapter 1
Contents and Background of This Report

Key Points

- This publication provides practical guidance regarding the development and maintenance of a law enforcement stress program, with detailed descriptions of existing programs that serve small, medium-sized, and large agencies across the country.

- Information in the report is based largely on interviews with nearly 100 individuals, including mental health practitioners, law enforcement administrators, union and association officials, and almost 50 line officers and family members.

- The publication examines a wide range of stress program services, including treatment services, training and other prevention efforts, and consultation regarding the elimination or mitigation of organizational sources of stress. An entire chapter is devoted to treatment services and training for family members of law enforcement personnel.

- Despite limited resources, many law enforcement agencies have implemented stress programs not only to benefit officers and their families but also to improve efficiency, morale, and image, to protect the significant financial investment they have made in officers, and to help ensure that officers are in the best condition to protect and serve the public.

- Law enforcement officers face a number of unusual, often highly disturbing, sources of stress, including organizational stresses (e.g., the hierarchical, autocratic structure of the agency), stresses inherent in law enforcement work (e.g., frequent exposure to violence and human suffering), frustration with other parts of the criminal justice system (e.g., perceived leniency of court sentences), and personal difficulties (e.g., not having enough time with their families).

- Some officers report increasing levels and new sources of stress, including the implementation of community policing, the high level of violent crime, the perceived increase in public scrutiny and negative publicity, the reduction in resources and job security due to fiscal uncertainty, a decrease in camaraderie among officers, the fear of air- and blood-borne diseases, and an increased emphasis on cultural diversity and political correctness.

- Commonly reported effects of these stresses on officers include intense cynicism, suspiciousness, physical ailments, and family and other relationship difficulties.

- It is important that stress programs address the needs of family members who not only frequently experience stress-related difficulties associated with the officer's work but who also can be tremendous sources of added stress—or support—for officers.

- Stress programs also need to include nonsworn department members, who are not only vitally important to department operations but may also experience severe work-related stress that deserves attention.

Who Can Use This Publication?

This publication is a guide to the development and improvement of services to *prevent*, *reduce*, and *treat* stress-related problems among law enforcement officers and their families. It is primarily intended for:

- administrators and mid-level managers in small, medium-sized, and large law enforcement agencies at the Federal, State, and local levels; and

- police psychologists and other mental health professionals, directors of employee assistance programs (EAPs) or personnel departments, and other law enforcement stress program planners and staff.

Law enforcement union or association officials, researchers, officers, and family members may also find the publication's overview of law enforcement stress and its description of stress programs useful. Finally, many of the report's guidelines are applicable to nonsworn personnel and corrections officers.

What Is in the Publication?

A considerable amount of existing research literature describes the sources and effects of stress among law enforcement officers and specific services available to assist personnel with stress-related problems. Within this body of work, however, there is little to guide mental health professionals, law enforcement administrators, or other planners in developing or improving a comprehensive stress program. As interest in law enforcement stress services has continued to grow, and as these programs have developed and expanded across the country, the need for such guidance has become clear. This publication is distinctive because it combines in one volume five features.

(1) Many previous publications on law enforcement stress are dated.[1] This report provides an *up-to-date* look at the nature of law enforcement stress and the principal elements of stress programs.

(2) The publication also examines the sources and effects of stress within the families of law enforcement officers and describes program services for *family members*.

(3) The publication considers the stresses sometimes associated with certain characteristics of *law

enforcement agencies themselves (as opposed to those inherent in the nature of police work, close media scrutiny, and the criminal justice system), and describes efforts to reduce these organizational sources of stress.

(4) The publication provides *guidelines for action*, rather than discussions of theory, and includes detailed descriptions of what agencies are actually *doing* to prevent and treat stress. Because most police departments across the country have 10 or fewer officers[2]—and, consequently, limited resources—descriptions of low-cost stress services for small departments are presented. In addition, many of the suggestions in the publication can be put into practice by employee assistance programs that already serve small agencies. (Some study site programs are highlighted more often than others in various chapters because their staff members were able to provide more information on the topics in question.)

(5) Finally, the publication reflects not only a survey of research literature and consultation with selected law enforcement researchers but also interviews with nearly 100 individuals, from stress program administrators and staff to family members and civilian employees (see the box "Sources of Information for This Publication").

What Is a Stress Program?

A law enforcement stress program can take many forms, including an employee assistance or psychological services program set up within the agency, a group of officers trained to provide support and referrals to other officers, a private mental health practice or independent practitioner who serves one or more law enforcement agencies, or a combination of these arrangements. The common characteristics among these arrangements are that they have some kind of formal structure and are set up with the express purpose of preventing and reducing stress among law enforcement officers. (Chapter 3 reviews various organizational structures of stress programs.)

Sources of Information for This Publication

The information presented in this report comes from four principal sources:

- literature on law enforcement stress and stress programming;

- in-person interviews with stress program directors, other mental health providers, law enforcement administrators, union and association officials, officers, family members, and civilians at four sites: San Bernardino, California; the State of Michigan; Erie County, New York; and the Bureau of Alcohol, Tobacco, and Firearms (ATF) and the Drug Enforcement Administration (DEA) in Washington, D.C.;

- telephone interviews with similar individuals in San Antonio, Texas; Tulsa, Oklahoma; Metro-Dade County, Florida; Rochester, New York; and Coventry, Rhode Island; and

- less comprehensive telephone interviews with several other stress program directors across the country.

The jurisdictions studied in depth were selected based on the suggestions of the project's advisory board (see page ii) and police mental health professionals gathered at a January 1995 FBI law enforcement symposium on organizational issues in law enforcement. The programs contacted from these jurisdictions represent different organizational approaches, serve both large and small law enforcement agencies, and have different jurisdictional responsibilities (municipal, county, State, and Federal).

Why Should a Stress Program Be Started or Expanded?

At a time when resources are scarce at most law enforcement agencies, why should time, space, and money be spent on a law enforcement stress program, particularly when many agencies have access to city- or countywide employee assistance programs (EAPs)? Law enforcement administrators, union and association officials, and stress program directors cite several reasons:

- to provide a confidential, specialized approach to treating and reducing stress for officers and their families, and to improve their ability to cope with stress on their own (most officers do not trust—or use—city or county programs);

- to increase officer morale and productivity;

- to increase the agency's overall efficiency and effectiveness;

- to reduce the number of early retirements and workers' compensation claims due to stress-related disabilities;

- to reduce the number of on-the-job accidents;

- to reduce the potential for civil liability due to officers' stress-related inappropriate behavior;[3]

- to reduce negative media attention, and

- to improve the general well-being of police families.

Several police chiefs and other law enforcement administrators attest to the value of their agency's stress programs. As Robert Peppler, Assistant Sheriff of the San Bernardino Sheriff's Department, says, "We have a tremendous investment in cops, and if they leave after one traumatic incident, we have lost a tremendous amount. A dollar in psychological services now can save us hundreds of thousands down the road." Aristedes W. Zavaras, former chief of the Denver Police Department, told a congressional hearing in 1991,

> From my perspective of chief, I am obviously concerned about the well-being of the officers, but it goes beyond that. I also look at the financial end of it, and I look at the tremen-

dous cost. We look at an officer at the end of one year and realize that we have probably over $1 million invested in that person. From the administrative perspective you don't want to lose that person. That is a little mercenary to look at it that way, but it is a reality. . . . I don't, quite frankly, think that departments can afford not to have psychological services for their officers.[4]

If program staff can help an officer overcome stress-related problems, the department may benefit not only by retaining a valuable employee but also by inspiring the officer to be more motivated, compassionate, and loyal to the department.[5] Furthermore, as Samuel C. McQuade, a former police officer and current Social Science Program Manager at the National Institute of Justice, notes; "to the extent that individual officers have less stress, agencies will have less stress, and this in turn will afford greater ability for police and their agencies to act in efficient ways, producing more effective results."

Administrators may be concerned that a stress program will be abused by some officers who will see the program as a way to escape discipline for substandard job performance.[6] With clear program policies and procedures, however, this should not be a problem (see chapter 2, "Planning the Program"). Furthermore, none of the individuals interviewed for this report suggested that programs were being abused in this manner.

A stress program in and of itself cannot ensure that all officers will cope more effectively with stress. To a great extent, coping depends on individual characteristics such as personality, physical condition, and spiritual and family support. A stress program can, however, educate officers about how to reduce and cope with stress, and it can provide needed services at critical moments. No single example of stress programming will be suitable for all types of law enforcement agencies; departments need to tailor their services to the size of the organization, its geographic jurisdiction, available resources, officers' career levels and particular needs, and other agency characteristics.

Stress Services: A Generational Split?

The mere fact that more and more law enforcement agencies are making stress services available to their personnel indicates that these services have attained a critical threshold of acceptance. Based on anecdotal evidence from interviews conducted for this publication, skepticism and outright hostility regarding stress services seem to be decreasing. The extent of this change in attitude, however, is unclear, and considerable opposition to stress services remains.

Most of the program directors interviewed for this publication said that, although it took a long time, the importance of stress services has been acknowledged among many officers, due in part to efforts to market the programs but also to the increased educational level—and resulting awareness of physical and emotional reactions to stress—of younger officers. One command officer said, "This generation of police is different. Officers used to be mainly military veterans who either hid their stress better or didn't know the terms or could handle things better. More college-oriented cops understand the value of social service programs to improve their careers." Another reported that he and many of his fellow administrators are more understanding of the need for psychological services and more willing to devote resources to a stress program because they have had more opportunities for higher education.

Older officers, however, still frequently question the usefulness of stress services. "The biggest obstacle," one chief said, "is the old-timers who think officers should still tough it out. The older generation is derisive toward what the new generation wants." To be sure, even among younger officers the stigma—or fear of stigma—attached to psychological counseling remains strong in many agencies. As one officer said, "When you mention psychologists, everyone runs."

(Chapter 7, "Marketing the Program," provides suggestions for gaining acceptance of the stress program among skeptical officers.)

Why Extend Program Services to Family Members?

As discussed below, law enforcement work can take a tremendous toll on an officer's family. By training, counseling, and otherwise supporting family members, programs can do much to ensure that these individuals not only receive the help they need but also remain or become sources of support rather than additional stress for officers. As one researcher said, "Police families do not wear the badge or carry the weapon but are very much affected by those who do. Their support role clearly contributes to maintaining law enforcement services in the community."[7] Furthermore, because family members are often the first to recognize when an officer needs help, they can play a crucial role by encouraging that officer to seek assistance before the problem becomes severe. This recognition and referral is more likely to occur if families have been properly trained regarding the signs of stress-related problems and the availability of services to treat these difficulties.

Although an increasing number of law enforcement agencies provide stress services (see box "Law Enforcement Stress Services Are Not New"), comprehensive stress programs are still the exception; most departments that do offer stress services do not extend them adequately—or at all—to officers' family members. Providing these services requires an accurate and up-to-date understanding of the nature of law enforcement stress.

Overview of Law Enforcement Stress

Because stress can be defined in a number of different ways, it has become a catchall "buzz word" for all kinds and levels of emotional and mental problems. Although some researchers have pointed out that stress can have a positive influence, the term generally carries a negative connotation. This publication uses the common dictionary definition of stress: a mentally or emotionally disruptive and upsetting condition occurring in response to adverse external influences, and a stimulus or circumstance causing such a condition.

Of course, people in all walks of life experience—and must find ways to cope with—some degree of stress. However, since the 1970s, criminal justice officials and researchers

Law Enforcement Stress Services Are Not New

The provision of stress services for law enforcement officers is not a passing fad. Some departments, in fact, have operated programs staffed with full-time counselors since 1976. In the past two decades, the number of law enforcement agencies that have full-time psychologists, EAPs, or other types of mental health services has grown significantly. In a 1979 survey of police departments across the country, only 20 percent offered some kind of psychological services.[8] In a 1988 national survey of State and municipal police departments, however, more than half provided some kind of psychological service to officers. Fifty-three percent offered counseling to police officers for job-related stress, 52 percent provided counseling to officers for personal and family problems, and 42 percent counseled officers' family members.[9] Whereas psychological services staff once focused mainly on basic counseling services, testing of officers, and assistance with criminal investigations,[10] often on a part-time consulting basis, many programs now offer around-the-clock services that include critical incident debriefing, training on stress management, peer support, and consultation regarding organizational change in the department.

have highlighted causes and effects of stress that are unique to, or more pronounced among, law enforcement officers. Many researchers, as well as officers and family members themselves, consider law enforcement to be one of the most stressful of all occupations, with correspondingly reported high rates of divorce, alcoholism, suicide, and other emotional and health problems.[11,12] Furthermore, despite the growing number of departments that offer training and treatment for stress-related problems, and despite the reported increased recognition among some officers that experiencing stress is normal but sometimes avoidable, much of the literature and many respondents indicate that officers feel they are under considerably more stress now than were law enforcement personnel 10 or 20 years ago. As a result, no one disagrees that it is essential to continue to address—and to address ever more effectively—the stress that law enforcement officers and their families face, for the sake of their own personal well-being, their productivity on the job, and improved performance of police services.

The discussion below briefly reviews commonly reported sources and effects of stress among law enforcement officers and family members. Endnotes identify studies that provide more in-depth information (see the box "Additional Sources of Information").

Sources of Stress for Law Enforcement Officers

Different officers are likely to perceive different events as stressful, depending on their individual background, personalities, expectations, law enforcement experience, years on the job, type of law enforcement work they perform, and access to coping resources.[13] Nevertheless, sources of stress that seem to be common among—and in some cases unique or particularly burdensome to—law enforcement officers fall into four categories: (1) those related to the law enforcement organization, (2) those that relate to law enforcement work, (3) those that stem from the actions of the criminal justice system and the general public, and (4) those related to the individual officer's personal life and approach to stressful events. A summary prepared by the International Association of Chiefs of Police of many of the stresses that fall into

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Additional Sources of Information on Sources and Effects of Law Enforcement Stress

The Behavioral Science Services Unit of the Federal Bureau of Investigation has compiled several comprehensive collections of articles on law enforcement stress. These include:

James T. Reese and Roger Solomon, eds. *Organizational Issues in Law Enforcement*. Washington, D.C.: U.S. Department of Justice, forthcoming, 1996.

James T. Reese, James M. Horn, and Christine Dunning, eds. *Critical Incidents in Policing*. Washington, D.C.: U.S. Department of Justice, 1991.

James T. Reese and Ellen Scrivner, eds. *Law Enforcement Families: Issues and Answers*. Washington, D.C.: U.S. Department of Justice, 1994.

James T. Reese and Harvey A. Goldstein, eds. *Psychological Services for Law Enforcement*. Washington, D.C.: U.S. Department of Justice, 1986.

To order these publications, contact the FBI Employee Assistance Unit in Washington, D.C., at (202) 324-5244.

An older but still useful book on sources of stress for both officers and their families is:

Arthur Niederhoffer and Elaine Niederhoffer, *The Police Family: From Station House to Ranch House*, Lexington, Massachusetts: Lexington Books, 1978.

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the first three categories is provided in the box "Sources of Psychological Stress."

From the Law Enforcement Organization

Although many people perceive the danger and tension of law enforcement work (glamorized in books, movies, and television shows) to be the most serious stress for officers, the literature[14] reviewed and the interviews conducted for this publication make it clear that in fact the most common sources of stress result from the policies and procedures of law enforcement agencies. These sources of stress may include

- shift work (with some shifts perhaps more stressful than others);

- paramilitary structure;

- unproductive management styles;

- inconsistent discipline and enforcement of rules (e.g., commanders arriving late for work);

- equipment deficiencies and shortages;

- perceived excessive or unnecessary paperwork;

- perceived favoritism by administrators regarding assignments and promotions;

- antagonistic "subcultures" within the department (e.g., between different squads, units, or shifts)

- lack of input into policy and decision making;

- second-guessing of officers' actions and lack of administration support;

- inconsistent or arbitrary internal disciplinary procedures and review;

- lack of career development opportunities (and perceived unfairness of affirmative action), with resulting competition among officers, especially in small departments, for the few available openings;

- lack of adequate training or supervision;

- frequent transfers (for Federal and State law enforcement agents);

- police culture (e.g., machoism, code of silence regarding corruption);

- the police grapevine (e.g., gossip, lack of privacy, feeling that a few fellow officers are not trustworthy); and

- lack of reward or recognition for good work.

Individuals interviewed for this publication told many stories of how one or another of the factors listed above caused them frustration and anxiety. One officer was upset that his chief's secretary had a private parking spot in a busy urban area while officers did not. The wife of an officer who ended up resigning due to the stress of dealing with his administrators reported, "My husband came home more screwed up with department problems than with anything he ever encountered on the streets." One officer chose to work the midnight shift so he could avoid "the brass" whom he hated to deal with during the day, while another gave up a promotion because he could not work with his new supervisor.

"My husband came home more screwed up with department problems than with anything he ever encountered on the streets."

— Wife of an officer who ended up resigning due to stress

From the Job

Although organizational factors and department policies may be the most prevalent and frustrating sources of stress for many law enforcement personnel, certainly the job itself entails a number of others, including

- role conflict (e.g., between being at once an enforcer of the law, a social worker, a counselor, and a public servant);

- a "roller-coaster" routine of frequent boredom interrupted by the sudden need for alertness and quick action;

- fear and danger on even supposedly routine calls;

Sources of Psychological Stress

I. Intra-Organizational Practices and Characteristics

1. *Poor supervision.* The actions and attitudes of police supervisors can either increase or help alleviate the stress of the job.

2. *Lack of career opportunities.* The promotional process is frequently viewed as being limited and unfair, causing frustration among officers.

3. *Inadequate rewards.* Recognition for a job well done is rare; however, criticism for mistakes is frequent.

4. *Offensive policies.* Many departmental requirements are viewed as threatening or unreasonable.

5. *Excessive paperwork.* The need for duplicate forms of every police transaction is often questioned.

6. *Poor equipment.* An officer's well-being may depend on the quality of his or her equipment; therefore, faulty equipment is a significant source of anxiety.

II. Inter-Organizational Practices and Characteristics

7. *Lack of career development.* In most police departments, there is little room for advancement regardless of the performance of the officer.

8. *Jurisdictional isolationism.* There is often an unfortunate lack of cooperation between neighboring jurisdictions; sometimes an unhealthy competitive relationship exists.

III. Criminal Justice System Practices and Characteristics

9. *Ineffectiveness of corrections system.* Officers are alarmed by the recidivism rate of criminals who seem to be perpetually "on the street" rather than incarcerated.

10. *Unfavorable court decisions.* Many court decisions are viewed by officers as unfairly increasing the difficulty of police work.

11. *Misunderstanding of judicial procedure.* Officers find the adversary system difficult to adjust to, particularly when their testimony is challenged.

12. *Inefficient courtroom management.* Delays, continuances, and inconvenient scheduling make courtroom appearances a frustrating experience.

13. *Preoccupation with street crime.* The police officer must focus on street crime, often committed by disadvantaged people, yet the officer knows that "white collar" crime in business and politics flourishes.

IV. Public Practices and Characteristics

14. *Distorted press accounts.* Reports of incidents are often inaccurate and perceived as derogatory by officers, whether or not the inaccuracy is intentional.

Sources of Psychological Stress (continued)

15. *Unfavorable minority attitudes.* Allegations of brutality and racism are often viewed as unfair and damaging by police officers.

16. *Unfavorable majority attitudes.* The police are frequently accused of being incompetent by majority members of a community.

17. *Criticism from neighbors.* The criticisms of neighbors, relatives, or acquaintances about the police profession are felt deeply by police officers.

18. *Adverse local government decisions.* Issues of local importance such as budgetary restrictions or police-citizen hearing boards may have an impact on police officers.

19. *Ineffectiveness of referral agencies.* The lack or ineffectiveness of social service agencies often frustrates the officer who views these agencies as the only viable source of assistance.

V. Police Work Itself

20. *Role conflict.* Officers often experience conflict, for example, attempting to apprehend a criminal yet ensuring that none of his or her rights are abridged.

21. *Irregular work schedule.* Shift work is disruptive to the personal lives of most police officers.

22. *Fear and danger.* The police profession contains many elements of danger that affect officers in both obvious and subtle ways.

23. *Sense of uselessness.* The inability to resolve completely people's problems confronts the police officer daily.

24. *Absence of closure.* Much of police work is fragmented, opportunities for follow-up on a case are limited, and feedback on the results is minimal.

25. *Human suffering.* Officers are constantly exposed to the inequities and brutalities of life. Such experience must take its emotional toll on even the most well-adjusted individuals.

26. *"The startle."* At most any time a quick response to a particular condition is required, and such a response is jolting to the officer's physical and mental state.

27. *Consequences of actions.* The seriousness of the issues and consequences of police work is both physically and mentally demanding.

28. *Twenty plus years.* Stress is cumulative in nature, and stressful events are connected to one another with long-term continuity.

This box is adapted from "Job Stress and the Police Officer: Identifying Stress Reduction Techniques," by Dr. Terry Eisenberg. It appears in a "training key" developed by the International Association of Chiefs of Police.

Additional Stress for Female, Gay, and Ethnic Minority Officers

The number and acceptance of women, homosexuals, and ethnic minorities in law enforcement have increased over the years, but not enough, many members of these groups report, to alleviate additional stress these officers often face. For example, women make up less than 10 percent of sworn police officers nationwide and occupy few top administrative posts, and this is due in part, some researchers say, to hostile working environments, discrimination, and sexual harassment.[15]

Some female, gay, and minority officers may have the added stress of

- lack of acceptance by the predominantly white, male force and subsequent denial of needed information, alliances, protection, and sponsorship from supervisors and colleagues;

- lack of role models and mentors;

- pressure to prove oneself to colleagues and the public;

- exclusion from informal channels of support; and

- lack of influence on decision-making.[16]

One female officer went to investigate a neighborhood dispute in the countryside only to be told by the caller that he would not speak with her—that she should "go home and send a real cop." When the officer refused, the man called the department and was told to deal with the female officer; instead, the man went back inside his house and ignored her. Another female officer experienced constant harassment from a male officer who kept telling her she wasn't up to the job. On the advice of another male officer, she finally dropped her belt at the stationhouse and told him, "OK! Let's go at it." They engaged in a tussle before the sergeant separated them. Later, the hostile officer changed his entire attitude toward the woman, becoming her friend.

Many female officers take less aggressive—yet what they feel are no less effective—approaches to stressful work situations than men typically adopt.[17] In fact, one researcher has suggested that despite the extra *sources* of stress they face, many women do not report actually *feeling* a substantially higher level of stress than men because "they are willing to talk about their feelings and the related stress, reject competitiveness, and make a conscious effort to reduce stress through actions such as taking time off from work."[18] Also, depending on individual personality and experience, some women may be more offended and intimidated by degrading language than others. Some female officers may even find *exchanges* of insults to be a way to use humor to relieve stress.[19]

- critical incidents such as shootings, hostage situations, environmental disasters, and crime scenes involving death or severe injury;

- the pressure of the responsibility for protecting other people;

- particularly stressful assignments, such as undercover duty or drug raids;

- frequent exposure to human depravity and human suffering; and

- shift work (also a type of organizational stress).[20]

Most law enforcement personnel have compelling stories to tell of particularly difficult work conditions. One seasoned police officer said he began drinking heavily after a fellow officer was killed in a shooting. Another had trouble sleeping for many days after seeing a man stabbed several times and

then trying to stop the bleeding. As one officer who had worked 29 straight hours investigating a deadly arson scene said, "You'd think everybody would run right home, but we all just sat in the back room—just trying to compose [ourselves]. . . . There's no switch you can just turn on, turn off: I'm going home—okay turn the emotion switch back on. It doesn't work like that. If anybody says so, they're mistaken."[21]

> *"You're telling an officer he's going to be penalized if he doesn't get there quickly, and, if he risks some safety factors to get there quickly, he's going to be penalized as well. That creates an enormous amount of stress. That famous quote about 'damned if you do, damned if you don't' appears to be the department policy."*
>
> — Richard B. Costello, President, Philadelphia Fraternal Order of Police, quoted in *Law Enforcement News,* March 15, 1995

From the Criminal Justice System and the Public

Significant sources of stress also result from the perceived inefficiency of the criminal justice system and from what are seen as negative attitudes toward law enforcement among the media and society at large. In particular, officers complain of

- court rulings perceived as too lenient on offenders;

- court rulings perceived as too restrictive on methods of criminal suppression and investigation;

- perceived premature release of offenders on bail, probation, or parole;

- inconveniently scheduled court appearances and long waits before testifying;

- lack of follow-up with police to tell them how cases turned out;

- perceived lack of respect from judges, lawyers, and others in the criminal justice system;

- perceived lack of respect from the public (including surveillance by watchdog groups such as Police Watch);

- negative media coverage;

- perceived inaccessibility and ineffectiveness of social service and other agencies to which officers must refer people; and

- lack of understanding among family and friends about the difficulties of law enforcement work.

One officer spoke for many when he expressed intense frustration with making arrests only to see cases dismissed or reduced through plea bargaining, adding that he felt powerless to reduce crime in his city. Even an officer whose partner had been killed in a shooting cited the court system as his primary source of frustration. Several others said that they do not receive the respect they deserve; one was incredulous that a citizen had called his department supervisor to complain that he was driving too slowly while on patrol. Many officers are disturbed by the ramifications of negative press coverage of departments other than their own (e.g., the widespread condemnation of the Los Angeles Police Department due to the Rodney King beating and the O.J. Simpson trial). Still others observed that even if citizens are not necessarily critical of law enforcement, they do not understand what it is really like. One officer reported that her friends "want to hear the gruesome stories; they do not want to hear about the day-to-day pressures"; another said, "People don't realize cops have feelings, too."[22]

Personal Stresses

In addition to the common personal stresses faced by most people during their lifetimes (e.g., one's own poor health, the illness of a loved one, relationship problems, buying a new house), officers may also have to cope with the following:

- anxiety over the responsibility to protect the public (as one officer put it, "After 20 weeks of training, all of a sudden you're the protector of the innocent");

- disappointment when high expectations are not met (e.g., officers may expect the job to be exciting and glamorous, only to be disappointed by boredom and by disrespect from the public);

- worry about their competency to do the job well (in one study, two thirds of the responding officers reported never or almost never feeling confident about their ability to handle work-related problems[23]); and

- fear of doing something against regulations or being second-guessed.[24]

Responses to these internal stresses are influenced by individual officers' personalities and backgrounds. Stress tolerance levels vary a great deal from one individual to the next; conditions that some officers find stressful may not have the same effect on other officers.

Emerging Sources of Stress

In addition to those listed above, the research literature and interview respondents identified several new or emerging sources of stress for law enforcement officers and their families. Some of these may be due to changes in crime or policing, while others may not be new but simply newly recognized.

Community policing. In the last 10 years, community policing has emerged as the philosophy guiding many police departments across the country. While exact definitions differ, community policing is generally considered to have three ingredients: an orientation to problem solving rather than responding one-by-one to each citizen call for assistance; the development of partnerships with neighbors, community groups, code enforcement agencies, and others to address problems facing the community; and the delegation of considerable decision making power within the law enforcement agency to officers who are given the responsibility for solving problems and for lining up the outside resources to do so. Some police departments have implemented community policing departmentwide, while others have incorporated it into only some aspects of department activities.

Some officers report they like being involved in community policing because they have a chance to interact more with residents and because they can see increased benefits from their work. Others, however, say they experience added pressure and burnout quickly because of high expectations that they will be able to solve community crime problems with only limited resources. One chief said he frequently has to remind his community policing officers that they cannot "take on the world." Involving police officers closely with the lives of neighborhood residents makes them vulnerable to being hurt emotionally if people get injured or turn out to be unreliable.

Although many officers may like having increased influence in department decisions, this can also be stressful since they are not accustomed to this role.[25] Community policing re-

quires interpersonal, verbal, and problem-solving skills that some officers may not possess. Two officers from two different agencies said it was a lack of adequate training, not their new responsibilities, that created added stress. Furthermore, some community policing officers report that they face the disdain of fellow officers who do not view their activities as "real police work," and even officers who are not directly engaged in their department's community policing efforts may feel the strain of the changes involved (e.g., due to reassignments).[26] However, many organizations are working to smooth the transition to community policing, and, as the growing pains involved in its implementation are dealt with, many law enforcement experts expect the community policing approach will provide significant long-term satisfaction for officers.

Increase in violent crime. The widespread rise in violent crime in the late 1980s and early 1990s has been an added source of stress.[27] Although the threat of danger and violence has always been a part of law enforcement work, several respondents said that they no longer feel they have the upper hand over heavily armed criminals who will not think twice about shooting an officer. As one officer said, "The criminal of today is much nastier and meaner." Dealing with a larger number of incidents involving irrational or excessive violence can also take its toll.

In most jurisdictions the number of officers on staff has either remained the same, decreased, or not kept pace with increases in population or crime rates, further exacerbating the stress of dealing with violent crime. One captain said he had 21 people under his command, down from 32 just three years ago; yet the amount of work his unit handles has increased during that time.

Perceived increase in negative publicity, public scrutiny, and lawsuits. In light of the Rodney King beating in Los Angeles, the burning of the Branch Davidians' Waco compound in Texas, the exposure of corruption in several of the country's largest police departments, and other events which generated unfavorable publicity in the 1990s, many officers report feeling stress from heightened public scrutiny and negative press and public opinion. Although negative publicity is warranted for unacceptable police behavior, the attention generated by high-profile cases may create the erroneous image that all or most law enforcement officers are worthy of blame. In addition, negative publicity may obscure the high level of confidence that many people *do* have in law enforcement, leading officers wrongly to assume that most or even all of the public does not trust or appreciate them.

Many officers said they resented their work being criticized or distorted and their actions being watched so closely.[28] Some also believe that the media focus too much attention on offenders' rights and not enough on the harm done to victims and officers or on the difficulty of law enforcement work. Associated with negative publicity and public hostility are officers' increased fears of lawsuits by citizens. While it is primarily law enforcement managers and administrators who have to deal with litigation, some line officers complain that administrators do not publicly support officers who are defendants in lawsuits and that they have more laws, rules, and regulations to follow—and to worry about forgetting to follow—because of the threat of being sued. In addition to the threat of civil litigation, many law enforcement officers also feel anxious about the increasing threat of criminal prosecution and even imprisonment for using a level of force that they may feel is legitimate given the dangerous situations in which they find themselves. As a result, they may feel they constantly have to choose between second-guessing themselves—and, as a result, endangering their lives—or using the amount of force they feel is required and then worrying about whether they will be investigated for doing so.[29]

Fiscal uncertainty, flattening of law enforcement agencies, and lack of job security. Whereas people in the field of law enforcement used to have a high degree of job security, many departments have recently undergone downsizing or hiring and promotional freezes because of budget cuts. The implementation of community policing also brings about "flattening" of law enforcement agencies. More officers are losing their jobs, not being promoted, or living under the strain of uncertainty about their future.[30]

Less socializing among officers and their spouses. Several officers and spouses noted that there is less "bonding" among officers and their families than there used to be. Explanations for this apparent trend included

- increased use of fixed shifts, which allows officers to plan social activities with their families and friends outside the agency (as opposed to always "going out with the boys," often for several hours, whenever one's shift is over);

- more wives working outside the home,[31] leaving less time for socializing with the wives of other officers (as one said, "It's everyone out for herself now"); and

- increased recognition among younger officers that there is "life outside of the badge," leaving them less inclined, as one said, to spend their free time with other officers,

and resulting in less clannishness—and less camaraderie.

While a reduced level of bonding can represent an additional source of stress (or the loss of a former source of support in the face of stress) for some, it may also be a positive trend if it enhances home life. There may also be a split among older and younger generations of officers in their need for different types of socializing. One young spouse attended a "wives' group" meeting and was offended by the traditional roles the other women present played in their husbands' lives and by their naivete about law enforcement work. She would like, she said, to meet with officers' spouses of her own generation to talk seriously about problems they face, not just to gossip, as she felt the women in the group she attended were doing. Her husband, rather than drinking with fellow officers after work, has become absorbed in leading his department's baseball league.

Fear of air- or blood-borne diseases. Several respondents reported experiencing increased fear of the risk of contracting diseases such as AIDS, hepatitis B, and tuberculosis. Corrections officials in particular may feel anxious about the dramatic rise in the number of inmates with these diseases. Because some of this stress may be based on misinformation, apprehension could be reduced with up-to-date information and education about these diseases and their transmission routes as well as improved training in universal precautions relating to contact with body fluids and proper search techniques.[32]

Cultural diversity and political correctness. Several of the white officers interviewed objected not only to what they perceived to be reverse discrimination in hiring and training but also to the emphasis on "political correctness" in officers' language and actions. One officer said that he had been passed over several times during recruitment and then for promotions despite scoring higher than some minority and female candidates. Whether it stems from formal departmental policy or perceived pressure from administrators and colleagues, increased scrutiny of behavior and language is also reportedly a source of stress in some departments. Another officer, for example, complained that "everything is becoming too sensitive" and that he always has to watch what he says because "people have forgotten how to laugh" and are offended too easily. Of course, the latter trend may well *alleviate* stress for the increasing number of minority officers who are entering law enforcement and who experience difficulties because of their ethnic or racial status, gender, or sexual orientation—difficulties which range from verbal abuse from colleagues, supervisors, and the public to dis-

crimination in promotions and mistrust on the part of nonminority citizens about their capabilities. (See the box "Additional Stress for Female, Gay, and Ethnic Minority Officers.")

Effects of Stress on Law Enforcement Officers

The stresses just mentioned can have a number of damaging physical and emotional effects on law enforcement officers which in turn can affect their job performance. These will vary from officer to officer, depending on such factors as the intensity of the stress and the officer's personality, coping mechanisms, and sources of support. Commonly reported effects of stress for law enforcement officers include the following:

- cynicism and suspiciousness,

- emotional detachment,

- post-traumatic stress disorder,

- heart attacks, ulcers, weight gain, and other health problems,

- suicide,

- reduced efficiency in performing duties,

- reduced morale,

- excessive aggressiveness and an increase in citizen complaints,

- alcoholism and other substance abuse,

- marital or other relationship and family problems (e.g., extramarital affairs, divorce, or domestic violence),[33]

- absenteeism, and

- early retirement.

Stress typically affects the behavior of officers along a continuum that can include (a) underlying stress not yet manifested in outward effects, (b) mid-level stress, manifested in such ways as excessive drinking or an unacceptably high number of discourtesy complaints, and (c) debilitating stress, resulting in inadequate job performance, severe health problems, or suicide.

"It probably won't be the bullet that will strike down an officer, but the effects of chronic stress."

— Sergeant Robin Klein, Long Beach (California) Police Department, quoted in *FBI Law Enforcement Bulletin*, Vol. 58, no. 10 (1989)

Stress and the Law Enforcement Officer's Family

The effects of work-related stress on law enforcement officers' family members have been recognized for many years. In 1975, the Los Angeles County Sheriff's Office established an eight-week program for spouses of recruits; in 1978, Arthur and Elaine Neiderhoffer published *The Police Family: From Station House to Ranch House*, which examined many of the difficulties faced by spouses (primarily wives) and children of police officers.

In recent years, the law enforcement family has received increasing attention. Congress held hearings in 1991 on stress-related problems among officers' families, and the 1994 Violent Crime Control and Law Enforcement Act

included legislation requiring additional support for officers' families. According to Congresswoman Patricia Schroeder, who chaired the 1991 congressional hearings, "We must ensure that police departments make the availability of education, stress-reduction training, and family support services an integral part of their work."[34]

As described below, many of the sources of stress for law enforcement officers end up affecting the people closest to them, and even conditions or events that do not bother the officers themselves—or which they may even enjoy—such as shift work or undercover work can cause serious problems for their families. Alternatively, family members can be a source of stress for officers; many program counselors say that marital difficulties are the most common problem for which they treat officers. At the same time, families can be a major source of support for officers. As a result, it is possible that the stress officers experience may sometimes be prevented or reduced if members of their families have access to stress program services, learn to understand the demands of police work, and develop ways to cope with stress as a family.

In one study of 479 spouses of police officers, 77 percent reported experiencing unusually high amounts of stress from the officers' job.[35] Commonly cited sources include the following:

- shift work and overtime (which disrupt family activities and reduce the amount of time family can spend together);

- an officer's cynicism, need to feel in control in the home, or inability or unwillingness to express feelings;

- the fear that the officer will be hurt or killed;

- officers' and other people's excessively high expectations of their children;

- avoidance, teasing, or harassment of children because of their parent's job;

- the presence of a gun in the home;

How Do Programs Define "Family"?

In the 1970s, attempts to help officers' families were fairly narrow in scope. A police department in Pennsylvania held an orientation titled, "The Officer's Lady," to welcome male officers' wives, fiancees, and mothers, for example, and the Indianapolis Police Department held a "Seminar for Wives and Fiancees of Recruits."

Now, however, most stress programs define "family" broadly, incorporating not only spouses and children but also parents, in-laws, siblings, "significant others," and anyone else with whom an officer has a close relationship. The Erie County program in New York State, for example, will provide counseling to anyone who is "important to the officer"; the director of the Rhode Island Centurion Program defines a family member as "someone you're emotionally connected to and care about," and the Counseling Team, an organization that works with law enforcement agencies in San Bernardino, California, includes gay partners as eligible family members.

Some programs, however, place stricter limits on whom they serve. The Metro–Dade program in Miami is designed to provide services to department employees, their immediate family members, and significant others (for couples issues) but considers extended family members and adult family members living outside the household to be beyond the scope of services except in cases of major trauma to the employee.

Program staff must be attentive to the difficulties that arise if administrators, officers, association officials, insurance companies, and counselors do not agree with the program's broad—or narrow—definition of family. For instance, insurance companies may reimburse treatment provided only to immediate family members, such as parents, spouses, and children, and refuse to cover marriage counseling. When this happens, some other mental health professionals end up charging these clients a sliding fee or providing counseling *pro bono*.

- friends' discomfort because of the officer's weapon and 24-hour role as a law enforcer;

- an impression that the officer would prefer to spend time with fellow officers rather than with his or her family;

- either excessive or too little discussion about the job;

- the officer's perceived paranoia or excessive vigilance and subsequent overprotection;

- helping the officer cope with work-related problems; and

- critical incidents or the officer's injury or death.[36]

Family members interviewed for this report offered glimpses into the stressful nature of being related to a law enforcement officer:

- One officer's wife described the difficulty of coping with her husband's rotating shifts while she also worked a full-time job and they tried to raise three children. Friends stopped inviting her to social functions because (she felt) they were uncomfortable about the absence of her husband. She and her husband finally settled on the 11 p.m. to 7 a.m. shift as the best option because it gave him the most time with the family.

- Another wife spoke of being constantly worried about her husband's safety: "I would hear reports of officers being shot and just have to wait to see if it was him. I even listened to the police scanner at night until he came home."

- A female officer said that her marriage had suffered because her difficult shift hours required her husband to do much of the child rearing, which he resented.

- Another officer said that his eight-year-old daughter had witnessed one of his flashbacks to a shooting incident and had been frightened by her father "talking in tongues." "I never want to see my kids exposed to that again."

Officers married to other law enforcement personnel may be less affected by some of the stresses listed above because they may have a mutual understanding of the difficulties of each other's jobs and may share the same friends socially. However, dual-officer couples may also suffer the added burdens of blurred personal and professional roles, gossip among colleagues about their relationship, and, with both working different rotating shifts and working overtime, even less time for each other at home.

Effects of Stress on Law Enforcement Agencies

The cumulative negative effects of stress on officers and their families typically hurt law enforcement agencies as well, leading to the following:

- impaired officer performance and reduced departmental productivity;

- reduced morale;

- public relations problems (e.g., after a suicide or case of police brutality);

- labor-management friction;

- civil suits because of stress-related failures in personnel performance;

- tardiness and absenteeism;

- increased turnover due to leaves of absence, early retirement as a consequence of stress-related problems and disabilities, and the resulting expense of training and hiring new recruits; and

- the added expense of paying overtime when the agency is left short of staff.

Even what may appear to be small-scale problems can cause significant negative effects. For instance, the exposure in the media of a single incident of a few officers abusing alcohol or other drugs can create disrespect and diminished public trust for an entire agency,[37] and small agencies in particular can suffer enormous costs when employee turnover increases as a result of stress-related early retirement or long-term disability.

> *"We have a tremendous investment in cops, and if they leave after one traumatic incident, we have lost a tremendous amount."*
>
> —Robert Peppler, Assistant Sheriff, San Bernardino Sheriff's Department

Stress among law enforcement personnel and their families has serious consequences. With a growing awareness of the nature of these problems and increased departmental and stress program efforts—such as those described on the following pages—to address them, officers and their families may be able to steer clear of some types of stress and to obtain the help they need in dealing with those stresses they cannot avoid.

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Chapter 2
Planning the Program

Key Points

- Patience and thoughtful, careful preparation both at the beginning of a stress program and during later adjustments in program operations are likely to pay off with an efficient, supported, and well-used program.

- Law enforcement stress experts recommend a systematic approach to program development, focusing on the prevention as well as the treatment of stress at both the individual and organizational levels.

- Involving key law enforcement administrators, labor representatives, managers, line officers, family members, and others in planning will help to ensure their support and use of the program.

- When determining a program's target population (that is, whether it will include individuals other than officers, and if so, whom and to what degree), planners need to consider the limits of their resources (e.g., staff qualifications and time), the preferences of the program sponsor, a needs assessment, and how the choice of target populations will affect program credibility.

- Initial and periodic needs assessments are crucial to ensure that the program addresses officers' and family members' primary problems and may also be helpful in promoting the program among clients, administrators, labor representatives, and potential funding sources.

- An advisory board, including representatives of both labor and management, is one of the most useful sources of guidance for program planners.

- Formulating an overall program mission and specific objectives provides a clear picture of what others can expect from the program, focuses program efforts on priority clients and services, facilitates program evaluation, and can impress agency administrators and potential funding sources.

- In determining which services to provide, program planners need to consider clients' needs, other available services and their current or potential effectiveness, staff credentials, and which mix of services (e.g., broad-based or focused) will help ensure program credibility, quality, and support.

- Written policies and procedures, especially with regard to confidentiality, are essential for generating awareness and support and for guiding staff activities. It is best if policies and procedures are developed in collaboration with agency administrators, labor representatives, officers, and other targeted clients.

Careful planning is particularly important in the development of a law enforcement stress program because of the several organizational options available, the sometimes competing interests of labor and management, limitations on financial resources, and officers' common skepticism of mental health services. Even one misstep—such as neglecting to ensure union involvement or locating the program in a place that officers consider too public—can result in long-

term, even permanent, mistrust. Although they may delay program implementation, patience and thoughtful preparation in the early stages are likely to pay off with an efficient, supported, and well-used program.

Furthermore, *program planning should be considered an ongoing activity* as staff seek ways to improve services and respond to changing fiscal, political, and other circumstances. For instance, the Michigan State Police Department's Behavioral Science Section added a trooper who is a recovering alcoholic to its staff after it became clear that many troopers with drinking problems were not comfortable talking to the program's psychologists.

After examining typical factors that spark the development of a stress program, the remainder of this chapter reviews seven important steps in program planning:

(1) selecting the program's target population;

(2) conducting an initial and ongoing needs assessment;

(3) establishing a planning and steering committee;

(4) formulating a mission and objectives;

(5) selecting services to offer and identifying referral sources within and outside the agency;

(6) estimating funding needs and identifying potential funding sources; and

(7) establishing and disseminating written policies and procedures, particularly with regard to confidentiality.

Determining the organizational structure of the program and recruiting staff, two additional major elements of program planning, are discussed separately in chapters 3 and 4, respectively. Obtaining early support from administrators, union officials, and other individuals is addressed in chapter 7. Planning and conducting a program evaluation are covered in chapter 12. Program practitioners recommend that planners maintain a "holistic" focus in moving through these planning steps, making sure that the program addresses personal and organizational sources of stress, officers and family members, and prevention and treatment. The sequence and exact manner in which program planners follow these steps, and the time that each step takes, will depend on local opportunities and constraints.

Getting Started: Responsibility and Resources

In most of the programs contacted for this publication, administrators initiated program planning by identifying the need for services and selecting a program director, who was generally charged with developing program policies and services. For example, department administrators gave the director of the Metro-Dade Health Services Section considerable latitude in planning and implementing the program after they chose him for the job.

Although one person typically has primary responsibility for planning the program, *planning should be considered a collaborative endeavor*, involving key law enforcement department administrators and managers, line officers, labor representatives, family members, and other individuals with an interest in the program. Involving these individuals will help to ensure that (a) the program is responsive to their needs and receives their support, (b) duplication of effort is avoided, and (c) "turf" battles are prevented between the program and other groups that may also serve targeted clients (e.g., a citywide EAP or private mental health professionals). Cindy Goss, Director of the Erie County Law Enforcement Employee Assistance Program, met frequently with the sheriff and police chiefs throughout the county, as well as with a representative of the union representing the county's largest police department, to develop program policies and procedures to which everyone could subscribe. In fact, Goss leaves membership on her advisory board open to whoever wishes to participate because she does not want to exclude any interested parties from the planning process. (See chapter 7, "Marketing the Program," for further information on involving various groups.)

> *The one person in charge of the planning process must be clear about who will have the final say in making decisions but must strive to create a collaborative, not competitive, spirit among those involved in the process.*

With many individuals offering suggestions, however, conflicts may occur when one individual's or group's ideas are chosen over another's. When the views of professional clinicians prevailed over those of line officers at one point in the development of the Rochester Police Department's Stress Management Unit, the officers felt resentful. One commented, "We thought that this was going to be *our* program,

and we felt overruled and second-guessed by an outsider."[1] The one person in charge of the planning process must be clear about who will have the final say in making decisions but must strive to create a collaborative, not competitive, spirit among those involved in the process.

Directors of programs that began in the 1970s and early 1980s had few programs or practitioners they could contact for guidance. Today, however, numerous agencies of all sizes have stress programs whose administrators, staff, and consulting mental health practitioners are likely to be willing to offer suggestions on program implementation and operation. Program planners have also been able to obtain advice from the Psychological Services Section of the International Association of Chiefs of Police, meetings of the American Psychological Association's Police Psychology Division, and symposiums sponsored by the Federal Bureau of Investigations's Behavioral Science Services Unit at the Quantico Training Academy in Virginia. Individuals outside the law enforcement field—such as directors of EAPs in other public agencies and in the private sector, university researchers, and local mental health providers—may also be helpful. (See chapter 14, "Tapping Other Resources," for the names and phone numbers of program directors contacted for this report, as well as a list of pertinent organizations and publications.) An advisory board can also be a particularly valuable source of guidance for program planning, as discussed below.

Selecting Target Groups

Although it may seem clear that the primary beneficiaries of a law enforcement stress program will be police officers, choosing the program's client population can be a complex consideration. Planners and staff must decide *whether* and *how* the program will serve the following groups:

- line officers, command staff, and administrators;

- dispatchers;

- nonsworn personnel;

- retired officers;

- employees of more than one department;

- other nearby law enforcement personnel, such as Federal agents or corrections officers;

Common Precipitating Factors for Establishing a Stress Program

A variety of precipitating factors may spark development of a stress program. Common motivating factors include a gradual awareness among law enforcement administrators of the benefits of stress services and of the inadequacy of previous department strategies for dealing with officers' problems; administrators' concerns about departmental civil liability; and stress-related tragedies, such as an officer's suicide.

- The EAP that served all county employees in Erie County developed a program specifically for law enforcement officers when several police chiefs throughout the county, concerned about the "vicarious liability" of their departments, contacted the commissioner of central police services seeking help for officers with stress-related problems.

- The Centurion Program was established in Rhode Island shortly after a local police chief committed suicide in 1978.

- The Tulsa police department's Psychological Services was formed after a former police officer of the year committed suicide while on duty.

Sometimes, without any particular precipitating factors, an enterprising individual is able to "sell" the idea of a stress program. A psychologist who became interested in law enforcement offered a free workshop on deadly force to officers with the Manatee County (Florida) Sheriff's office, then convinced the sheriff of the value of psychological services, and ended up developing a comprehensive program for the department.

- other public safety and emergency personnel, such as firefighters or paramedics; and

- family members.

If family members will be served, program planners must decide which of them will be eligible—spouses, significant others, parents, children, or close friends. Program planners may want to distinguish between *eligible* and specifically *targeted* clients—that is, whether to serve all individuals within certain categories but promote the program actively to only certain priority groups. This section discusses the *selection* of client populations; chapter 7, "Marketing the Program," suggests methods of *generating referrals* from the targeted groups.

All of the programs surveyed for this publication and described in the literature target primarily line officers because they make up the largest group in any police department, are perceived as experiencing the most stress, deal with the public day in and day out, and may have limited financial resources to pay for extended counseling on their own. Most programs also provide at least minimal services (that is, referral to other treatment providers) to nonsworn personnel and former employees, as well as to officers' and other employees' relatives and close friends who may need assistance. (See the box "How Do Programs Define 'Family'?" in chapter 1.)

Most commonly, then, a wide range of clients is *eligible,* but only officers, and sometimes family members, are specifically *targeted* for services. For example, Erie County's program services are available to county corrections officers and nonsworn employees, but most of the program's marketing is directed at police officers and sheriff's deputies. However, there are cogent reasons for targeting at least three other groups, if not initially, then after the program is solidly established:

- *dispatchers*, because they often experience significant stress in handling critical incident calls and feel responsible for the safety of officers in the department;

- *other nonsworn personnel*, because they often report being left out of many of their agency's programs and also frequently experience stress associated with their work, the organization of the agency, or other factors; and

- *management*, because they may also experience considerable stress, because they can actively facilitate the development and acceptance of the program, and because they are in a position to change features of the organization that may be creating stress for personnel.

Staff of some programs may prefer and be well positioned (if, for example, the program has a large clinical staff) to serve a wide range of clients during the early stages of the program when it needs to gain initial support, credibility, and referrals. In other cases, however, it may be more practical to focus at first only on the primary target group; in this way, staff can build credibility by providing high-quality services and avoiding being stretched too thin. As one program director warned, staff need to be wary of trying to be "all things to all people." Reflecting this concern, the brochure for Psychological Services in Tulsa lists as eligible clients employees of the Tulsa police and fire departments and their immediate families, retired police officers and firefighters, but other city employees only "*as time allows*." The Bureau of Alcohol, Tobacco, and Firearms EAP provides up to five free counseling sessions to employees each year, but only three to family members, defined as "your relatives who live with you; any dependent children up to age 22 residing with you, with your former spouse, or at a school or college; and a significant other (someone with whom you have a close, intimate relationship and who lives with you)."

For guidance in selecting, limiting, and modifying their clientele, program planners and staff may want to examine the following considerations:

- *Limited resources*. Limitations in the number and qualifications of staff are the most influential factors in determining the range of potential program clients. One psychologist in Modesto, California, for instance, reported that his time is stretched so thinly among the several police departments he serves that he is able to counsel family members only in association with an officer's problem.

- *Program sponsorship*. Programs established by law enforcement management may be more likely to target all department employees, including managers, than a union-sponsored program, which usually targets only member officers and their families. Programs that serve more than one department may need to give priority to officers of those departments that have the largest contracts with the program. After being funded by the county for several years to serve all county employees, Cindy Goss, Director of the Erie County program, responded to the large demand for assistance among law enforcement agencies by focusing her efforts exclusively on law enforcement and establishing individual contracts with each department that wanted program

Target Population: The Individual or the Department?

A potential source of conflict for program staff concerns whether to consider the program's target clients to be the officers, nonsworn employees, family members, and other individuals receiving services, or the departments for which the individuals or their relatives work. Program directors recommend that, to earn the trust of employees and their family members, staff must emphasize that the program exists to help employees, not the department (i.e., administrators).

In cases of voluntary referrals, professional staff are usually obligated by law to consider the individual as their client and therefore to protect client/practitioner confidentiality. If program staff accept mandatory referrals, however, they may be obligated to consider the department as the client and release information about the individual's condition to administrators. (See chapter 7, "Marketing the Program," and chapter 6, "Dealing with Confidentiality," for further discussion of this topic.)

There may be times when staff want to target department administrators for certain services. Staff can, for instance, earn the support of the department by offering consultation services regarding organizational change, pre-employment screening, criminal behavior, and how to handle troublesome officers or other employees. Administrators may also want counseling for their own stress-related problems. Department administrators may need to be reminded that the department benefits as a whole if individual employees receive the help they need.

John Carr, Director of the Rhode Island Centurion Program, recommends that counseling professionals implement programs with, not just for, the police agencies they serve. For example, Carr has written grants with small police departments addressing issues of family violence, juvenile delinquency, and victimization. Currently pending is a $200,000 Federal grant from the Office of Community Oriented Policing Services (COPS) written by the Pawtucket police department. The Centurion Program is identified in the proposal as the lead human service agency in a consortium providing for crisis intervention teams, consisting of a police officer and a counselor, who will provide follow-up support on all domestic violence incidents referred by uniform patrol and detective bureaus. These collaborative ventures improve a department's capability to serve the community while at the same time enhancing the credibility of mental health professionals as collegial relationships are developed within the teams.

services. (The county hired another counselor to work with other county employees.) As a result, Goss now gives priority to officers employed by the Buffalo Police Department, the largest department in the county and the program's largest source of funds.

- *Needs assessment.* Usually it is best to identify the program's primary target populations before conducting a needs assessment in order to decide which groups to survey (see the following section). For example, if a program is only going to be able to serve law enforcement officers, it may be a waste of time and resources to survey civilian employees. A needs assessment, however, can help confirm, justify, and refine the choice of target populations. The needs assessment conducted by

the Drug Enforcement Administration prior to implementing its employee assistance program helped demonstrate the need to extend services to employees' family members.

- *Program credibility.* Although some programs may from the beginning accept a wide range of clients, staff may not find it worthwhile to *promote* the program among some groups until its counselors have achieved a certain level of acceptance in the department. The director of the Erie County program began soliciting referrals from family members only after she felt she had established an adequate level of support among officers, who would then be willing to encourage their family members to participate.

Conducting Initial and Periodic Needs Assessments

Why Conduct a Needs Assessment?

Some program planners consider a needs assessment unnecessary because they feel that the needs of officers and their family members are obvious or because enough information about law enforcement stress is available from other jurisdictions and written materials. This view is misguided. Indeed, there are at least five compelling reasons for conducting a needs assessment, both in the initial stages of a program and periodically thereafter:

(1) *To identify the perceived sources of stress experienced by officers and other target clients.* Although some sources of stress are commonplace among most officers and family members (e.g., shift work), a needs assessment can reveal how widespread and severe stress-related problems are among the target groups and what specific problems are unique to the department or jurisdiction (e.g., a detested supervisor, a hostile local press, deficient equipment).

(2) *To identify the services already available to clients, how extensively they are being used, and gaps in efforts to reduce and treat stress-related problems.* Even when program administrators or consulting mental health practitioners believe that existing services are sufficient, a needs assessment may reveal that officers seldom use these services or are dissatisfied with them. Information from such an assessment may also help program planners identify those services they can expand and avoid duplication of effort.

(3) *To identify types of services that target clients want.* In addition to giving clients a sense of ownership, asking questions regarding desired services, staff characteristics, location, and other program features—and paying attention to the answers—will help ensure that the program will be both accepted and effective. Nearly all the respondents to the Erie County survey indicated, for example, that they would want to attend stress debriefings if they were involved in a critical incident.

(4) *To generate information for use in selling the program to administrators, labor representatives, officers, and other potential clients, and to funding sources.* Assessments conducted in Erie County revealed that nearly two thirds of officers reported feeling serious stress because of their work duties in the previous year, a statistic that surprised most law enforcement administrators in the county.

(5) *To familiarize officers, family members, and others with the program.* When distributing a needs survey, program staff can take the opportunity to promote the program if it is currently or soon to be operational. If the needs assessment is conducted using face-to-face conversations (see below), staff can also begin to gain the trust of targeted clients.

A task force in Georgia conducted a study of stress-related problems among State public safety personnel and the efforts departments were making to address these problems. Using the study results, the task force asked for and received funding from the State legislature for a statewide stress management program.[2]

Types of Needs Assessments

A formal needs assessment involves developing a questionnaire and either distributing it in writing or using it for phone or in-person interviews; an informal assessment consists of unstructured telephone or face-to-face conversations. Structured surveys are time-consuming to design and conduct and can be somewhat impersonal, but they usually yield comprehensive and credible results. Informal conversations can provide an inexpensive in-depth look into the needs and desires of officers and their family members, but, unless many respondents are contacted, the results may not be as representative of the entire target population and therefore not as credible. Of course, in small departments informal group or individual conversations may be the most practical way to determine officers' needs. Even in such settings, however, officers' concerns about keeping their comments confidential may make it advisable to use a written questionnaire.

Whom To Survey

To obtain a comprehensive picture of stress-related factors in a department, information should be solicited from officers, nonsworn employees, administrators, managers, family members, other service providers, and anyone else whose opinions may be useful. Of course, program staff might also conduct a formal needs assessment among one group (e.g., line officers) and have informal conversations with others (e.g., administrators).

To improve the chances of obtaining a large number of responses, a needs assessment should reach as many members of the target population as possible. The director of Psychological Services in Tulsa, Oklahoma, distributed critical incident survey questionnaires to all 720 officers in the city police department, but only half were returned. Program staff can also contact a random sample of officers, representing a range in ranks and, if possible, in gender and ethnicity. The Drug Enforcement Administration EAP surveyed a 10 percent stratified random sample of DEA employees. When the Erie County program sampled personnel in each county law enforcement agency, a large percentage of the officers responded (254 out of a total of 400), but, in retrospect, the director wished she had distributed surveys to every officer in the county to obtain more representative—and therefore more convincing—results. Program administrators and practitioners report a need to approach surveying family members with caution: some officers may feel that program staff are going behind their backs in asking their spouses about stress-related issues.

Information To Collect

Issues that might be addressed in a needs assessment survey include the following:

- sources of stress, including severity and frequency (probe for sources related to law enforcement work, the agency, the criminal justice system, the media, and family life);

- effects of stress, including physical, mental, and emotional problems, as well as reduced work productivity and family difficulties (probe for frequency and severity);

- sources and effects of stress on the family;

- types of stress-related services and training options the respondent knows about, and the respondent's opinion of and experience with these services;

- other ways that respondents prefer to cope with stress (e.g., exercise) and how effective these methods are;

- stress-related services the respondent feels he or she would use (e.g., what kind of counseling, provided by whom and where); and

- other suggestions for the development of the stress program.

It may be useful to ask administrators about their perceptions of the nature, severity, and effects of stress-related problems in their departments, as well as how they detect and handle these problems (e.g., referral to services, training, discipline).

Program planners may want to request demographic information from survey respondents (e.g., age, gender, years of experience, marital status, rank), but they must be careful to preserve anonymity—and the *perception* of anonymity. Closed-ended questions (that require a yes/no response or a numerical ranking on a scale) facilitate analysis of the data, but respondents should be given the opportunity to comment in writing on anything they feel was not adequately addressed in the survey. The survey of Erie County officers, for instance, included the following questions:

- What are the three most important things that could be initiated or changed which would make your job more satisfying and less stressful?

- What are the three most important things that could be initiated or changed which would make your family life more satisfying and less stressful?

- How can the Erie County Law Enforcement Employee Assistance Program help to reduce the stress you may be experiencing?

Data Collection Options

Phone calls may sometimes fail to generate many or useful responses because they lack both the anonymity of a written survey and the intimacy of in-person conversations. It may also be difficult or inappropriate, especially with shift workers who may be sleeping during the day or working during the evening, to reach officers and other respondents by phone. Nevertheless, some program staff have found phone surveys to be a quick, inexpensive way to survey potential clients. Psychological Services in Tulsa attempted to telephone the 284 officers in the department who had at least 15 years of police experience to ask about their marital status and attitudes regarding divorce; twenty-five officers who could not be contacted were sent a written questionnaire, and 86 percent of the officers agreed to be interviewed by telephone or responded to the written survey.[3]

In-person contacts may consist of structured interviews or informal conversations with officers and other employees

Benefits of a Needs Assessment in a Program's First Year—and 10 Years Later

In 1982, one year after Tulsa's Psychological Services was established, the organization's director worked with several police officers to develop a survey of officers' reactions to involvement in shooting incidents. Questionnaires were distributed to 730 officers; 164 returned the form. In response to the survey results, the Tulsa Police Department authorized the formation of a critical incident response team, a group of officers responsible for training peers to anticipate possible reactions in critical incidents and to support officers after such an incident.

Ten years later, the team readministered the survey but expanded it to include critical incidents other than shootings and to achieve three additional goals: (1) ensure that the team's knowledge regarding officers' responses to critical incidents was current and accurate, (2) ascertain the perceptions and attitudes of officers toward the critical incident response team, and (3) acquire information to disseminate to police officers as a part of in-service training. Probably due to the expanded definition of a critical incident and greater awareness of the trauma related to such incidents, the survey received twice the response rate as 10 years earlier. In addition to updating information about officers' reactions to critical incidents and potential counseling needs, the survey showed that over three–fourths of the officers wanted to have a member of the response team present for support as soon as possible after the incident.[4]

during ride-alongs or visits to the station house or union lodge. It may also be possible to conduct an informal forum at a union meeting or gathering of officers' family members; however, it is usually best if the in-person conversations are conducted on a one-on-one basis to encourage open, honest responses. When possible, officers to be interviewed should be selected randomly. The director of the San Antonio Police Department's Psychological Services spent his first year on the job doing ride-alongs, asking officers about the job, whether it lived up to their expectations, and what impact it was having on their families. He learned that organizational and supervisory issues were the primary sources of stress, and subsequently made efforts to address these problems. (See chapter 9, "Reducing Organizational Stress.")

Department records and statistics can be valuable components of a needs assessment. The chaplain who set up the New York City Police Department's first program for alcoholic officers searched through the department records of officers with numerous absences or accidents and through disciplinary records to tally the number of officers who might have a drinking problem and then to encourage such officers to seek assistance.[5] Administrators or a department's office of internal affairs may be able to provide similar information on an anonymous basis, as well as aggregate statistics regarding citizen complaints, use of excessive force, disability, and turnover rates. However, program staff need to consult first with their department's legal counsel to find out whether a planned records search is legal, and they must be careful to avoid the impression that they are prying into officers' private affairs.

A university researcher or a graduate student may be willing to design and conduct a needs assessment survey at little or no cost. A law enforcement task force in Georgia enlisted the help of the Department of Human Resources, the Criminal Justice Coordinating Council, the Department of Community Affairs, law enforcement executives, academicians, and others in conducting a statewide assessment.[6] While using an independent person or organization would appear to make the results of a survey even more objective and credible, some officers may view an outside researcher's findings with skepticism or disdain. As a result, when a university professor designed and distributed a questionnaire to law enforcement officers in Erie County, the enclosed envelopes for responses were addressed to the county's stress program.

After conducting a needs assessment, staff would do well to thank respondents for their assistance and inform them of the survey's results, something the Erie County program did through an article in a law enforcement newsletter. Staff can also accomplish this by sending a letter to the officers. According to the Erie County program director, "Following up with survey participants shows them that the program is responding to their concerns and that the time they took to answer questions will benefit themselves and the rest of the agency." Furthermore, these thank-you's serve to publicize further the program's availability.

Establishing Planning and Ongoing Steering Committees

Some program directors and independent practitioners use only individual conversations with key people to obtain information for the planning process. This approach may be perfectly adequate in working with very small law enforcement agencies and in small towns and rural jurisdictions where considerable collaboration occurs on an informal basis because people already know each other. However, many planners have found the establishment of a formal advisory board or steering committee representing diverse perspectives to be especially helpful for several reasons:

- Forming a steering committee helps to demonstrate to administrators, labor representatives, and potential funding sources the commitment of program planners to making the program work.

- Regular committee meetings may enable planners to obtain a wealth of information and to reach consensus more efficiently than through individual conversations.

- Having a steering committee demonstrates planners' receptivity to considering the views of all involved parties (for example, including an officer and a family member on the board, along with high-level administrators and union or association representatives, shows that program planners consider the view points of people at all levels to be equally important and enhances the legitimacy of the program).

- A committee can periodically assess the effectiveness of the program and how it might be improved.

- Including legal counsel on the steering committee can help guard the program against legal liability.

It is critical to represent both labor and management on any planning or advisory committee. The director of the Erie County Law Enforcement EAP already had an advisory board for the general county EAP, which initially adminis-

tered the law enforcement program, but she put together a separate advisory board, consisting of administrators and union representatives from throughout the county, for the law enforcement program when it split off from the county EAP. The advisory board of Psychological Services, a private corporation contracted by the Tulsa police and fire departments, consists of the police and fire chiefs, and an independent psychologist from Tulsa, as well as a retired budget director; a broader advisory board, consisting of these individuals plus a city auditor and representatives of the police and firefighters unions, advised the organization's director on the development of the program in 1982.

Formulating the Program's Mission and Objectives

Although program staff may think that the purposes of stress services are obvious, goals can vary significantly in content and emphasis from program to program. Formulating and articulating an overall program mission, as well as specific objectives, is important for the following reasons:

- to give potential clients, administrators, union representatives, and others a quick, clear picture of what to expect from the program (this is particularly critical because officers may inadvertently view the program as a management tool, while at the same time managers may not realize how it can help them deal with difficult personnel issues);

- to focus staff efforts on the clients and services that have the highest priority and avoid inconsistent, conflicting, and superfluous activities;

- to facilitate evaluation of program services; and

- to explain and legitimize the program to clients, administrators, and potential funding sources, as well as to program staff members themselves.

Although most of the programs surveyed for this publication have not done so, it may be beneficial to distinguish between a program mission statement and more specific objectives. A mission statement can convey the program's overall ambition, for instance at the individual level (e.g., prevent and treat stress-related problems among the target population in a strictly confidential manner), the departmental level (e.g., maintain and improve the department's effectiveness), and the community level (e.g., ensure a high quality of law enforcement services to citizens).[7] Program objectives would be more specific, focusing on both the intended operation of services and their anticipated effects. Objectives will vary depending on the size of the department or departments served, available resources, and other factors, but they might include the following:

- provide stress management training sessions each year to all officers and nonsworn employees, or to a certain percentage of them;

- conduct at least two family workshops on stress management each year;

- recruit at least two peer supporters from each department served by the program;

- reduce the number of divorces among officers by 25 percent within three years;

- reduce the department's rate of absenteeism, disability leave, turnover, and citizen complaints by a given percentage over a specified period of time; and

- improve department morale.

Generally speaking, program objectives should be stated in terms of measurable effects. Furthermore, the more operationally defined a program's objectives are, the more useful they will be as measures of achievement, statements of purpose, and guidelines for staff. (See chapter 12, "Monitoring and Evaluating the Program," for a more detailed discussion of planning and conducting program evaluation.) Staff therefore need to think through their mission statements and specific objectives carefully. The director of the Erie County stress program emphasized that it is important to be realistic about what the program can do and not to promise what staff cannot deliver. Also, staff may find it necessary to revise their mission and objectives from time to time to respond to local circumstances, such as program growth, budget cuts, or newly identified needs or target populations.

A program's mission and objectives should flow naturally from the initial needs assessment and from the factors that motivated the program's development in the first place. When a stress program was first established in Providence, Rhode Island, in response to the 1978 on-the-job suicide of the city's police chief, the director's overall goal was simply "to keep cops from killing themselves." It may be helpful to develop the program's mission and objectives during a

planning or steering committee meeting to ensure that they address each group's needs and are articulated in a clear way that will help the program gain support among all parties represented.

Selecting Service Mix and Referral Sources

The "service mix" of law enforcement stress programs ranges from peer support or individual counseling alone to a wide combination of components. Determining which services are most in demand and most feasible involves careful forethought. Planners and staff can review other programs as a preliminary means of identifying the services they may wish to consider providing. Chapter 10, " Responding to Stress-Related Problems After They Occur," describes the services offered by programs contacted for this publication. Below is a discussion of factors that program staff might consider in deciding which services to offer.

Clients' needs and desired services. The needs of most officers and family members are similar across law enforcement agencies, regardless of a given agency's size or location. Chapter 1 reviews some of the common causes and effects of stress and suggests sources of additional information about them. Program planners should be sure, however, to select services that will address any specific needs that were identified in their own needs assessment survey; they should also try to be responsive to officers' and other potential clients' specific requests. As noted above, the director of the Erie County program found that over 90 percent of the officers she surveyed reported that they would like to have a stress debriefing immediately after experiencing a critical incident, and when union officials in Michigan learned that many troopers were not comfortable approaching the department's psychologists for assistance with alcohol problems, that program added a recovering alcoholic trooper to its staff.

Staff may want to prioritize their services to ensure that the needs of certain clients are met before the needs of other clients' are addressed. For example, the director of Tulsa's Psychological Services gives priority to an officer's need for counseling over any other kind of service should a conflict regarding staff availability occur. Program practitioners and administrators are increasingly seeing the benefits of focusing their efforts on proactive preventive services, such as training and changing organizational sources of stress, in addition to traditional reactive services, such as counseling.

Already available services. A number of available resources—including city or county EAPs, police chaplains, wellness programs, support groups, and local private service providers—may already provide stress-related services to law enforcement personnel and their families. As discussed above, program planners need to be sure they do not duplicate effective existing services or cause unnecessary "turf" problems with other providers. Just because a particular service exists, however, does not mean it is meeting—or can meet—officers' needs. Respondents contacted for this publication consistently said that officers do not use city or county EAPs because these organizations do not provide sufficient confidentiality and because their staff do not usually understand law enforcement. Program staff also need to consider the extent to which informal support networks, such as family members, friends, and colleagues, as well as officers' personal coping methods (e.g., listening to music, playing softball), already help to prevent or relieve stress-related problems. A needs assessment can help determine the effectiveness of existing services and personal coping mechanisms for dealing with stress.

Staff credentials. The training and credentials of staff may limit the services they can offer in terms of skills, legal liability, and credibility. Licensed police mental health practitioners, for instance, usually can provide in-depth counseling on a short- or long-term basis, while peer supporters are limited to listening, assessing, and referring. Even credentialed mental health professionals may be limited by their training or the specialty supervision they receive; few police practitioners, for instance, are qualified to provide counseling to children. Chapter 4, "Choosing Among Staffing Options," discusses the issue of staff qualifications further.

Program credibility and support. Staff may wish to start with basic services and then add additional services on a gradual basis as the program gains credibility among officers and management. The director of the Erie County Law Enforcement EAP initially offered assessment, referral, and short-term counseling services; as she became better known and more widely accepted she began to offer training, counseling to family members, and peer support services. Only when it was well established did Michigan's Behavioral Science Section establish a peer support component. Focusing on basic services at the outset also helps to ensure that staff do not overextend themselves but instead provide high-quality services.

An important element of the service mix of most programs consists of referrals to sources both within and outside the

agency. Available departmental resources might include chaplaincy services or a wellness program, and local professionals can provide, for example, alcohol and drug abuse treatment, child counseling, or long-term adult counseling. Chapter 5, "Establishing a Referral Network," discusses the selection of referral sources in more detail.

Subjectivity and a certain amount of guesswork are inevitable in initially determining a program's appropriate mix of services. It is important, however, to inject as much rationality as possible into the process so that the program offers the maximum benefit to the greatest number of clients considering its resources. In addition, it is important for staff to remain open to modifying their initial or current service mix based on a number of contingencies:

- Some services may prove to require more time than is warranted relative to the benefits they provide.

- Officers and family members may reveal a need which program planners did not anticipate.

- Local events, such as a critical incident, may signal the need for new or more in-depth services.

- It may be possible to expand—or necessary to curtail—some services depending on funding changes.

Estimating Funding Needs and Identifying Funding Sources

At a time when many law enforcement agencies are already cutting back on staff and other departmental expenditures, little money may be available for a stress program. As emphasized in several other parts of this publication, program planners must be able to convince administrators and other funding sources of the benefits and cost-effectiveness of stress services. Program planners need to estimate their minimal (but realistic) funding needs. They may need to look for funding outside of the department or departments they will be serving.

Funding requirements will vary depending on program objectives. Nevertheless, cost estimates can be developed for all anticipated program services and materials, even if planners expect that the department will provide some in-kind assistance in case these materials or resources are discontinued and funding for them must be obtained elsewhere. Chapter 13, "Managing Program Costs and Funding," dis-

cusses cost elements of a law enforcement stress program and potential sources of funding.

Establishing and Disseminating Written Policies and Procedures

Developing detailed written policies and procedures is important for at least two reasons:

(1) Written policies and procedures can be used as a marketing tool to make officers and family members aware of the program, including its mission, services, methods of referral, confidentiality guidelines, and other features. Policies and procedures can help correct any misconceptions about the program and help ensure that everyone uses it properly and effectively.

(2) Current staff and consultants can use the policies and procedures as a guide for their own behavior, while new counselors can use them for orientation to program operations.

As with a program's mission and objectives, it is best if planners and staff work out the policies and procedures in collaboration with an advisory board or, at a minimum, with selected administrators, union representatives, officers, and other targeted clients. This helps to ensure that the policies and procedures meet these individuals' needs and wishes (and therefore that they will use the program), that these individuals and the groups they represent will feel a sense of ownership in the program, and that there will be less of a chance of conflict among the parties over what the program does and how it should be used. In addition, it is important to consult with an attorney about the program's potential legal vulnerability if staff do not follow its policies and procedures, and about how to write the relevant guidelines so as to reduce potential liability.

Written policies and procedures can include the following kinds of information:

- the reasons for setting up the program;

- the program's mission and overall objectives;

- definitions of relevant terms;

- types of services offered;

- eligible clients (including whether some clients are eligible for fewer or less frequent services than others);

- types and methods of referrals (be careful when distinguishing between voluntary and mandatory referrals, if both are accepted);

- confidentiality guidelines (one of the most important provisions—see chapter 6);

- record-keeping policies and sample forms;

- staff positions and responsibilities; and

- program organization and location.

In general, the more detailed and organized these written policies and procedures are, the more useful they will be. Revisions may be necessary as a program generates clients

Spelling Out Program Guidelines in a Union or Association Contract

So far, in most cases the dissemination of guidelines on program policies and procedures appears to have been sufficient for obtaining the support and trust of officers, without incorporating them fully in contracts between the union or association and the department. However, the bargaining agreement between the Michigan State Police Troopers' Association and the Department of State Police includes language specifying policies and procedures of the department's Behavioral Science Section, particularly with regard to confidentiality and encouraging officers to use the section's services, as illustrated in the following excerpts:

"It is the specific intent of this Section (of the bargaining agreement) to encourage employees covered by the terms of this Agreement to freely and willingly utilize the services of the departmental psychologist to assist them in addressing personal and work-related stress situations. It is recognized that the objective of voluntarily obtaining assistance will be materially diminished and curtailed if such highly personal and subjective information is provided to the Employer. Though nothing herein is intended to prevent the departmental psychologist from compiling statistical records, or making general reports with reference to the types of problems and the needs of departmental employees, as long as copies of said reports are simultaneously provided to the Association. Said reports and recommendations shall in no way disclose the identify of the individual employees seeking treatment or consultation. It is recognized by both the Association and the Employer that violations of the provisions of this Section may result in liability to both the Employer and to the departmental psychologist and are also grievable.

". . . The departmental psychologist may not be called as a witness in any departmental disciplinary proceedings or grievance meeting to testify regarding discussions between the psychologist and employee, except upon the specific written request of the employee.

"Nothing herein shall prevent the Employer, after consultation with the employee, from requiring an employee to undergo psychiatric or psychological or medical examination or treatment when there is a reasonable belief that such examination or assistance is necessary for the continued employment of the employee or to assist in determining if such continued employment is appropriate. The employee shall be given the opportunity of conferring with the Association representative, prior to said examination. However, such psychiatrist or psychologist or physician will be an 'outsider,' i.e., not Department-retained/employed personnel. All such costs shall be paid by the Employer. . . ."

and as staff have the opportunity to see how effective its policies and procedures really are.

The wider the distribution of written policies and procedures, the more useful they are likely to be. Distilling the information onto a single page and using bullets and other attractive formatting techniques will help to ensure that officers read and understand them. Some programs target primarily administrators and managers for distribution, while others try to make sure that all eligible clients receive copies of their policies and procedures:

- The Metro-Dade police department's Health Services Section policies and procedures were included in the department's manual of standard operating procedures.

- The Bureau of Alcohol, Tobacco, and Firearms distributed a 15-page memo to all bureau supervisors, and the Drug Enforcement Administration included its program's policies and procedures in its personnel manual.

- The policies and procedures of the Michigan Department of State Police Behavioral Sciences Section are included in the troopers' association bargaining agreement with the department.

- The director of the Erie County program has distributed copies of its policies and procedures to command staff during meetings, as well as to recruits and other officers during training sessions.

As mentioned in the beginning of this chapter, determining the organizational structure of the stress program is another crucial step in program planning. The following chapter addresses this topic.

Endnotes

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Chapter 3
Structuring the Program

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Key Points

- There are three basic options for the organizational relationship between a stress program and the agency or agencies it serves: in-house, external, or a mixture of the two. Each has distinct advantages and disadvantages. Program planners need to select the option that seems best suited to their particular needs and resources.

- Advantages of *in-house* programs, staffed by agency employees, typically include being considered by officers as part of the law enforcement community and culture, being aware of specific agency stresses, and having high visibility among officers. Possible disadvantages include the view of some officers that program staff are "tools" of management, limitations due to departmental supervision, and the expense of such a program to the agency.

- The advantages of in-house programs (e.g., high visibility) are typically mirrored by the drawbacks of *external* programs (difficulty gaining recognition), while the disadvantages (e.g., being perceived as a management tool) translate into benefits (seen as independent).

- Program staff of most *hybrid* programs claim the advantages of both in-house and external programs and a minimum of the drawbacks of each; however, hybrid programs may cause confusion among clients and create conflict among in-house and external staff.

- Program services must be delivered in a location that is accessible and completely private; program staff generally agree that of these two features, privacy is the most important.

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Of all the considerations involved in planning a law enforcement stress program, the program's organizational structure—including its relationship to the department or departments it serves, its staffing mix, and its office location—has perhaps the most profound effect on how the program will operate and how effective it will be. Because program organization is also one of the least flexible of planning decisions (it is easier, for example, to adjust program objectives and add or discard a particular service than to change from a department-run program to a contracted one), much forethought needs to be given to what would be the best arrangement for a particular jurisdiction. This chapter examines several options for a program's organizational relationship to the agency or agencies it serves, along with the advantages and disadvantages of different office locations. (Although mentioned briefly in this chapter, staffing arrangements are covered in more detail in chapter 4.) The present chapter is written primarily for planners of new programs, but staff of existing programs will find the information useful if they are considering a change in program organization—or for stimulating consideration about a change.

Organizational Relationship of the Program to the Law Enforcement Agency

There are three basic options for organizational relationships between a stress program and the law enforcement agency it serves: (1) in-house, operated by department employees; (2) external, operated by an individual or group under contract to the agency; and (3) a hybrid of these two options, for

instance a program that is overseen by a department employee but that also uses contracted external sources for some services. None of the programs contacted for this publication or described in the research literature consulted are structured exactly alike, nor do they always fit neatly into one of these three molds, and, while no one option stands out as being the most effective (or as *the model* for how a program should be set up), each basic type of organizational relationship does have advantages and disadvantages. (See the discussion below and the box, "Advantages and Disadvantages of Three Basic Organizational Options.")

In-House Program

An in-house stress program typically exists either as a separate unit within the law enforcement agency or as a special operation of an existing unit, such as the training or personnel division. The programs described in figure 1 typify this basic structure—in several variations.

Directors of in-house programs recommend this arrangement for several reasons. The most commonly reported advantage is that internal program staff have an easier time than external contractors fitting into the law enforcement agency and culture; they are more likely to be considered "one of the family" and therefore to be trusted. As department employees, these individuals typically know more about law enforcement work and its stresses (even if they are not, in fact, officers themselves), especially the problems that are specific to their agency, and they are more likely to have a long-term commitment to the department and its employees. An administrator with the Michigan State Police noted that there are several psychologists throughout the State who have police experience, but he doubts they have the intimate understanding of the police culture that the department's own staff psychologists have been able to develop. Another advantage of an internal program arrangement is that staff typically have a high level of visibility and availability within the department. The director of Michigan's program is able to provide what he calls "gotta-minute therapy": because he is around the department so often, officers frequently approach him for assistance by asking, "You gotta minute, Doc? I have a problem. . . ." Finally, internal programs are more likely than external ones to become institutionalized and to have secure funding.

The fact that all of the programs described above are housed in large police departments points to one of the disadvantages of an in-house stress program: it can be too expensive for small departments because of the cost of off-site office space, employee benefits, and other expenses. Hiring part-time program staff could help reduce the cost of an in-house program, but services might suffer as a result of their limited availability. Although a significant advantage of an internal program is said to be the ease with which staff achieve credibility within the department, such an arrangement may risk the opposite effect: suspicion and lack of support among line officers who view program staff as "tools" of department management. The director of San Antonio's program, for instance, said he frequently has to counter rumors that program files are kept in or are provided to the chief's office. Directors of in-house programs report they are not controlled by administrators, as some officers might think, but they do sometimes face conflicts between their professional duties and administrative pressure. Bureaucratic hassles are an added disadvantage. The director of Metro-Dade's Health Services Section said that some managers have badgered him for information about clients or have tried to mandate treatment for an officer who did not really need it; he has also been frustrated with the challenge of providing immediate services to troubled officers while also responding to administrators' emphasis on the completion of necessary documentation.

> *"Outsiders haven't a clue about what the department does, but staff with the [Michigan State Police Behavioral Science] Section . . . are 'one of us.'"*
>
> —Michigan State Trooper

External Program

As indicated in figure 2, an external organizational arrangement usually involves a written contract between an individual or group of service providers and one or more law enforcement agencies. It appears that most departments with this arrangement contract with a private psychologist who has developed a specialty in working with law enforcement officers. In some cases, one practitioner serves only one agency; in other cases, several agencies—frequently very small ones—receive services from a single practitioner, organization, or program by setting up individual contracts or pooling their resources for a single contract (a "consortium" arrangement).

Usually the contract is negotiated between the service provider and a high-level police administrator (or in some cases, a union representative). In some cases, the contract is with the city or county personnel department. One police psychologist recommends that the consultant report directly to

Advantages and Disadvantages of Three Basic Organizational Options

Advantages   *Disadvantages*

In-House Programs

- As department employees, staff more likely to have long-term commitment to agency and law enforcement community.

- Staff more likely to be viewed by officers and other clients as part of the law enforcement community.

- Staff more likely to be knowledgeable about general law enforcement stresses, those particular to the agency, and the structure of the agency (facilitating efforts to address organizational sources of stress).

- Staff more likely to become personally familiar with officers, nonsworn employees, and family members (prior to any services being rendered) and have greater visibility and accessibility.

- Easier to obtain logistical and management support from the department (e.g., to conduct training and allow officers to take time to be peer supporters or go in for counseling).

- Greater chance of institutionalizing the program.

- Clients more likely to view program as a tool of management and to be worried about confidentiality, and hence may be less likely to use program services.

- Typically a more expensive option because of the cost of office space, equipment, and staff benefits.

- Risk of conflict in duties to client and agency.

- Staff's authority may be limited by departmental supervision.

- Staff may be pressured to conduct activities outside of what they consider to be their scope of work.

External Programs

- Officers and other clients less likely to view staff with suspicion, offering a greater chance of building trust.

- Typically less expensive than an internal arrangement because of:

  — reduced overhead and staff benefits
  — competitive bidding, which may lower prices for program services.

- Greater autonomy in program operations.

- Less chance for dual relationship problems and pressure to be all things to all people.

- Greater chance of program being isolated and officers and other clients viewing staff as inaccessible, not part of the law enforcement community, and unfamiliar with law enforcement work and stress.

- Competitive bidding process causes uncertainty and can be time-consuming and stressful for both staff and clients.

- Program less likely to become institutionalized and therefore more vulnerable to budget cuts.

the chief or sheriff in order to have the best chances of obtaining the support necessary for providing effective services.[1]

In many respects the operation of most external programs is similar to that of in-house programs. However, external programs have several potential advantages (essentially mirroring the disadvantages of an in-house program). The most important benefit from the perspective of the law enforcement agency is that an external program is usually less expensive than an internal one, and encouraging competition among providers for the contract can further lower costs. In addition, external providers report having to deal with much less bureaucracy than in-house practitioners typically face. The director of the Counseling Team in San Bernardino, for example, enjoys being able to offer a training course without having to obtain top departmental approval; instead, she can get permission from lower-ranking administrators. Finally, contrary to in-house providers' contention that their arrangement is more conducive to building trust among clients, external practitioners point out that officers and other clients are less likely to be suspicious of a program that is not a part of their agency.

Drawbacks of having an external program arrangement typically include having less accessibility and visibility, and having a greater likelihood of staff being viewed by department employees as outsiders. Also, such an arrangement is less stable than an in-house one for the service provider and more vulnerable to budget cuts. It can be stressful and time-consuming to negotiate a new contract periodically and to compete against other providers applying for the same contract.

Hybrid Program

The majority of programs contacted for this publication and described in the literature do not fit neatly into either of the above two categories. Instead, as described in figure 3, they combine elements of both. These hybrid programs fall into two categories—those that serve a "home" department on an in-house basis and other departments on an external basis, and those that serve one department through a combination of an in-house and an external component. The first type of hybrid generally has the typical advantages and disadvantages of an in-house program for its "home" department, and the typical advantages and disadvantages of an external program in relation to its contracted agencies. According to some program directors, however, the second type of hybrid arrangement incorporates in one comprehensive program the advantages of both the in-house and external options, while minimizing their disadvantages. The director of Tulsa's Psychological Services contends that his original program arrangement separated the program from direct inclusion within the police department yet allowed it to operate for the benefit of the department's personnel. In this way, the organization maintained its independence even though it existed solely to serve the department.[2]

Finally, there is no empirical evidence, and only limited anecdotal evidence, suggesting that some organizational options are better than others. Program planners and law enforcement administrators must consider their particular needs and resources, along with the advantages and disadvantages described above, and try to select—or convert to—the option that seems best suited to their particular conditions.

Location of the Program

The physical location of the program can have a critical impact on the program's success. Program services must be delivered in a place that is *accessible* and completely *private*. Officers will not want—and may not be able—to take the time to go to an inconvenient location, and they almost certainly will not go to an office where they think other officers or other people they know will see them. The

Figure 1

In-House Program Option: Five Variations

Michigan State Police Department
(Behavioral Science Section)

The Michigan State Police Department has had a Behavioral Sciences Section since 1978, staffed by two psychologists who are state police employees and (since 1993) by a trooper who serves as an alcohol abuse counselor. The section director (one of the two psychologists) reports directly to the state police director. While a separate budget pays for the psychologists and their off-site offices, the trooper's salary is paid by the Uniform Services Bureau.

Metro-Dade (Miami) Police Department
(Health Services Section)

The Metro-Dade Police Department in Miami funds a Health Services Section which has provided counseling, training, and other stress services since 1979. The program director, who had been an officer with the department for several years, is considered part of the agency's command staff (for example, he has access to command staff briefings). Although the director says he is given a great deal of latitude over operational aspects of the program, he receives administrative supervision from the department's personnel director.

Los Angeles Police Department
(Behavioral Science Services Section)

The Los Angeles Police Department's Behavioral Science Services Section is a unit within the newly established Organizational Development Group, which includes a separate sworn-operated employee assistance unit, a career development and personnel selection unit, and a consulting services unit. The section is staffed by seven police psychologists and two post-doctoral fellows who provide counseling, management consultation, crime-specific consultation, training, and other services. The section's supervising police psychologist reports directly to the director of the Organizational Development Group, who in turn reports to the assistant chief of the Office of Administrative Services.

San Antonio Police Department
(Psychological Services)

The San Antonio Police Department hired a psychologist to direct its Psychological Services Unit. He is supervised by a deputy chief in charge of the Human Services Department, with whom the psychologist meets two or three times a week. Secretarial help is funded from the city budget.

Georgia Public Safety Training Center

Georgia established a statewide stress management program for all public safety personnel, consisting primarily of training based out of the Georgia Public Safety Training Center in Forsyth. The position of stress management supervisor was created by the State legislature in 1984. A peer program was set up on a regional basis, based in the State's 10 emergency health regions.[3]

Figure 2

External Program Option: Five Variations

Stanislaus County, California (11 Police Agencies)	A single psychologist serves police officers in five of the 11 police agencies within Stanislaus County, California, east of San Francisco. The Modesto Police Department is the largest agency served, with 215 sworn officers; other agencies have as few as 15 officers. The psychologist has contracted with the police departments to provide counseling services to sworn officers and their families since the early 1980s.
The Counseling Team, San Bernadino, California	The Counseling Team, a private psychology practice, has been providing counseling to police officers and firefighters in over 40 public safety agencies in the San Bernardino, California, area since 1983. The group employs seven full-time clinicians and five part-time counselors at the program's office, and refers some cases to five independent mental health professionals who live in jurisdictions some distance from the office. The Counseling Team has a separate written contract with each agency and bills on a fee-for-service basis for individual counseling, critical incident debriefing, and peer supporter training.
Palo Alto, California Police Department	A police psychologist has been the health resources coordinator for the Palo Alto, California, Police Department for 13 years. She works as a contract employee and maintains an office at the police station for meeting with clients. She provides training and counseling eight hours a week for the department's 100 sworn officers and is available for emergencies 24 hours a day. The department also hired an organizational consultant to respond to the department's organizational sources of stress.
The Postal Inspection Service Self-Referred Counseling Program (12-State Western Region)	The Postal Inspection Service recently established a Self-Referred Counseling Program for postal inspectors in the 12 States that make up its Western Region. Contracts were established with police psychologists chosen from the region. The psychologists bill the Inspection Service for treatment provided to inspectors. A police psychologist, not an employee of the Inspection Service, serves as coordinator of the program, putting inspectors who need services in touch with a contracted service provider.[4] (See the box, "Selecting a Stress Program Provider.")
Psychological Services, Tulsa, Oklahoma	Psychological Services was originally set up as a private non-profit corporation to provide counseling services for the Tulsa, Oklahoma, police and fire departments. The organization was not completely external, however, because its board of directors included four high-ranking city employees (the police and fire chiefs, and the city budget and personnel directors). When the city attorney expressed concern about this arrangement, Psychological Services became an independent for-profit corporation, still with a contract with both the police and fire departments. A critical incident response team consisting of peer supporters trained by Psychological Services talks with, refers, and helps train other officers to deal with critical incidents.

Figure 3
Hybrid Option: Seven Variations

The first two programs described below serve one department on an in-house basis and other departments on an external basis. The remaining programs are hybrid in a different way: they serve one department or agency through both in-house and external components.

Erie County, New York, Law Enforcement Employee Assistance Program	The director of the Erie County Law Enforcement Employee Assistance Program in New York originally served as director of the EAP for all county employees. As her services for law enforcement employees grew, county administrators asked her to focus solely on the needs of law enforcement officers and hired another counselor to take over the general county EAP responsibilities. The director is still a county employee, thus serving the sheriff's department on an in-house basis, but to fund her new position as director of the separate law enforcement EAP, the county commissioner established subcontracts with other law enforcement agencies that continued to want program services. Each agency pays $14 a year per officer and nonsworn employee in the department (if the department includes nonsworn employees as eligible clients).
Rhode Island Centurion Program	The Rhode Island Centurion Program is operated by a licensed clinical social worker (who is also a sworn active-duty reserve officer with the Coventry Police Department), his wife (also a licensed counselor and a sworn active reserve officer), and a network of peer supporters from various law enforcement and correctional agencies. The director of the program is the sole contracted provider of stress or EAP services to eight police agencies, many of them small, and he furnishes bimonthly stress training or EAP-related services to 10 other police agencies every other month to support these departments' own in-house stress prevention efforts. Contracts are usually with the department's management, union, or both. The Centurion Program acts as an "affiliate" for other departments that request services on certain occasions such as critical incidents. The director serves his own department (consisting of 65 sworn officers) as the in-house stress program director, providing direct counseling services to about six officers a year and training and oversight to the department's peer police officer.
Drug Enforcement Administration	The Drug Enforcement Administration (DEA) has a five-year contract with one organization to coordinate EAP services to DEA employees nationwide. However, the agency has a full-time in-house administrator who directs the program from DEA headquarters and supervises the contracted services, which are provided by a combination of contract support unit personnel and a subcontracted area clinician network consisting of practitioners across the country. The DEA also trains and certifies agents as trauma team members to respond to critical incidents.

Bureau of Alcohol, Tobacco and Firearms	The Bureau of Alcohol, Tobacco, and Firearms employs a contractor to coordinate professional stress-related counseling services and also operates three peer support programs (specializing in critical incidents, substance abuse, and sexual assault). The peer support programs are administered out of the ombudsman's office at the agency's headquarters in Washington, D.C., while the contracted EAP services are supervised by the office of personnel.
Pennsylvania Fraternal Order of Police (FOP) Officer Assistance Program (OAP)	The Fraternal Order of Police has established stress services in several of its lodges across the country. Through the Pennsylvania FOP Officer Assistance Program, different lodges throughout the state designate a lodge liaison officer who educates members about the program and calls in a critical incident debriefing team when necessary. The program also offers confidential access to professional counselors for members and their families. Active members pay $3 per month to receive program benefits, and retired members pay $2 per month.
Adams County, Colorado Sheriff's Department Stress Program	The Adams County, Colorado, Sheriff's Department's stress program consists of an in-house peer support program that was initially coordinated and now is also supervised by a contracted psychologist. The psychologist and a peer support team coordinator developed guidelines for and selected members of the peer support team. The contracted psychologist trains the peers as well as other officers, and he meets individually with each team member to review his or her support contacts.[5]
Rochester, New York, Police Department Stress Management Unit	The Rochester, New York, Police Department's Stress Management Unit is housed in the Professional Development Section. An in-house mental health professional provides counseling services, coordinates a small group of peer supporters, and conducts stress training for officers and their family members. The department also contracts with the University of Rochester Department of Psychiatry for additional mental health services as well as assistance with training program design and clinical reviews.

major question is whether *both* of these conditions can be best achieved by locating the program within or outside a law enforcement agency. The consensus among program practitioners is that of the two factors privacy is the more important and that it is much easier to assure privacy (and the perception of privacy) by locating the program's office outside the department. Nevertheless, both options have their advantages and disadvantages.

Locating the stress program within the department increases staff visibility and accessibility among officers and nonsworn employees. It also helps build the perception that the program is part of the law enforcement community. However, some officers, concerned that colleagues will observe them coming and going, may be reluctant to seek out services. If services must be provided in-house, they need to be located in an obscure part of the building, away from the offices of the chief and the divisions of personnel and internal affairs. The Rochester Police Department's Stress Management Unit, for example, has its administrative office on the sixth floor of department headquarters but maintains a suite of offices for counseling in a quiet area on another floor; however, because this location is becoming more heavily trafficked by officers, the program director is trying to obtain counseling space outside the department building.

Selecting a Stress Program Provider

By some estimates, approximately 90 percent of police departments in the United States employ fewer than 10 officers.[6] These and even somewhat larger departments will probably find that choosing an external provider is the most economical way to provide professional stress services. Many options may be available, including private psychologists or other mental health practitioners (individual or group practices), EAPs that already serve other agencies or organizations in the area, or other similarly qualified practitioners. An administrator may choose a provider informally, based on personal knowledge or recommendations, or identify a provider more formally, for instance, by requesting competitive proposals from multiple practitioners.

After the Adams County (Colorado) Sheriff's Department obtained an annual $26,000 grant from the 17th Judicial District Victim and Witness Assistance and Law Enforcement Board to set up its program (see chapter 13, "Managing Program Costs and Funding"), it asked several well-known local psychologists to submit proposals for this amount. A board consisting of the sheriff and various department employees then interviewed the applicants.[7]

Regardless of the approach used, administrators can consider taking the following precautions in making a selection (see chapter 5, "Establishing a Referral Network," for similar recommendations regarding the selection of referral sources).

- Interview each possible provider.
- Visit each provider's office to ensure that it is accessible, private, and comfortable.
- Look for staff qualifications such as professional credentials, license to practice, years of experience, and experience with law enforcement agencies.
- Ask for a proposed program budget and explanation of the costs.
- Ask to see the provider's malpractice insurance papers.
- Ask for and check on references.
- Ask for a detailed account of
  — what services the individual or group will provide;
  — how often clients will be able to use these services;
  — whether the provider or a backup will be available 24 hours a day and at critical incident scenes;
  — where services will be provided;
  — how program use will be encouraged;
  — what referral methods will be used;
  — how the provider will protect client confidentiality;
  — how the provider will maintain program records and assess program effects; and
  — how the provider will meet special department needs.

When a choice has been made, it is important to develop a *detailed written contract*. The department's legal counsel may provide useful advice on this matter.

In seeking service providers in the 12 States of its Western Region, the Postal Inspection Service solicited the names of police psychologists through state psychological associations, law enforcement agencies, and police psychologist members of the Police Psychological Services Section of the International Association of Chiefs of Police. (See chapter 14, "Tapping Other Resources.") The Postal Service sent

Most program directors prefer an external location for seeing clients. The Metro-Dade program, an in-house program directed by a sworn officer, maintains an office in a corporate center outside the main police station yet is close enough to be easily accessible. Similarly, the Tulsa program is located in a separate building in the center of the city, but because it is set up exclusively for the police and fire departments it is still widely considered an integral part of the two departments.

The Erie County program is housed in the multi-story county administration building, which, according to the director, has so many other offices that it is not apparent that an officer entering the building is going to the stress program; one respondent called the location "quiet and anonymous." In fact, the director considered accepting a job as the head of an in-house program for an individual agency but refused when administrators requested that it be housed in the department because she did not think such an arrangement would be successful.

It is also possible to locate a program's administrative headquarters within a department yet offer counseling services at a different location. Such an arrangement might be difficult and time-consuming to administer, but it might also work out well for programs staffed primarily by peer supporters but administered by a director.

Simply locating the program outside the department will not in and of itself ensure that it is suitable. As mentioned above, the program must be fairly accessible, and this can be difficult for programs that serve many departments over a wide geographic area. The Michigan State Police program, for example, is two to three hours' driving time from some posts—12 hours from one—and the Erie County program is an hour from some departments in the county. To address barriers of distance, San Bernardino's Counseling Team can call on five counselors who live in the most distant jurisdictions the program serves and who are under agreements to provide immediate on-site assistance as needed. Staff can also help to ensure program visibility and at least some immediate services by training peers in departments far from the program's office. The director of the Rhode Island Centurion Program, which serves several jurisdictions throughout Rhode Island and southeastern Massachusetts, recruited peer supporters from most of the departments to ensure that officers had immediate access at least to someone with training in stress support. However, some officers in Michigan and in Erie County reported that they did not mind (and in fact sometimes preferred) driving one or two hours outside their jurisdiction for services in order to minimize the chances of being seen by someone they knew.

The fact that programs with such diverse organizational features have been effective in providing stress services hints at the critical importance of other program features and activities. Staffing, perhaps the most significant element in program effectiveness, is discussed in the following chapter.

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7. For a detailed description of the Adams County program, see Fuller, "An Overview of the Process of Peer Support Team Development."

8. Shaw and Hagberg, "A Self-Referred Counseling Program for Postal Inspectors," 362–363.

Chapter 4
Choosing Among Staffing Options

Key Points

- Programs have very different staffing configurations.

    — Stress programs are staffed primarily by nonsworn mental health professionals, professionals who are also law enforcement officers, peer supporters, or some combination of these groups.
    — Nonsworn mental health professionals can be very effective even though they have no direct law enforcement experience because many officers and family members do not find such experience important in a counselor and because these therapists can learn about law enforcement work in other ways.
    — Sworn mental health professionals bring instant credibility to the job with clients who are officers.
    — Some programs also make use of interns, chaplains, and volunteers.

- The amount of funding available and the extent of support for stress programming from police executives are the most important influences in determining staff size and mix, but program directors suggest that

    — having at least two mental health professionals makes it possible for them to cover for one another, and
    — having several staff members enables clients to "shop" for the right counselor for them and makes it easier for the program to provide 24-hour service.

- Qualifications for program staff include an understanding of law enforcement, flexibility, and a problem-solving counseling orientation, among other prerequisites.

- New staff typically receive on-the-job training; staff supervision is usually done by meeting with the program director.

- Peer supporters have become an important component in many stress programs.

    — A peer supporter acts primarily as a listening ear, but he or she can also assess whether officers need immediate or professional attention and refer them to other sources of help.
    — Peers offer many significant benefits, including acting as marketing agents for the program, providing immediate assistance to troubled officers, and bringing instant credibility to critical incident debriefings.
    — Peers also have important limitations, including potential difficulties maintaining confidentiality because their nonprofessional status means that what other officers tell them is not privileged communication.

- Peer supporters require thoughtful recruiting (using, if possible, nominations from other officers), careful screening, and three to five days of training.

- Top management support is essential for a peer component to be successful.

Stress programs are staffed primarily by one or more of three types of individuals: nonsworn mental health professionals, professionals who are also sworn law enforcement officers, and peer supporters (individuals with no clinical degrees who volunteer to assist fellow officers). Some programs also make use of interns, chaplains, and civilian volunteers, including family members. As shown in figure 4, most programs contacted for this report make use of a mixture of staff types. The major message program staff and researchers give about program staffing is the importance, when feasible, of making a range of staff of various backgrounds and qualifications available to officers and their families. Having nonsworn and sworn mental health professionals on staff, trained peer supporters in the field, and ties with chaplains and other service providers allows officers, civilian employees, and their family members to choose among them according to their own preferences and needs. Providing these options should increase a program's attractiveness and effectiveness.

The first half of this chapter discusses types of professional staff and their selection, recruitment, training, and supervision. Because the use of peer supporters is increasingly common within law enforcement stress programs, the second half of the chapter reviews the advantages and drawbacks of using peers, the roles they may play, and their recruitment, screening, training, and supervision.

Mental Health Professionals

Stress programs can be staffed by professionals with varying levels of expertise, ranging from police psychologists to clinical social workers to marriage or family counselors.

Types of Professionals

As discussed below, there are distinct advantages and drawbacks to having nonsworn, sworn, or other types of mental health professionals on staff.

Nonsworn Mental Health Professionals. Most of the mental health professionals who staff the programs contacted for this report or who serve departments as independent practitioners do not have a law enforcement background. According to Nancy Bohl, Director of San Bernardino's Counseling Team, it is not necessary to become a reserve officer or to have been a police officer in order to develop rapport with law enforcement personnel. "Indeed," Bohl adds, "many police officers would be uncomfortable with a therapist who was also a police officer."[1]

According to Theodore Blau, another police psychologist (but one who did become a sworn officer), "Some police clients do not want to be interviewed or questioned by a cop."[2] Blau also suggests that it is probably easier for the police psychologist who has not been an officer to be objective in dealing with clients.

"I want to be able to talk with someone who is knowledgeable about police work but who isn't one of them."

— Police officer

Several police officers interviewed for this report confirmed these observations. One officer said, "I want to be able to talk with someone knowledgeable about police work but who isn't one of them." Another reported, "I didn't care whether the counselor understood police work because my problem wasn't work-related." A 17-year veteran of another department commented that "other cops don't say, 'What do they [counselors] know about police work.' Their only concern is with confidentiality."

According to many respondents, there are other benefits to using nonsworn mental health professionals:

- Counselors report that even though many of the problems that bring police officers to seek professional help are relationship difficulties that may be caused or influenced by conditions of work (e.g., shift schedules) or that may impair on-the-job performance, these problems do not require an in-depth knowledge of law enforcement to address. Rather, officers want a counselor who has the therapeutic skills necessary to help them resolve these difficulties.

- Some officers, aware of the pervasive grapevine in every law enforcement agency, express concern that a counselor who is also an officer may gossip about them to other personnel.

- Many officers are unlikely to discuss with other officers problems that are generally unacceptable in the police culture, such as sexual dysfunction, fear of getting hurt, or inability to use force when necessary in the line of duty.

Nevertheless, mental health professionals with no law enforcement background must make special efforts—discussed below and in chapter 7, "Marketing the

Figure 4
Range of Staffing Configurations of Selected Stress Programs

Program"—to learn about police work and police culture in order to gain credibility with officers. At the same time, they must be careful not to try to act and talk like police officers as a means of gaining acceptance, or they may be disparaged as a "cop wannabe." As Richard Smith, a police psychologist with the Michigan State Police's Behavioral Science Section warns, "The closer you get to the cop role without being a cop, the more danger you're in of looking like a clown." By trying to identify too strongly with police officers, psychologists may also lose their own professional identity. According to two experts in police psychology, "Law enforcement agencies do not hire mental health professional to act like imitation police officers but to provide professional mental health services."[3] Warning signs of overstepping this boundary include asking for a gun and badge, using police jargon, and swearing. When one psychologist took to carrying a knife in his shoe, officers began teasing his colleague with questions like, "Where's *your* knife?"

Sworn Mental Health Professionals. Some stress program directors and clinical staff consider a law enforcement background extremely beneficial on the job. The director of Metro-Dade's Health Services Section is a law enforcement officer who became credentialed by earning a master of science degree in human resources counseling. Conversely, the director of the Rhode Island Centurion Program is a licensed clinical social worker who became a sworn officer and is now, as an active reserve officer, a member of his local police department's SWAT team. One of the police psychologists in the Michigan State Police Department's Behavioral Science Section attended a police academy for municipal officers and now serves as a part-time officer in a small-town law enforcement agency.

These and other clinician-officers believe that their law enforcement background enhances their ability to treat police officers because, with a firsthand knowledge of police work and resulting ability to empathize immediately with clients, they have an easier time gaining a client's trust. Officers often claim that "it takes a cop to understand a cop." For this reason, William Garrison, Director of the Metro-Dade program, feels that a sworn mental health professional is the ideal choice for a program: "Sworn licensed professionals have all the advantages of peer support because they understand what police work is like, plus they are qualified to provide competent care and have legal protection in terms of confidentiality." At the same time, many police officers—some of whom have become especially jaundiced after observing psychologists and psychiatrists providing contra-

dictory expert testimony in court—tend to mistrust all members of the mental health profession regardless of their law enforcement background.[4]

> *"Sworn licensed professionals have all the advantages of peer support because they understand what police work is like, plus they are qualified to provide competent care and have legal protection in terms of confidentiality."*
>
> — William Garrison, Director,
> Metro-Dade Health Services Section

Other Types of Professional Staff. *Interns*. Some programs make use of volunteer interns, generally either last-year graduate students in clinical psychology or postdoctoral students, who work part-time for the program over a one-year period, carrying their own caseload. A stress program director who has used interns recommends that a police psychology internship provide a formal schedule of training, supervision, and evaluation, and furnish the intern an opportunity for some degree of police training, ranging from ride-alongs to attendance at a police academy.[5] Before using interns, program directors need to consider the significant amount of time that will be required to train, supervise, and evaluate them.

Chaplains. Most law enforcement agencies have the services of one or more volunteer or paid chaplains for such duties as delivering death notifications, assisting with funerals, helping police officers' families deal with personal tragedies, and, in some cases, teaching in-service classes on stress management. Chaplains may be especially effective in helping family members cope with stress.[6] A chaplain participates in the family orientation at the Michigan State Police academy and offers to talk to recruits and their family members about problems. A corps of 8 to 10 chaplains with the Michigan State Police are given informal captain designation and uniforms. A chaplain also participates when a Behavioral Science Section psychologist debriefs officers after the death of an officer to address issues of grief and mourning. However, no officer or psychologist interviewed for this report was aware of any occasions on which an officer had sought counseling for stress-related issues from a chaplain. Most reported that chaplains were used infrequently, if at all, for stress services.

Respondents reported that some officers who are not religious feel uncomfortable talking with clergy, while religious officers are sometimes reluctant to contact a chaplain who

appears to have a denominational bias different from their own. In addition, one program director thought that officers see chaplains as focusing only on spiritual, not psychological, matters. However, with appropriate training and advertising, in certain cases chaplains might be brought successfully into a stress program's operations.[7]

"The chaplain addresses the needs of the spirit when, at a time of crisis, the officer is brought into confrontation with his own mortality. . . . As one officer wrote recently, '. . . a stress avalanche occurs because of the guilt the shooter carries around with him. Believe me when I say there is guilt . . . guilt rides heavily with the officer involved with a shooting. "Thou shalt not kill" is a maxim taught from the crib. Regardless of the legal definition of justifiable homicide, there is always, "well, maybe I did screw up," in the background.'"

— G.L. Benjestorf[8]

Volunteers. Although it is done infrequently, stress programs sometimes engage the services of graduate students who are not clinical mental health majors. These other student volunteers are typically brought in to research program effectiveness. Professors are sometimes interested in providing their students with real-life opportunities to conduct research, often as part of a thesis. Given the sensitive nature of police stress services, the need for strict confidentiality, the training and supervision required, and considerations of legal liability, it may not be feasible to use nonclinical volunteers for these purposes.

Selecting and Recruiting Professional Staff

Program planners need to determine what kinds of staff to hire or contract with, develop criteria for selecting them, and then recruit them.

Determining Staff Size and Mix. There is no formula for determining how many staff, or what kind of staff, a stress program needs in order to meet the anticipated demand for services. In part, the number and qualifications of service providers have to reflect local considerations that are often unique to each jurisdiction, including

- the amount of available funding;

- the types of services program staff plan to provide in

addition to counseling, such as training, research, or management consulting (see the box "Core Functions of Police Psychologists");

- the degree of support for stress programming from top police management;

- the number of sworn officers, civilians, and family members associated with the law enforcement agency;

- the expected increase in caseload as the program gains credibility and becomes known;

- the nature of the department's workforce, including factors such as average educational level and number of years on the job, which may influence officers' willingness to seek services or their preference for getting help from peers rather than professional mental health counselors;

- other features of the workforce that may influence caseload levels, such as the distance officers and family members will have to travel to obtain services and the services that officers' insurance will cover;

- available alternative sources of services from employee assistance programs and other mental health service providers in the community, and the extent to which the department plans to rely on referring officers and family members to these resources rather than treat them in-house; and

- the amount of time that will be required for initial and ongoing outreach and marketing.

Comprehensive guidelines for staff size and mix are also difficult to develop because of the unpredictable nature of some program services. In a typical private clinical practice, counseling sessions last a predictable 50 minutes, occur at fixed intervals (usually weekly), and continue for an average of two to six months (for short-term therapy). However, counseling sessions for law enforcement officers are often much longer or shorter than an hour, may require going on-scene after critical incidents, and may be needed for only a week or over a year.

Clinicians do offer several reasons for having more than one, and preferably several, providers on staff, even if this means forming a consortium of mental health practitioners who maintain a private practice and devote only part of their time to serving a given program's law enforcement clients:

Core Functions of Police Psychologists

A survey[9] of 65 police psychologists representing 50 of the largest police departments in cities with populations over 100,000 found that they engaged in the following basic activities:

- 77 percent provided counseling services; 29 percent restricted their activities to providing only counseling services and none of the other services listed below.

- 71 percent conducted preemployment screening; 17 percent did only evaluation work, including preemployment screening and fitness evaluations (see below).

- 54 percent conducted training classes that covered a range of topics from hostage negotiations to handling the mentally ill, but stress management training was provided with the greatest frequency.

- 52 percent conducted evaluations of fitness for duty; an additional 23 percent referred officers they were counseling to other psychologists for these evaluations to avoid the conflict of interest of treating and evaluating the same individual.

- 42 percent systematically monitored officer performance for purposes of validating preemployment screening and for assessing the success of training and counseling.

By contrast, almost none of the mental health professionals contacted for this Issues and Practices report engaged in preemployment screening, fitness for duty evaluations, or officer behavior monitoring; instead, they focused on counseling and training, primarily in the areas of stress prevention, management, and treatment. The discrepancy probably reflects this report's attempt to examine programs that are devoted almost exclusively to law enforcement stress, whereas the study summarized above examined general practice police psychologists.

- Having at least two mental health professionals in the program enables them to cover for each other during vacations and sick leave. When the chief psychologist to the San Antonio Police Department lost his only colleague in the program, he had to fall back on a pool of local mental health workers to cover for him, none of whom had the expertise or ongoing knowledge of cases that his colleague had possessed.

- Having several mental health professionals on staff affords clients the advantage of shopping for the right therapist for them. Patients do not always "click" with the first counselor they are assigned or select.

- It is difficult for a single practitioner to serve police clients on a 24-hour basis without either quickly becoming overworked or making unpleasant and unpopular decisions about when to refuse to be on call.

- With several practitioners in the program, it becomes possible to hire individuals who are certified in special areas of expertise, including alcoholism counseling, marital counseling, sex therapy, and child counseling. By providing these services in-house, the program eliminates the need to refer clients to outside, and less well known, practitioners.

Program planners rarely have the luxury of estimating optimal staff size and mix and hiring accordingly. In most jurisdictions, the availability of funds and the attitude of top management toward the value of stress services are the principal influences that determine how many and what kinds of staff are hired. As a result, most programs fall far short of optimal staffing levels by any criterion. Despite these staffing obstacles, program administrators can periodically request funds for additional counselors, including money to set up or expand a peer support component. These efforts can sometimes be successful, especially if program

staff can show that they are providing concrete benefits for the department or if a change in administration occurs that brings in managers with more favorable attitudes toward stress services. (See the box "Getting Additional Staff Requires Special Effort.")

Selection Criteria and Recruitment. Program directors do not seem to distinguish among different types of certification or academic degrees in selecting program staff, nor do they see any difference in ability based on formal education. As a result, counselors who treat police officers (and their families) may have certificates or degrees in alcohol and drug abuse counseling, clinical social work, or clinical psychology. What is important is that staff be licensed, insurable, and good at what they do. In particular, program directors tend to look for the following characteristics when hiring staff:

- a desire to work with law enforcement officers that reflects neither uncritical admiration nor the wish to "reform" the world of law enforcement;

- some type of experience with law enforcement, such as having a member of the family who is or was an officer or having participated in ride-alongs or worked with jail or prison inmates;

- an understanding of law enforcement and the problems and stresses experienced by police officers;

- enough assertiveness to counter the habit some law enforcement officers have of acting intimidating, but also a manner that is warm, caring, and empathic;

- the flexibility to work in different locations (e.g., on the streets, at the academy, in an officer's home), to meet clients off-hours, to go on duty suddenly at 2:00 a.m., to put in occasional stints of up to 24 hours straight during crises, to put in uncompensated overtime, and to alternate periods of calm paperwork with high-pressure work in the field;

- the excellent social skills necessary to operate with a variety of different personalities, ages, and both sexes in a mixture of interpersonal situations and in group settings; and

- some political sophistication regarding law enforcement chains of command and department protocol.

While there is debate over whether male or female therapists are more effective with officers and their families, respondents agree on two points. First, female counselors can be just as effective and can have just as much credibility as male counselors, even with male law enforcement officers who are seen as hard-nosed (indeed, some male officers may feel less inhibited revealing their weaknesses to a woman than to another man). Second, when possible, programs can hire both male and female counselors so that clients, including the increasing number of female officers, may have a choice in this matter.

Getting Additional Staff Requires Special Effort

- Michael McMains, psychologist to the San Antonio Police Department, lost his second staff psychologist when the police department went through a budget-cutting period; however, when a new police chief was hired in 1995, McMains was able to convince the new administrator to fund the position again.

- Gary Kaufmann, chief psychologist for the Michigan State Police's Behavioral Science Section, helped to convince the department's personnel department to fund a third program staff person, a trooper who is a recovering alcoholic, to provide counseling to other troopers with drinking problems. The troopers' association president initiated the request and asked for Kaufmann's help, because the president kept getting calls from members with drinking problems who did not feel the two professional psychologists in the program could help them. While the association president documented the need for alcoholism treatment services for the troopers, Kaufmann explained to the personnel director that the new staff position would save money by avoiding the need to put some troopers with drinking problems on disability leave or require them to take early retirement.

- Douglas Gentz, the director of Tulsa's Psychological Services, which is funded by the city police and fire departments, arranged for three outside experts—one police psychologist each from the Memphis and Dallas police departments, and the Denver police chief—to make a three-day site visit to the program to conduct an evaluation. Following a key recommendation of the evaluation report, the program's board of directors hired a second psychologist.

Program directors need expert skills not only in management but also in clinical work because most will have caseloads in addition to their administrative responsibilities and because, whether they see clients or not, they will be supervising the clinical work of other staff. A program director also needs to have a keen political sense, good public relations skills, and the ability to work simultaneously with several segments of the police department as well as with other agencies and professionals in local government, the community, and the press. One director reports, "I have to perform a delicate balancing act in the department, keeping contact and good relations with both management and line officers to make sure I never appear to be in one camp or the other." Other directors see this balance somewhat differently, citing the need to always be seen and to be *on the side of their clients*— that is, to run an *employee* program—but at the same time maintain the good will and support of management. If their director cannot keep management's support, command staff will hamper the program's success or, ultimately, cut off funding, but, if the program director cannot run the operation as an employee program, officers will not trust or use the counselors.

While many programs are headed by administrators with doctorates in clinical psychology, a Ph.D. is not necessary. For example, the directors of the Rhode Island Centurion and Metro-Dade programs (both sworn officers) are licensed counselors.

In order to promote organization-wide acceptance of the program, the Palo Alto, California Police Department enlisted the participation of about 50 sworn and civilian employees from all ranks to design and participate in a structured, two-day assessment event during which candidates for the director's position were evaluated. While this type of participation is not always feasible, when possible it can help ensure the selection of a program director whom department members are likely to trust and like.[10]

Programs that are housed in law enforcement agencies may be required to follow local government procedures for recruiting staff. For example, Metro-Dade's Health Services Section must advertise for staff first through the police department, then in the county, and then to the general public. Program directors in other jurisdictions place advertisements in the American Psychology Association's *Monitor* and other professional organizations' publications. However, most program directors report they rely almost entirely on word of mouth to hire staff. In San Bernardino, Nancy Bohl has never had to advertise for Counseling Team staff;

instead, she keeps a list of qualified clinicians who have asked to be considered as candidates whenever she has an opening. Bohl has several staff individually interview each new candidate; then they meet as a group to discuss the person's suitability.

Staff Training, Case Management, and Supervision of Professional Staff

Program directors typically spend considerable time training new staff, making arrangements for in-service training, assigning cases, and supervising the quality of the counselors' work.

Training. Program directors usually train new staff by requiring them to do ride-alongs and having them accompany experienced staff during critical incident debriefings and training events, first as observers and later as co-leaders. An experienced staff clinician, often the director, acts as a "buddy," conferring frequently with new staff after their first several counseling sessions to identify and correct any problems and answer questions. It is particularly important that staff with little or no experience with law enforcement learn about law enforcement agency organization and culture. Nancy Bohl requires all new staff to attend the Counseling Team's three-day training session for police peer supporters and all of the team's academy training sessions for new recruits. For further training, she sends them to one of the traveling courses offered by the International Critical Incident Stress Foundation (see chapter 14, "Tapping Other Resources"). A major training focus in every program is the explanation of confidentiality procedures and the need to follow them scrupulously (see chapter 6, "Dealing With Confidentiality").

Depending on their previous experience, new staff members learn much of what they need to know and do through on-the-job training. According to William Garrison, head of Metro-Dade's Health Services Section, "It takes about three years to fully develop someone for the unit from the time the person comes on board. If the new staff person is a clinician, he or she has to learn about the police culture; if the person is an officer, he or she has to learn the clinical skills. There is no way to speed up this process."

In-service staff training includes attending local seminars on stress management and taking continuing education courses. Nancy Bohl makes a practice of sharing with her staff whatever she learns at the various training events and conferences she attends.

Preventing Burnout

The counseling profession in general, because of the intense involvement in other people's problems required of therapists, can easily lead to burnout. Clinicians in police stress programs may be especially vulnerable to burnout because much of the counseling they do revolves around issues of injury and death and because staff typically work long hours, often at night and on weekends. "Sometimes I think I deserve a badge after having to listen to so many burned-out cops during the past 10 years. I eat and sleep their worst experiences. Who listens to me?" asked one stress program counselor.[11] Program directors recommend several techniques to try to prevent burnout:

- Warn staff about the possibility, nature, and symptoms of burnout, and encourage them to monitor their own vulnerability.

- Meet regularly with staff to discuss and resolve problems of work overload.

- Arrange for scheduled staff meetings at which counselors discuss the impact of their work as therapists on their own emotions and lives.

- Help staff to set limits on how much time they will spend on the job and to refuse on occasion to accept certain assignments, particularly if they are responding too often to emergencies.

- Help staff understand the limits of what they can expect to accomplish in their work in terms of helping clients and promoting organizational change.

- Assist staff to tolerate some stress through an awareness that they are doing important work that affects people's lives.

- Encourage staff to take vacation time—without their beepers.

- Advise regular physical exercise before, during, or after the work day (both Michigan Behavioral Science Section psychologists jog and lift weights).

- Identify a couple of congenial clinicians who provide mental health services to other law enforcement agencies and talk or meet with them, as needed, to relieve stress.

- Encourage the police department to show appreciation for what program staff are doing.

Gary Kaufmann and Richard Smith of Michigan's Behavioral Science Section both used to be on call for emergencies at all times, alternating responsibility for the calls as they came in. "Going on all-night SWAT calls was exciting at first, but the next day we'd end up canceling our regular clinical appointments," Kaufmann reported. "In addition, it became exhausting." As a result, they decided one of them alone would be on call for all emergencies for two weeks, after which the other person would take on emergency duty for two weeks. That way each of them is assured of at least two complete weeks of not being rousted from bed at 2:00 a.m. or having to spend 16 straight hours dealing with a hostage situation.

Project directors also continue their own training through continuing education courses, seminars, professional conferences, training events, and the professional literature. Several directors report that the periodic FBI police psychology conferences are particularly informative (see chapter 14). Some learn new skills by going to hostage negotiation schools and taking courses in clinical specialties such as hypnosis. They also refine old skills by enrolling in programs like Roger Solomon's one-week course in trauma debriefing training (see chapter 14). Funds permitting, directors send their staff to these courses as well. Finally, some directors, after many years on the job, still do at least one ride-along a month to keep abreast of law enforcement activities and advertise their program's services.

Case Management. When a program has more than one clinician, decisions have to be made about who handles which cases. John Carr of the Rhode Island Centurion Program holds weekly staff meetings at which he assigns cases. Large programs often use a centralized case assignment system. For each new client, the administrative assistant to the Counseling Team in San Bernardino consults a computer program that indicates which counselor is available to handle the next incoming call. If the caller asks for a specific counselor, the computer indicates when that therapist has his or her next free hour. Centralized case assignments usually make it possible to control case intake and ensure an equitable and appropriate distribution of cases.

More typically, programs adopt an informal case assignment approach whereby staff members assume individual responsibility for taking on new cases. Counselors who are approached individually by officers and family members seeking services generally maintain primary responsibility for those clients.

In some programs, staff who specialize in certain types of problems are automatically assigned officers and family members experiencing those difficulties. For example, the recovering alcoholic who serves as a staff member of Michigan's Behavioral Science Section counsels officers with drinking problems, while two of the members of San Bernardino's Counseling Team treat all officers experiencing traumatic events involving children. In the Albuquerque Police Department's Personal Services Unit, one of the two staff members prefers to handle cases requiring crisis intervention and short-term counseling, while the other is more comfortable with cases that involve long-term counseling.[12]

Staff Supervision. Program directors supervise staff primarily through regular or ad hoc meetings to discuss how cases

are progressing and how to deal with problematic clients. The director of San Bernardino's Counseling Team reviews evaluation forms filled out by clients in order to identify any difficulties counselors may be experiencing in their work. Generally, however, program directors supervise staff informally as counselors bring problems to their attention. In programs with only one staff member, that person typically consults with two or three close colleagues in the field whenever a clinical problem arises.

Peer Supporters

An innovative idea in the 1980s, the training of police officers to provide support to other officers experiencing

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One Approach to Assigning Emergency Cases

San Bernardino's Counseling Team has five in-house counselors each of whom works 32 hours a week, including 25 hours of actual counseling. Each counselor must schedule one hour every day for walk-ins, referrals from supervisors, and crises when an officer or family member needs to be seen right away. Contract staff choose the hours they wish to work, so that if, for example, a contracted clinician says she will devote three hours a day to program clients, from 10:00 a.m. to noon and from 3:00 p.m. to 4:00 p.m., the computer lets the program administrative assistant know that these hours can be filled with emergency call-ins. No staff may make themselves unavailable every evening; they must select some evenings to be on call. Each counselor also picks the weeks he or she will be on call for emergencies or as backup to the on-call staff, with the proviso that counselors get their first choices for on-call evenings and weekends on the basis of how long they have been with the program. (The last person on the totem pole works Christmas evening.) Because there are eight clinical staff, each one has to be on call for about seven weeks a year and another seven weeks as backup. No one is assigned more than one on-call week per month.

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stress has become a common feature of many law enforcement stress programs. The concept is based on the common observation that there have always been a few individuals in every department or post to whom other officers have turned for help in times of crisis. Stress program peer support components attempt to capitalize on this widespread natural phenomenon in two ways:

- by providing training that will increase the effectiveness of these natural peer helpers, and

- by deliberately marketing their services so that as many other officers as possible become aware of the peers' availability.

In addition, an organized peer support program can weed out individuals who may do more harm than good by trying to impose their own morals and behaviors on other officers seeking help. As one observer commented, "I have seen on several occasions an officer who has dealt with his own personal problems in a certain way . . . and wants to help others with similar problems. His heart may be in the right place, and even sometimes his skills are good, but the personality may not be optimal for the type of work involved. A distinction needs to be made between dedication and capability."[12]

Peer supporters serve two major functions in relation to law enforcement stress programs:

- They provide a source of help for officers who are unwilling to bring their problems to mental health professionals because they mistrust "shrinks," would feel stigmatized for not being able to handle their problems on their own, or are afraid that entering therapy might hurt their careers. While peer supporters, as noted, cannot provide the level of service professionals can, they can still be of considerable help.

- Peers can refer receptive officers in need of professional help to the program's counselors. When a referral comes from a trusted peer, many officers are more likely to take advantage of counseling services than if they have to make an appointment on their own or follow the suggestion of a family member or program clinician. As one officer experiencing problems reported, "When my partner told me he'd gone to the program and it had helped, I figured it couldn't be all that bad." In this regard, peer supporters act as a bridge to the program—the Rhode Island Centurion Program refers to them as "liaison officers." (See chapter 7, "Marketing the Program.")

"Some officers have reported feeling that they are 'going crazy' because of the emotional intensity of their reactions [to a traumatic event]. He/she needs to know that what is being experienced are normal reactions to an abnormal situation. . . . Who is in the best position to provide this validation of emotional responses? Who else but the fellow officer who has 'been there' [and can] . . . say, 'After my shooting, I had nightmares and flashbacks, and I'm not crazy!' "

— Beverly J. Anderson, Clinical Director, and Officer Jeffrey A. King, Peer Supporter Coordinator, Metropolitan Police Employee Assistance Program, Washington, D.C.[14]

Advantages of Peer Support

Like professional counselors who are also sworn officers, peer supporters offer instant credibility and the ability to empathize. If there is a large enough cadre of trained peers, program staff can heighten the empathy inherent in the peer relationship by matching them with fellow officers on the basis of the nature of the particular incident. A peer support team in the San Antonio Police Department consisting exclusively of officers who have been involved in shootings is available to support other officers as they cope with that experience. The Bureau of Alcohol, Tobacco, and Firearms (ATF) operates three peer programs, each with a separate focus, linking officers with peers who are themselves incident survivors, victims of sexual assault, or recovering alcoholics. The Counseling Team of San Bernardino tries to match an officer who has experienced the death of child or who has killed someone with a peer supporter who has survived the trauma of a similar event. According to Nancy Bohl, "No one can empathize with officers undergoing these two crises unless they have experienced them themselves." According to John Carr, head of the Rhode Island Centurion Program, a peer component makes it possible to have available "a multitude of personalities for various situations: you can use quickly a variety of resources on site." Carr's observation points to another advantage of having peer supporters available—they are frequently more accessible than professionals because they are often already on the scene or at the station.

Another advantage of peer support is that peers are in a better position, through their daily contact with fellow officers, to detect incipient problems before they become full-blown. This "early intervention can prevent a situational problem from crystallizing into a chronic maladaptation. As such, peer . . . programs are assumed to be proactive and preventative in nature."[15]

Limitations to Peer Support

Respondents and experts suggest several potential weaknesses or limitations of peer components. Several of these drawbacks, however, can be overcome:

- The use of peer supporters is not a substitute for the services of mental health professionals. Because it can be inexpensive to establish a peer component, some law enforcement agencies may try to train peers to avoid having to make budget allocations for professional stress services, but as the peer guidelines developed by the International Association of Chiefs of Police (IACP) make clear, "A peer support program can augment . . . employee assistance programs and in-house treatment programs but not replace them."

- Establishing a peer support component—and keeping it going—takes time, effort, and patience. After Michael McMains, Director of the San Antonio police stress program, lost his second psychologist in a budget cutback, he no longer had the time to conduct the recruitment, training, and supervision necessary to keep the peer support component going.

- Some trained peers may decide that they *are* equipped to do full-scale counseling and, in the process, harm their fellow officers. However, if program staff are careful about screening peer candidates and train them properly (see below), few peer supporters are likely to overstep their bounds.

- In some jurisdictions, issues of legal liability may make it unwise to establish a peer support component. For this reason, the Metro-Dade program in Florida has not done so, while New York City required its peer supporters to become certified alcoholism counselors. Program directors need to examine the issue of liability carefully to determine whether they will be immune from lawsuits if a peer supporter trained by their stress program is accused of causing harm to another officer.

Using Peer Supporters: Benefits and Limitations

Benefits

- can provide instant credibility and ability to empathize

- can assist fellow officers who are reluctant to talk with mental health professional

- can recommend the program to other officers by attesting credibly to its confidentiality and concern

- are frequently more accessible than professionals because they are often already on the scene or at the station house

- can detect incipient problems because of their daily contact with fellow officers

- are inexpensive compared with using professionals

Limitations

- cannot provide the professional care that licensed mental health practitioners can

- may try to offer real counseling that they are not equipped to provide

- may be rejected by officers who want to talk only with a professional counselor

- may be avoided by officers because of fear their problems will not be kept confidential

- require time, effort, and patience to screen, train, and supervise

- may expose themselves and the department to legal liability

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- Officers and nonsworn staff are sometimes unwilling to talk with peers because they want to be counseled by a professional or because they are concerned about lack of confidentiality.

"We made a conscious decision to call them peer **supporters** *to avoid the impression that they're offering counseling. We don't want to give troopers the idea that they can diagnose and treat problems. They can't."*

— Trooper Jeffrey Atkins,
Michigan State Police Behavioral
Science Section

Confidentiality, indeed, is perhaps the knottiest issue related to using peer supporters. Failure by peers to maintain—and by management to respect—the confidentiality of what other officers say to a peer supporter will sabotage the peer component. As a result, the Bureau of Alcohol, Tobacco, and Firearms memorandum describing its peer support program to all special agents in charge emphasizes that peers "are *mandated* to maintain total and complete confidentiality . . . no written reports are made or maintained." Appendix A, "Peer Support Couseling Guidelines," includes the confidentiality guidelines San Bernardino's Counseling Team expects police departments for which it establishes a peer support component to follow. "There is, of course, a grapevine," according to one peer supporter, "but if a cop confides in a peer and the information gets spread around, no one will ever go to that peer again. Peers *want* the program to work, so they *do* maintain confidentiality. But the officer being helped may tell another [third] cop about his problem who *does* spread the word, and the peer might then have to deal with getting blamed for the gossip."

More importantly, communication between peer supporters and officers is usually not privileged conversation under the law, regardless of department rules, because peers are not licensed mental health professionals. As a result, courts and police supervisors have the legal right to ask what was said during these interactions. This lack of confidentiality under the law can be an important barrier to peer support during critical incident debriefings. (See the box "Potential Legal Complications from Peer Support.")

Finally, communication between peers and other officers is never confidential if the officers being offered support appear to be a danger to themselves or to others, to have

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Supporters, not Counselors

Several program directors and researchers emphasize that officers who become peer supporters are not trained to provide counseling and, to avoid misunderstanding about their role, they should be called "peer *supporters*" not "peer counselors." According to Trooper Jeffrey Atkins, a member of Michigan's Behavioral Science Section, "We made a conscious decision to call them peer supporters to avoid the impression that they're offering counseling. We don't want to give troopers the idea that they can diagnose and treat problems. They can't." According to the Peer Support Guidelines prepared by the International Association of Chiefs of Police (IACP), "A Peer Support Person . . . , sworn or not sworn, is a specifically trained colleague, not a counselor or a therapist."[16] To prevent them from engaging in counseling, John Carr of the Rhode Island Centurion Program requires his peer supporters to consult with him if they talk with an officer on three occasions about the same topic. After that, according to Carr, "listening isn't enough for that officer; he or she is stuck with a problem and may need professional counseling, which we need to determine and make available."

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engaged in child or spouse abuse, or to have committed other crimes. Chapter 6, "Dealing With Confidentiality," discusses these exceptions to privileged conversation further.

Peer Supporter Responsibilities

Nancy Bohl, whose Counseling Team has trained over 400 peer supporters in 15 law enforcement agencies, describes their functions as those of *listening, assessing,* and *referring*:

- By *listening*, peer supporters provide an opportunity for officers under stress to express their frustrations, fears, and other emotions to another person who understands from personal experience how they are feeling and why they are upset. As one peer said, "Most of the calls I get

Potential Legal Complications from Peer Support

As noted in the text, because they are usually not licensed clinicians, peer supporters are particularly vulnerable to legal complications. For example, during stress debriefings after critical incidents, officers who participate in the incident sometimes make statements that could be construed as admissions of wrongdoing, including comments such as, "I should have . . . ," or "If only I had . . . ." However, law enforcement departments cannot offer immunity from civil and criminal litigation to officers who do not have a clinical license but who participate in a debriefing to offer social support and are later asked to testify at departmental hearings or in civil or criminal proceedings about what they heard. As a result, practitioners point out that program staff must be careful to warn officers who have been involved in a critical incident (or who obtain counseling for other reasons) not to say anything that might be incriminating during a counseling or debriefing session with other officers, or when speaking privately with a peer supporter. Peer supporters also need to be informed of these legal possibilities and advised not to participate in group or individual debriefings when use of force by the officer seeking help was involved. However, licensed professional program staff who conduct debriefings and who are pro- tected under certification law in State statute and by Rule 501 of the Federal Rules of Evidence (see "Subpoenas" in chapter 6, "Dealing with Confidentiality") cannot be forced to testify.

Even peer supporters who have considerable training in counseling—but are still not licensed—may not be protected by confidentiality laws, depending on the definitions of various types of counselors in State statutes. A State trooper in Massachusetts had received nearly 300 hours of formal training in stress management, psychology, and related courses and had several years of experience providing counseling both at his department's employee assistance unit and at a local chemical-dependency treatment center before being assigned full-time to the unit in 1992. Although he was not a licensed social worker, he considered himself a social worker. According to State Police policy, all counseling provided through the unit was confidential, and the peer supporter told other troopers seeking his help that their communication would be kept in confidence.

In March 1995, a woman filed a complaint against a trooper whom the peer supporter had assisted, charging assault and battery and other criminal behavior. The trooper was suspended from active duty and criminal charges were brought against him. The peer supporter subsequently provided additional help to the trooper on several occasions. The peer supporter's records were subpoenaed for the trooper's trial, but the supporter petitioned for a protective order, alleging that because he was a social worker employed the State, his conversations with the trooper were privileged communication.

Disagreement centered on the State law's definition of social worker. The law specifies that "all communications between . . . a social worker employed in a state, county or municipal governmental agency, and a client are confidential," but the court maintained that the peer supporter was not, in fact, a social worker because he was not licensed. The peer supporter's attorney argued in a brief to the Massachusetts Supreme Judicial Court that the peer supporter should be considered a social worker according to the law's provision that "nothing . . . shall prevent the practice of social work or the use of the official title . . . social worker . . . by individuals employed in state, county, or municipal governmental agencies, provided that such persons are performing those activities as part of the duties for which they are employed or solely within the confines or under the jurisdiction of the agency in which they are employed." The Massachusetts Supreme Judicial Court is expected to rule on the case in late 1996.[17]

To minimize legal complications, program staff should consult with a local attorney regarding their State laws and court rulings pertaining to confidentiality. See the section on "Legal Assistance" in chapter 6.

are about work-related anxiety due to department problems, not street problems. I become a sounding board, giving them an opportunity to vent."

- By listening, peers can also *assess* whether the officer's problem is of a nature or severity that requires professional—and immediate—help. Peer supporters can be trained to note the signs that indicate that an officer may be suicidal, homicidal, severely depressed, or have other serious problems.

- If the officer has a serious problem, the peer can *refer* the person for professional help. "Cops call me," one peer reported, "because they know about the critical incident I went through, so I often tell them about the Docs [department police psychologists] and recommend they make an appointment." Stress programs provide peers with information about available referral resources in addition to the department's own stress services. San Bernardino's Counseling Team gives peers three pages of instructions for when and how to make referrals and a list of over 125 agencies, with telephone numbers. When a peer supporter in San Bernardino was asked by another officer whether he could contract AIDS after cutting himself while subduing an HIV-positive suspect, the peer arranged for an expert in HIV exposure from a local hospital to talk to the officer.

There is considerable agreement that peer supporters are especially appropriate for assisting officers with drinking problems and officers involved in shooting incidents. Many peer supporters are recovering alcoholics who, if they can overcome the denial of fellow officers with drinking problems, can link them with detoxification programs, inpatient treatment, and Alcoholics Anonymous groups. These peers may also attend support group meetings with officers beginning the process of recovery and, as sponsors, follow up on their attendance and help them to avoid or deal with lapses.

Officers who have themselves been involved in critical incidents can provide effective support to fellow officers who are involved in a shooting. Officers who have used their weapons often feel that no one can understand their turmoil except another officer who has had a similar experience. Furthermore, these officers are often equally or even more disturbed by what they perceive to be their department's lack of support in these crisis situations because they are typically relieved of their weapons, interrogated, and subjected to internal department investigation as well as sometimes to a civil suit by the person they shot. Reflecting the valuable role fellow officers can play, the Bureau of Alcohol, Firearms,

Peer Referrals for Financial Problems

The Illinois State Police peer supervisor trains peer supporters to refer officers with money management problems to the State's credit bureau for assistance. If an officer is having problems with credit card payments, an arrangement can be worked out through the bureau in which the credit card issuer will afford the officers an opportunity to pay the debt. The company prohibits further use of the card but imposes no interest on the money owed. According to Jeffrey Atkins, a counselor with Michigan's Behavioral Science Section, "Money problems are a sign of or a source of stress for many officers, so it's entirely appropriate for peers to link them with organizations that help them manage their money."

and Tobacco mandates that all special agents in charge use the agency's peer supporters after every shooting resulting in death or injury. While peer supporters should not provide counseling, they can and do help other officers realize that the fear, anger, and other emotions they may be experiencing after a critical incident are normal under the circumstances.

Nancy Bohl points out that peers can also perform two other critical services: *be present* with officers and their family members who are under severe stress and *run errands* for them:

- When Bohl arrived with another psychologist at the station house after a sergeant had just killed himself, 25 peers were already there. Bohl, along with a captain who was also a peer supporter, gave them assignments ranging from going to the officer's home to spend time with his wife, to picking up the officer's best friends and driving them to the station, to telephoning other department employees with the news. Peers in San Bernardino painted one widow's house and cut another widow's grass. When a wounded officer was hospitalized, Bohl arranged for peers to babysit and feed the officer's cat. Peers brought food for three months to the recent widow of an officer because the woman could not cook.

- A peer supporter in the Washington, D.C., Police Department who had himself been involved in a shooting on a previous occasion sat with the wife of another officer for five hours while her husband was in surgery

after he had been shot. "Just being there a lot of times is enough," he reported.[18] When an officer is hospitalized after a shooting, the Counseling Team arranges for peers to make daily visits. Supervisors in several departments call on peer supporters to stay with the family around the clock for a week after an officer is killed.

Peer support can occur in a variety of settings:

- A peer supporter in San Bernardino may get a radio call asking, "Are you clear for an 87?"—a request to talk that does not reveal the purpose of the meeting. In the New Haven, Connecticut, Police Department, officers can beep the peer of their choice 24 hours a day for help.

- Some peers always wait for other officers to come to them, but many will approach a fellow officer when they observe the person is having difficulty. Usually, however, they do not make a point of announcing, "I'm a peer supporter, and I'm here to help you," but simply go over and say something like, "It seems like you've been late coming on duty the last few days. What's up?"

- When an officer seeking help calls Cindy Goss in Erie County, Goss has the option of contacting an appropriate peer supporter to meet with the officer. Nancy Bohl in San Bernardino always carries on her person a list of the names and experience (e.g., death of a child) of all current peer supporters so that in an emergency she can

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When To Set Up a Peer Support Component:
The Need for Management Support

Gary Kaufmann, Director of the Michigan State Police Department's Behavioral Science Section, observes that early establishment of a peer component may hasten a stress program's ability to gain credibility among officers while at the same time serving as a form of outreach to secure clients. However, Kaufmann, who was just establishing a peer support component in his program when research for this publication was being conducted, warned that a new stress program should not attempt to set up a peer support component too soon. According to Kaufmann,

> You have to wait until department administrators are ready to accept peers as a useful adjunct to the stress program that has already secured management's respect. Otherwise, you will have a mini-unit versus management—"cops taking care of their own," people will say, "because the department won't take care of them." This may create a built-in adversarial relationship between the peer support component and management, with the stress program seen as supporting the "rebellion."

Other program directors also emphasize that without strong management support a peer component will not succeed. According to an association president, "Our peer program is a failure because the union shoved it down the department's throat, and management just passively went along with it. So, few cops know there are any trained peers available to them, those who do don't take them seriously, and very few officers volunteer to get trained." A peer supporter pointed out that management support is crucial because supervisors need to give on-duty peers time to assist other officers in crisis as long as the peers are not themselves involved in an emergency situation.

It may also be important to wait until a stress program has gained the acceptance of the officers themselves before setting up a peer component. Cindy Goss, Director of the Erie County Law Enforcement EAP, began recruiting and training peers only after she felt enough officers were familiar and comfortable with the idea of stress services as well as the program itself.

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quickly match peers with officers based on the nature of the problem at hand.

- The chief of the 61-member Norwood, Massachusetts, Police Department has his peer supporters carry pagers so that he or his top administrator can call them at any time to help with an officer experiencing stress; however, they are never asked to report back on any aspect of the encounter.

- Officers who take time off to recover from a serious injury or illness often feel isolated and frightened. The Palo Alto, California, Police Department has sent two peers and one other officer to be trained in workers' compensation law so they can visit disabled officers in their homes to provide support, information about their rights to workers' compensation, and assistance in navigating the complex reimbursement system. Peers in the San Antonio Police Department prepare officers involved in a shooting or other critical incident for the impending change in duties and the legal procedures that often follow, emphasizing that, while it may last several months until any litigation has been resolved, the change is only temporary.

- A great deal of peer support takes place spontaneously around the water cooler, over coffee, or wherever an officer and a peer happen to run into each other.

Screening and Recruiting Peer Supporters

Screening out inappropriate officers from becoming peer supporters is essential to an effective peer program.

Screening. Some stress programs accept applicants for peer supporter positions solely on the basis of desire to help troubled colleagues, but respondents interviewed for this report suggest that this is a mistake. Instead, the stress program director needs to develop selection criteria and institute recruitment procedures that ensure that only qualified officers are chosen and accepted. Program staff suggest that officers be selected based on some combination of the following criteria:

- reputation as someone whom others already seek out for informal peer support and who keeps information confidential,

- nomination by other officers,

- approval or recommendation from the chief or other command staff,

- quality of social skills and ability to empathize,

- previous education and training,

- several years of experience on the streets,

- information provided in a letter of interest (see below),

- previous use of the program, and

- ability to complete the training program successfully.

Program staff suggest that, while it is important that officers be chosen who have experienced critical incidents and recovered successfully from them, it is also important to have a variety of experience represented among peer supporters so that the group does not become a "shooter's club." Officers who have experienced the death of a police partner, been alcoholics, or lived through family traumas such as the death of a child or spouse can be of great support to others.

Program staff also recommend that individuals of all ranks be encouraged to become peer supporters because officers are usually extremely reluctant to turn to anyone for peer support who is of a higher or lower rank. A peer leader who had just become a sergeant when interviewed for this report talked about how he was making every effort to continue to provide peer support to the officers to whom he is now senior, but he reported that he was not optimistic that many of them would ever talk with him again about their personal problems. Indeed, the IACP's guidelines recommend that peers "should not develop peer support relationships with supervisors, subordinates, or relatives." Program staff often try to train several sergeants and lieutenants as peer supporters so that senior officers have someone of their rank they can go to for assistance—and to increase support for the peer program among command staff.

It is also important to recruit civilians and family members as peers, because noncommissioned personnel feel uncomfortable sharing problems with officers, while family members may receive empathetic treatment only from other family members. (See chapter 11, "Services for Family Members.")

In the past, some programs have required that officers have certificates or degrees in counseling in order to become peer supporters. At one time, the Dallas Police Department re-

Steps in Developing a Peer Support Component[19]

1. Check with legal counsel to determine whether there are any legal barriers or limitations to setting up a peer component.

2. Review the literature; consult with other departments for guidance.

3. Select a peer support coordinator.

4. Conduct a needs assessment.

5. Design the preliminary approach and monitoring plan.

6. Consult with management.

   - e.g., will peers be given on-duty time to attend training? to do peer support?

   - e.g., will the department pay for the coordinator?

7. Revise the approach.

8. Develop written procedures and selection criteria.

9. Secure funding (may occur earlier).

10. Advertise for candidates.

11. Recruit peers.

12. Screen candidates.

13. Train peers.

14. Market the peer supporters' services.

15. Monitor peer activities.

16. Provide continuing training.

17. Evaluate.

18. Report periodically to management on progress and problems.

quired peer supporters to be state-licensed counselors, while, as noted above, the New York City Police Department required its peers, most of whom worked with other officers with drinking problems, to have completed all the requirements leading to State certification as alcoholism counselors. However, none of the programs contacted for this report have such stringent requirements, and none of the staff interviewed felt such certification was a necessary prerequisite to becoming an effective peer supporter (although, as noted before, professional certification has the advantage in many States of making conversations between peers and other officers privileged communication).

Finally, program staff recommend strongly that officers choose to be peers on a voluntary basis and that no external rewards be attached, such as enhanced chances for promotion. Only truly voluntary participation can ensure that peers are giving their colleagues support that will be perceived as genuine and therefore be beneficial.

Recruitment Procedures. Program directors use different approaches to recruiting peer supporters:

- Some programs announce the position in police department and association newsletters, in departmentwide memos, at roll call, and at union or association meetings.

- The Erie County program received several referrals from police associations after the vice president of the Western New York Police Association, a network of law enforcement unions in the region, agreed to send a letter to its member unions promoting the concept of peer support and inviting members to apply (see appendix B).

- The Bureau of Alcohol, Tobacco, and Firearms reviews files to identify agents who are survivors of critical incidents. Reviews of past alcohol-related adverse actions are also examined to identify possible candidates for the bureau's alcohol peer program.

- Program staff counselors sometimes identify candidates from among their clients.

Some program directors ask candidates to submit a letter of interest or to fill out a form explaining why they want to become peer supporters and what they hope to accomplish (see the sample form in appendix C). In other programs, staff interview each candidate to obtain the same type of information as well as to get a sense of how dedicated, skilled, and

empathetic the officer will be. San Bernardino's Counseling Team requires both procedures.

Peer supporters who have been recommended by fellow officers—in programs where this is part of the selection process—are more likely to be accepted in their new roles than if sworn personnel had no say in their selection.[22] In very small law enforcement agencies, recommendations can be made verbally; in larger departments, officers can be asked to nominate others more formally (see sample solicitation memorandum in appendix D). Staff in the Rochester, New York, program, however, warn that rejected applicants may become resentful and then damage the peer support component by criticizing it to other officers (see the box "Obtaining Nominations for Peer Supporters").

It is always helpful to obtain management's views on candidates because, as noted above, if the chief or other high administrators are opposed to the officers who are chosen as peers, they will not encourage their use or make referrals, and may not even allow peers to spend time supporting other officers while on duty. John Carr, head of the Rhode Island Centurion Program, gives presentations at the small police agencies he serves, asking for sworn and civilian volunteers;

Training Can Weed Out Inappropriate Peer Candidates

During the training of peer supporter candidates, it sometimes becomes obvious that an officer would be ineffective. Sometimes officers decide on their own that they are inappropriate for the role because of the difficulties they experience during training in opening up themselves to the other trainees. In addition, certain officers may "become preoccupied with details of shooting incidents rather than the emotional impact that the event has on the individual officer. As a consequence, during training sessions when specific examples are used, this group of officers often becomes concerned about the 'rightness' of the shooting or about the potential of becoming a witness in a civil suit. Experience has shown that when this is the case, these officers typically lack empathy or are largely indifferent to the emotional state of fellow officers and tend to become preoccupied in the technical aspects of the police situation: e.g., conditions for the use of force and/or police tactics. Obviously, people with this type of orientation will be largely ineffective in a peer counseling role and this has been borne out through subsequent events."[21]

Training focuses on

- developing skills for active listening,

- recognizing and assessing officers' problems,

- determining the need for referral to professionals, and

- selecting the proper resource as a recommendation for professional assistance.

Training may also cover problem-solving techniques, dealing with death, and responding to relationship problems. The San Bernardino Counseling Team's 160-page peer support training manual covers the following topics:

- an introduction to peer support,

- peer support issues,

- feelings and emotions,

- listening skills,

- paraphrasing,

- self-disclosure,

- critical incident stress,

- grief and bereavement,

- substance abuse,

- assessment,

- referrals,

- depression, and

- major crisis issues.

Another training curriculum may be found in Theodore H. Blau's *Psychological Services for Law Enforcement* (New York: John Wiley, 1994: see pages 378–387).

he then asks management and union officials for their opinions of the individuals who come forward. The Erie County program was required to submit the names of interested officers to the Buffalo Police Department's inspector, who then made the final decision about which candidates the program could train.

Peer Training

Along with management support and careful screening, training is the third critical ingredient of an effective peer support component. Peer candidates generally receive three to five days of training. The Drug Enforcement Administration provides 64 hours of initial training, leading to certification of peer trauma team members, who must then receive 24 to 40 hours of additional training every 3 to 4 years to remain certified.

> *Along with management support and careful screening, training is the third key ingredient of an effective peer support component.*

Obtaining Nominations for Peer Supporters

San Bernardino's Counseling Team

When San Bernardino's Counseling Team signs a contract with a law enforcement agency, the director gives a memorandum, along with the criteria for becoming a peer supporter, to the chief of police and asks the chief to distribute the memo departmentwide, including to nonsworn personnel (see appendix D). The memorandum asks each officer to list the names of up to 20 colleagues who he or she feels best meet the criteria, listing the most qualified officer first. The director then has the chief request each of the individuals who have been most commonly listed and most highly rated to submit a written request to become a peer supporter. The chief submits the requests to the director; staff and two other peer supporters then interview the candidates.

A Mid-Sized Texas Police Department

A police department in Texas with 48 sworn personnel and 13 civilians combined several steps for recruiting peers. First, the agency asked for officers to volunteer to be peer supporters. Then it gave all officers in the agency a peer survey form to complete and return anonymously, on which they ranked every officer in the department on a 1 to 5 scale (1 = totally unqualified) in terms of how effective each would be as a peer supporter. The form provided a brief description of what peer support was and a brief overview of the activities peer supporters would conduct. Before analyzing the responses, a team of three psychologists interviewed each applicant about why he or she wanted to be a peer supporter and what skills the person could bring to the role. The psychologists also asked a series of situational questions designed to assess each volunteer's communication skills, listening skills, ability to solve problems, and ability to empathize. To qualify as a peer, each volunteer had to be approved by a psychologist and be ranked highly by his or her colleagues. Interestingly, the six persons selected by the psychologist also had the highest average ratings among their colleagues.[23]

Training emphasizes the need for peers to avoid trying to provide therapy, to know their limits with regard to what they can offer and do, and to contact program professionals freely and immediately if they have questions about how to proceed. Training also stresses the need to maintain strict confidentiality about what an officer tells a peer supporter. According to the IACP's peer support guidelines, "A formal policy statement should be included in the department policy manual that gives written assurances that, within the limits of confidentiality, a PSP [peer support person] will not be asked to give information about members they support. The only information management may require . . . is the anonymous statistical information regarding the utilization of a PSP." Exceptions to confidentiality typically include threats to self or others and criminal behavior. Peers are trained to know when to interrupt a conversation with an officer to explain what information they may not be able to keep confidential

(for example, if the officer begins to talk about hurting someone else).

Training typically involves lectures, demonstrations, and role-play exercises. In some programs, staff videotape simulated support sessions and critique the interchange. The three-day training program provided by the Long Beach, California, Police Department is divided into three parts: explanation, demonstration, and performance, following the basic principles of the three-phase Rogerian model of establishing rapport, active listening, and taking action. During the training, psychological principles are presented to the group and later demonstrated in a simulated counseling setting by the instructors. The group then breaks into small groups to practice the skills under the instructors' supervision.[24] Trainers in the Rochester Police Department assess trainee proficiency by using a five-point scale to rate the

officers on such parameters as openness to learning and supervision, self-awareness, listening skills, objectivity, and the ability to maintain confidentiality. The trainees must exceed a defined level of proficiency before being allowed to work as peer supporters.[25]

In San Bernardino, the Counseling Team's program director, assisted by other program staff, trains the peers. In the Long Beach program, a clinical psychologist teams up with a sworn officer with a clinical degree to provide the training. Other programs send peers outside the jurisdiction to attend courses specifically designed for peer training. The New Haven Police Department's peer supporters are trained by a variety of community professionals, including physicians, psychiatrists, psychologists, and social workers, many of whom are faculty members at nearby Yale University.

The San Bernardino program invites staff from the local employee assistance program to attend at least part of the training so they will not feel as though the peers are competing with them. (Staff of another program encourage peers to meet with private practitioners to allay fears about taking away their business.[26]) In addition, according to Nancy Bohl, "You want the professionals to whom peers may be referring officers to attend some of the training" so they understand the nature of the peers' support. A captain from one law enforcement agency attended one of Bohl's training sessions, both

reflecting and heightening his motivation to promote the peer supporters in his agency. Of course, nonsworn personnel who express interest in becoming peer supporters need to attend the training, as well.

Monitoring and Follow-up

Most programs provide some kind of follow-up to the initial training to reinforce or expand the peers' skills, enable them to share and learn from their experiences, and monitor their activity. The Rhode Island Centurion Program has its peers meet every two months for two hours of additional training provided by clinical staff from the inpatient hospital the program uses when clients need hospitalization. The training addresses topics that the peers themselves have expressed interest in learning about, such as confidentiality and suicide indicators. Every three months San Bernardino's Counseling Team asks the peer support coordinators within each department with which it contracts to send a letter offering a three-hour free follow-up training session to all peer supporters, with one of the agencies taking responsibility for sponsoring the event and bringing refreshments. Some chiefs send all of their peers to the training and give them released time to attend. By inviting all the peer supporters from several police and sheriff's departments (several of which are very small agencies) to each follow-up training session, both the Centurion Program and the Counseling Team make it possible to assemble enough peers to make the training cost-effective. Some of the issues that continuing training for peers might address are listed in the box "Possible Topics for Continuing Peer Support Training."

Staff of San Bernardino's Counseling Team and of some other programs ask peers to complete contact sheet logs. The Counseling Team also asks peers to complete a simple checklist for each support session. The checklist asks for a case number and then an indication of whether the person was sworn or nonsworn, male or female, or a family member or coworker, and a list of stress-related issues for which support was given, ranging from problems with coworkers to financial concerns to substance abuse (see appendix E). Other peer activity logs, perhaps more detailed than most peer supporters will be willing to fill out, may be found in appendix F and on page 181 of Theodore Blau's *Psychological Services for Law Enforcement*.

According to Nancy Bohl, the forms are useful for determining whether any peers are being overworked; it was through these forms that she learned that two of three homicide detectives who were peer supporters in one agency had been transferred, leaving the entire responsibility for peer support to the one remaining detective. By asking peers to record their current shift assignment, the forms also enable Bohl to learn whether too many peers are working the same shift, leaving the other shifts uncovered. Finally, the forms may point to temporary departmentwide problems that may need to be addressed. For example, Bohl noticed that three-fourths of all the peer hours in a department were being devoted to relationship problems; and, upon calling a peer supporter in the agency, she learned there had been 19 divorces among its officers within a few months; as a result, she offered a seminar to the peers on marriage and family support.

The Counseling Team and other stress programs try to monitor burnout among peer supporters both in terms of the ongoing, everyday support peers are providing and also following particularly intense incidents. Bohl once had to call on a local victim/witness assistance program and a chaplain for additional help with family members after an officer committed suicide and his department's peer supporters were becoming overwhelmed with their caretaking responsibilities. To help prevent peer burnout, the Drug

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Possible Topics for Continuing Peer Support Training

(from the IACP peer support guidelines)

- confidentiality issues
- communication, facilitation, and listening skills
- ethical issues
- problem assessment and problem-solving skills
- alcohol and substance abuse
- cross-cultural issues
- medical conditions often confused with psychiatric disorders
- stress management
- AIDS information
- suicide assessment
- depression and burnout
- grief management
- domestic violence
- crisis management
- nonverbal communication
- when to seek mental health consultation and referral information
- trauma intervention
- limits and liability

Enforcement Administration offers an annual workshop called "Healing the Healer" for all clinicians and peer trauma team members who have responded to a critical incident in the last year.

Marketing Peer Services

As noted, support from police management is critical to the acceptance of a peer support component among the rank and file. However, strong support from the top is not enough: some officers and civilians in the departments contacted for this report, even where peer supporters were strongly encouraged by management, were unaware of the peer component's existence. Promotion of the component by union and association officers can be effective, but often such support has to be facilitated or encouraged. One association president remarked, "I should be marketing the peers to my members, but I haven't had time—I've been remiss." Program staff can promote the use of peer supporters by implementing many of the approaches used to marketing the stress program (discussed in chapter 7, "Marketing the Program").[27]

No program has the staff to provide all the services police officers and their families will need—for example, inpatient services and specialized counseling for children. As a result, programs need to have arrangements with other providers to furnish these services. The following chapter discusses how programs can establish a network of reliable and competent service providers.

Endnotes

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27. See, in particular, De Revere et al., *Chaplaincy in Law Enforcement.*

Chapter 5
Establishing a Referral Network

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Key Points

- All stress program staff and independent mental health practitioners who consult with law enforcement agencies need to identify qualified outside service providers to whom they can refer selected officers and family members for assistance.

- Program staff and consulting clinicians use outside providers most frequently for substance abuse treatment, long-term counseling, and specialty treatment (e.g., child therapy).

- Program staff generally base their selection of outside providers on five considerations:

  — professional qualifications, especially familiarity with police work;
  — location and clientele;
  — ability to maintain confidentiality;
  — third-party insurance coverage; and
  — ability to respond quickly.

- Program staff recruit providers in different ways, but they generally try to visit each facility and talk personally with each practitioner.

- Formal agreements with providers, while not always necessary, can help avoid future misunderstandings.

- Program staff and independent consulting practitioners may ask the officer in question to make the appointment with the outside provider, or they may make the appointment for the officer.

- Most program staff encourage officers and family members referred to outside providers to call program staff to report on the quality of the providers, so that staff can decide whether to continue to make referrals to those providers.

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No stress program, and especially no single mental health practitioner who provides stress services to law enforcement agencies, can provide all the counseling services police officers and their family members will need. Program staff and independent practitioners do not usually have the time or the expertise to treat every type of client problem. As a result, program staff need to find qualified outside counselors and treatment programs to whom they can refer selected officers and family members. This chapter discusses how programs and independent practitioners can establish an effective referral network.

Selecting Referral Service Providers

Selecting referral service providers involves identifying the types of expertise that are needed, developing criteria for acceptability, recruiting providers, and developing formal or informal agreements.

Types of Expertise Needed

The most common services for which program staff and independent practitioners refer officers to outside resources

are inpatient substance abuse treatment (particularly alcoholism) and long-term individual or family counseling. John Carr of the Rhode Island Centurion Program also stresses the value of having access to a day hospital option. "This is my inpatient preference of choice," he says, "because it's not as intimidating to officers as confining them 24-hours a day in a facility and because they can still be connected to the community and their family evenings and weekends." Most programs refer officers and family members to specialists when treatment for children is required or when the client has a serious psychiatric disorder (e.g., schizophrenia, clinical depression, anorexia). Program staff can refer officers with spiritual problems to department-affiliated chaplains (see chapter 4, "Choosing Among Staffing Options," for additional information about chaplain services).

Some programs refer officers and family members to local self-help support groups. The director of the San Bernardino Counseling Team, which serves several small departments, calls on local chapters of Concerns of Police Survivors (COPS) to help support surviving spouses or officers and their spouses who have lost a child. The director also formed an Alcoholics Anonymous group for officers that meets at her program after-hours, to which all program counselors can refer officers with drinking problems.

Based on the particular types of referral services the program will need, staff need to compile an inventory of outside provider names and organizations, including information about the specific services each offers, names of key staff, and hours of availability. Program staff can then develop criteria for evaluating each provider's suitability.

Establishing Selection Criteria

Program staff tend to base their selection of outside service providers on at least five considerations:

- *Professional qualifications.* In general, the same considerations that are used in the selection of stress program staff, as discussed in chapter 4, "Choosing Among Staffing Options," can be applied to the selection of referral service providers. In particular, most program practitioners believe that, in addition to possessing sound clinical skills, outside mental health professionals need to be familiar with the demands and requirements of police work, organizational sources of stress, and the law enforcement culture, as demonstrated by actual law enforcement experience as an officer or by an existing client base that includes law enforcement offic-

ers. (Training through ride-alongs, attendance at the academy, and other methods can help address any deficiencies in these areas.) One clinician had taken a course in criminology and had a brother and an uncle who were police officers; another had worked with prisoners for her master's degree and done numerous ride-alongs. In addition to being knowledgeable about police work, outside clinicians also need to be able to relate to officers comfortably. As Cindy Goss, Director of the Erie County Law Enforcement EAP, says, "An interest in police work isn't enough."

> *As Cindy Gross, Director of the Erie County Law Enforcement EAP, says, "An interest in law enforcement isn't enough."*

- *Location and clientele.* To maintain client confidentiality, program staff often choose private practitioners who are not located in areas frequented by officers and facilities that are located in other jurisdictions, even other states. Staff avoid using local outpatient and inpatient mental health facilities to which officers often transport offenders or intoxicated or mentally disturbed individuals.

- *Ability to maintain confidentiality.* Outside referral practitioners need to have the legal authority to refuse to divulge any information about clients except under the exceptions listed in chapter 6, "Dealing With Confidentiality," and the will to resist inappropriate pressure from department supervisors for client information.

- *Third-party insurance coverage.* Some officers are willing to pay out of pocket for counseling in order to avoid submitting claims to their health insurance carrier or being subjected to screening interviews for eligibility. However, in most cases outside practitioners must be accepted by all the officers' different insurance carriers. As a result, the director of the Erie County Law Enforcement EAP sometimes contacts insurance companies to persuade them that a particular clinician is necessary for treating police officers and should be approved.

- *Ability to respond quickly.* Some programs place a premium on using outside practitioners who will be available for emergency counseling after critical incidents. For example, to receive referrals from San Bernardino's Counseling Team, mental health profes-

sionals have to agree to set aside one week every month to be available to work with officers after critical incidents.

Recruiting Providers

The director of the Metro-Dade Health Services Section keeps a data base of clinicians and clinics that have sent him marketing information or that program staff have heard about. These providers are retained or stricken from the list based on comments that referred officers share later with program staff. The director of the San Antonio Police Department's Psychological Services Unit sent letters to area mental health professionals asking about their interests, work experience, and references. He built a network of providers with police experience or familiarity with police culture based on the responses. The director of the Erie County Law Enforcement EAP telephones would-be providers and asks them about their police experience and other qualifications.

The Michigan State Police Behavioral Science Section identified 25 independent psychologists from around the state based on recommendations from clients and colleagues. Staff then invited them to a one-day program at the police academy that included meeting department officials, a tour of the academy, and discussions about police culture and the special treatment needs of police officers and their families. According to a psychologist who attended the training, "We were also able to share clinical experiences and how we handle problems." As a result, when program staff wish to call on one of these practitioners to accept a referral, they have more than just a name. (Staff of another program found that psychologists in the area were too busy to find a mutually convenient time to meet for training.)

The Postal Inspection Service, the oldest Federal law enforcement agency, follows a procedure for selecting psychologists that State and county law enforcement agencies with far-flung jurisdictions may find useful to replicate.[1] To identify mental health practitioners in the 12 States that make up its Western Region, the service

- solicited names of police psychologists through state psychological associations, law enforcement agencies, and police psychologist members of the Psychological Services Section of the International Association of Chiefs of Police;

- sent a description of the program to the recommended psychologists and an application form that asked for

information concerning not only education and experience but also professional disciplinary issues, law enforcement work history, law enforcement references, and ability to abide by the program's confidentiality requirements; each applicant was also required to submit a current copy of his or her State license and verification of malpractice insurance;

- contacted the applicants' references and sent questionnaires to the State licensing boards requesting information concerning past professional disciplinary proceedings; and

- arranged face-to-face interviews in the providers' offices not only with the program coordinator but also with an inspector who had absolute veto power over any provider if he or she had any reservations about seeking counseling personally from the provider should the need arise.

Jeffrey Atkins, a recovering alcoholic trooper who is a counselor with the Michigan State Police Behavioral Science Section, interned at a local alcoholism facility one day a week for two years; as a result, Atkins developed a good relationship with an outpatient counselor at the facility who is a former police officer and an outpatient counselor who treats law enforcement officers and Vietnam veterans, and the Michigan program now refers troopers to this counselor. In addition, when Richard Smith, one of the program's psychologists, has some slow time, he visits the treatment facility to tour the building and talk with staff to make sure they are competent and good referral sources. "Making these rounds is part of my job," Smith says.

Developing a Referral Agreement

Some program directors establish written agreements with outside agencies and individual practitioners. The Rochester, New York, Police Department contracts with the University of Rochester Department of Psychiatry for mental health services that the department's stress program cannot provide, as well as for assistance with clinical reviews. (Examples of provisions to include in an agreement can be found in appendix G, the agreement Tulsa's Psychological Services uses, and the box "Sample Provisions for a Service Provider Agreement.")

Formal agreements have the advantage of helping to avoid future misunderstanding, but many service providers are reluctant to make such a binding commitment. Often program staff establish close professional and even personal

Sample Provisions for a Service Provider Agreement

Below is a list of possible provisions program staff can consider including in an agreement with an outside agency or individual practitioner to provide services to officers and family members referred by the program:

- a list of available services (e.g., drug detoxification, psychological testing, outpatient counseling);

- a 24-hour telephone number for emergency coverage;

- the name of a contact person who will accept referrals or deal with any problems that may arise;

- what information will be reported to the outside agency or practitioner with the client's consent at the time of referral;

- a declaration that the agency or practitioner will abide by the stress program's confidentiality guidelines;

- a declaration that program clients will have priority for bed space, if the agency operates an inpatient program;

- a declaration that the agency will work in concert with the program in developing both treatment and aftercare plans; and

- a stipulation of what the agency's and practitioner's responsibilities are with regard to providing client information to program staff, such as missed appointments, termination of treatment, revisions to the treatment plan, and clinical progress.

relationships with key providers that make formal agreements unnecessary. The head of the Rhode Island Centurion Program has had a 15-year relationship with several clinicians at a local hospital, including a staff psychiatrist who is also a member of the Centurion Program's own staff and mental health providers who provide periodic in-service training to the program's peer supporters.

Establishing Referral Procedures

Referral procedures involve linking the officer in need of services with the outside provider and monitoring the officer's progress.

Making the Referral

After a program staff member has determined that an officer or family member needs outside help, the program counselor can use one of two methods of linking the client with the provider. Some program staff provide officers with the name, location, and telephone number of the agency or clinician and require the officers to make their own appointments. One program director has tried to normalize the mental health process so that officers feel comfortable calling an outsider provider without having to go through his program. However, John Carr of the Rhode Island Centurion Program warns, "Never refer an officer to a building; always refer the client to a person at the facility with whom you have established a professional relationship so that the officer does not call or arrive and have to talk with strangers." Other program staff arrange the initial appointment for the client and may also discuss briefly with the outside provider the nature of the case and review issues of confidentiality, payment for services, or paperwork requirements. Of course, program staff can decide which approach to use depending on the individual officer's or family member's preference. Gary Kaufmann, Director of the Michigan State Police stress

Specialized Services for Police Officers

A number of outside treatment organizations serve only law enforcement personnel. For example, the On-Site Academy in Gardner, Massachusetts is a nonprofit agency for training and treating emergency services personnel involved in traumatic incidents. Crossroads, in Delmar, New York, provides complete outpatient treatment services for law enforcement officers and their families, addressing alcoholism, critical incident stress, anger management, and relationship problems. These providers often feel that officers are more likely to use services that are sensitive to the job-related concerns of law enforcement personnel.

Sometimes officers object to being mixed with civilians—or with people suffering from different problems than those they are experiencing. One program director tried to develop a support group with law enforcement and corrections officers but the police officers refused to participate with corrections staff. Another director sent an officer with a drinking problem to a facility where he was housed with mentally ill patients; when he called up to beseech her, "Get me out of here!" the director moved him to a facility that segregated alcoholics from the mentally ill, where he recovered.

By contrast, some practitioners believe that segregating officers in treatment reinforces their belief that their problems are unique and further insulates them from civilian life. Cindy Goss of the Erie County Law Enforcement Employee Assistance Program suggests that "specialized treatment is not always good for officers; it sets them up to think they're special, and then they expect that attitude everywhere. It's best to refer them to a general program that has a special track for officers." Taking a middle position, Gray Kaufmann, Director of the Michigan State Police Behavioral Science Section, likes the inpatient counselor at a local alcohol clinic because "he treats cops not as unique people but as regular people with a unique job."

program, tells clients, "Try the person for four to six visits. You may not click. If you don't, call me and we'll try someone else. But if you do hit it off, feel free to call me and tell me that, too."

"Never refer an officer to a building; always refer the client to a person at the facility with whom you have established a professional relationship so that the officer does not call or arrive and have to talk with strangers."

—John Carr, Director, Rhode Island
Centurion Program

However, when it comes to referring an officer for hospitalization, Carr stresses that "hospital-based care scares the heck out of them. You will lose them if you just send them;

you need to go with them, introduce them to the staff, keep in regular touch with them, and see them after they have been discharged through continued peer support in the workplace or outpatient follow-up. In other words, treat the hospital care as an extension of the program." One way Carr maintains this continuity of care is by requesting that the officers be treated in the hospital by the Centurion Program's own psychiatrist, who is on the facility's staff, and that the officers be placed on a unit staffed by one of the in-house clinicians who regularly provide in-service training to the program's peers.

Program staff may wish to—or have to—consider other factors in selecting a provider for a given officer or family member:

• As a government agency, Metro-Dade's program has to be sure not to show—or be perceived to be showing—

favoritism to certain treatment providers; as a result, staff provide each officer with the names of three providers unless a specialist is needed and practitioners in the field are in short supply.

• Cindy Goss, Director of the Erie County Law Enforcement EAP, tries not to send an officer to the same inpatient facility while another officer from the same department is currently being treated there, even if this means a wait of a few weeks.

Monitoring Treatment

Program staff vary considerably in their ongoing involvement with officers who have been referred. In some cases, a program counselor may see the officer for stress-related problems while the officer is in treatment elsewhere for a substance abuse problem. Some staff contact providers periodically to inquire about the referred officer's progress. Providers in Erie County tell the law enforcement EAP director whether the officer showed up and what progress the person has made.

Regardless of the nature of any ongoing contacts, program staff encourage clients to call back to report their opinions of the practitioner and facility to which they were referred. These recommendations or criticisms enable program staff to eliminate unacceptable service providers and increase referrals to highly regarded providers. An independent clinician who came to Erie County in 1992 happened to have a few clients who were police officers, and these officers told the Law Enforcement EAP director that he was very good, so she began to refer officers to him; now half his caseload consists of police officers and their family members.

In general, programs vary considerably in the extent to which they refer officers and family members to outside service providers, but, because it will always be necessary to refer some clients, program staff need to make the effort in advance to ensure the immediate availability of qualified outside providers. A program that cannot make referrals to competent mental health practitioners is likely to find that officers will reject and ignore all its offerings, including its in-house services.

Endnote

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Chapter 6
Dealing With Confidentiality

Key Points

- No program will survive unless (within the limits of the law) it maintains strict confidentiality—that is, keeps information about officers and family members private.

- Because legislation and case law vary from State to State, *clinicians need to obtain legal counsel regarding their exposure to lawsuits and methods of reducing this exposure.*

- Communication between clients and licensed mental health professionals is usually privileged communication under State statute. However, exceptions to this rule require counselors to report certain information clients may reveal to them, such as homicidal or suicidal intentions.

- Program staff and independent practitioners can take a number of steps to ensure confidentiality:

  — Develop written confidentiality guidelines and share them with everyone in the department;

  — Obtain informed consent to treatment from clients in writing;

  — Learn about the exceptions to confidentiality and make them known to department administrators, line officers, family members, and clients;

  — Maintain appropriate client records; and

  — Try to send mandatory referrals, especially fitness-for-duty evaluations (which usually require disclosure of client information to administrators), to external counselors or at least clearly separate the treatment of voluntary and mandatory referrals within the program.

- Programs that accept mandatory referrals need to limit the amount of feedback given to supervisors to issues pertinent to the cause of the mandatory referral and tell the officers or family members what information about them will be reported to supervisors.

Police officer: "When I sought private treatment, I knew about the [department's stress] program, but I didn't use it because I was afraid other cops and my supervisors would find out. I had heard comments from other cops that they wouldn't trust the program as far as they could spit."

Police officer (different department): "Older cops still raise questions about confidentiality because there was a breach many years ago. So it's important *never* to break confidentiality or we'll find you out. One slip of the tongue can undo a lot of years' work."

Confidentiality in the context of a law enforcement stress program means guaranteeing that clients can obtain counseling services without anyone other than the staff involved in the program knowing about their participation unless they provide written consent. As the comments above suggest, the

most significant obstacle to officers using a stress program is the fear that their participation may become public knowledge. Beyond the worry that they will be embarrassed in front of others, officers fear that they may be reassigned to less desirable work, not be granted promotions, and even lose their jobs, perhaps even years after they have sought program services. This fear is particularly great in small law enforcement agencies.

Several officers interviewed for this report were afraid to seek counseling even though they understood intellectually that their visits would be kept secret. "Was I worried about confidentiality?" one mused. "Yes and no. Yes, because at the back of my mind I was worried that the police culture is such that seeing a psychologist could make me extremely stigmatized. No, because I knew the counselor very well [both served on the hostage negotiating team] and knew that my visit would remain confidential." Another officer, temporarily assigned to desk duty, reported, "I had no concerns about confidentiality because I had asked a friend who had used the program, 'Does word get out?' and my friend said, 'No, there are no leaks.' But when I bad-mouthed my lieutenant to the counselor, I suddenly became afraid that if the counselor told him, I'd never get back on the road again."

Issues surrounding confidentiality are a concern for counselors as well. In a survey of 49 police psychologists, maintaining confidentiality was reported to be the most common ethical dilemma, with nearly half the counselors saying they had experienced difficulties in this area.[1]

This chapter reviews the legal status of communications between clients and counselors and discusses methods of keeping client information private. However, despite some specific precautions that clinicians can take to help prevent breaches of confidentiality, the best source of protection against clinical and legal problems arising around the issue of privacy is *to provide good clinical care to officers and family members and to follow sound ethical and legal practice*. Ethical practices are spelled out in detail in materials available from the American Psychological Association. However, *program staff need to consult with legal counsel familiar with mental health issues to learn what legal practices are required of them in **their** State and for **their** particular licensure*. Confidentiality requirements vary from State to State depending on local statute and case law; requirements may also vary by category of mental health practitioner—for example, clinical psychologist, licensed clinical social worker, or substance abuse counselor.

Confidentiality and the Law

As a general rule, information which clients give to licensed mental health practitioners is considered by State law to be privileged communication that the counselor may not share with anyone else.[2] However, there are conditions under which State law and department rules may require a counselor to disclose what an officer or family member reports:

- Therapists have a positive obligation in statute and professional ethics *to protect clients from harming themselves or others*. For example, a therapist who determines that a client is suicidal may have to hospitalize that client against his or her wishes. Although this will breach confidentiality because information about the person will then be available to others, such as hospital staff, these staff, too, are bound by obligations to maintain confidentiality. Counselors need to consider threats by officers to hurt themselves or others a particularly grave matter because law enforcement personnel have immediate access to lethal weapons.[3]

- Most States require licensed therapists (as well as school-teachers and other adults in regular contact with children or parents) *to report child abuse* to appropriate State authorities. Some States also require that domestic violence and elder abuse be reported.

- Many law enforcement agencies require therapists *to report an officer's admission to committing a felony*, or even a gross misdemeanor. In the agencies' view, by failing to report the information, a therapist can become an accessory to the crime.[4] Therapists may, of course, continue treatment or refer the officer to other sources of help.

Courts have ruled that under certain circumstances therapists not only must breach confidentiality, but they also have a positive duty to protect identifiable individuals whom an officer threatens to harm.[5] The exact conditions that trigger the duty to protect, as well as how the duty must be fulfilled, vary from State to State, depending on local statute and case law.

Program staff and independent mental health practitioners need to be aware of special confidentiality considerations with regard to peer supporters, because the privileged communication status conferred on licensed mental health professionals may not apply to unlicensed peers. Chapter 4, "Choosing Among Staffing Options," addresses confidentiality in relation to peer supporters.

Steps for Helping To Ensure Confidentiality

Clinicians need to take several steps to ensure that client communications and records are kept confidential.

Prepare and Disseminate a Written Confidentiality Policy

The first line of protection for confidentiality is to prepare a written statement of what information program staff intend to keep confidential and how they will do so. Programs should also have a written agreement with the law enforcement agency regarding confidentiality and should include the agreement in their service contract.[6] For example, the bargaining agreement between the Michigan State Police Troopers' Association and the State Police Department includes the provision, "The departmental psychologist may not be called as a witness in any department disciplinary proceedings or grievance meeting to testify regarding discussion between the psychologist and employee, except upon the specific written request of the employee." The Metro-Dade Police Department's standard operating procedures guarantee that "the Department will not request or require HHS [stress program] staff to furnish information resulting from voluntary participation. . . . Information concerning the diagnosis or treatment of any voluntary participant shall not be requested by supervisors."

The program director needs to provide the agency with a copy of the American Psychological Association code of ethics and the specific guidelines program staff plan to follow before accepting employment or a consulting assignment.[7]

The guidelines should contain descriptions of:

- the types of written records program staff will maintain and how the records will be stored and used;

- the circumstances under which exceptions to strict confidentiality may be made, and

- the special procedures staff will use regarding release of information about officers who are mandated by supervisors to participate.

Appendix H, the confidentiality provisions of the Rochester Police Department's stress program signed by the program director and the department, illustrates the level of detail such guidelines can provide.

Programs need to distribute their written guidelines to every member of the law enforcement agency so that officers can learn how the staff can—and cannot—protect confidentiality. However, since few officers will take the time to read or remember a technical discussion on confidentiality, program staff need to provide them with a one-page bulleted summary written in lay language and then explain the guidelines in person at roll calls and other face-to-face occasions.

Secure Informed Consent

At the beginning of the first counseling session, program counselors need to give every new client an informed consent statement, explain it, and ask the client to sign it. The form should explain both the program's confidentiality guidelines and the exceptions to its ability to keep information private (see the sample consent form in appendix I).

When a therapist is required to discuss client information with someone else (see pages 83-85), the clinician should tell the client what information will be communicated, to whom, and why. For example, a therapist may tell an officer

> ## Word of Mouth Is the Best Method of Publicizing the Program's Commitment to Confidentiality
>
> While the director can distribute the program's confidentiality guidelines departmentwide, nothing convinces officers that their privacy will be honored better than the recommendation of a fellow officer. When asked by other officers if the program keeps its clients secret, a program client reported he answers, "I've never had anything come back to bite me about what I've said. And my counselor has never said anything to *me* about another cop, either, even when I've asked." An officer in another jurisdiction reported that he came to believe his department's program was confidential when he discovered that his wife had been a client for several months, and he did not even know it until she told him.

who he or she believes is making serious threats against a commander that the threats are going to be reported to the supervisor because professional ethics, legal requirements, and department policy require that this information be shared. Informing the potential victim, however, is only one of many actions that a clinician may take to protect that person. For example, the clinician may include the potential victim in the treatment sessions to permit therapeutic discussion of the violent intentions; in this way, the potential victim is informed by the client without breaching confidentiality. Other alternatives include focusing the therapy on the violent thoughts and threatened behaviors, evaluating the client for new or different medication, and psychiatric hospitalization. Special programs to help people control anger and violence may also be used.[8]

"The first thing I do with a new client is to have the officer or family member read and sign the informed consent form."

— Richard Smith, Michigan State Police Department Behavioral Science Section

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Maintain Appropriate Client Records

Under certain circumstances, courts may successfully subpoena a program's or counselor's written client records (see the discussion on "Potential Legal Complications," below). As a result, some stress programs maintain no records at all. Other counselors report that the only notes they keep on officers say things like "working on the problem" or "making progress," without identifying the officer's problem.

However, *recording relevant clinical information is an important clinical practice* because it is necessary to ensure good client care. According to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (section 1.23), "Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions and the law." For example:

- Counselors need a written record to refresh their memory, especially if they have many clients or if more than a week or two passes between counseling sessions. Records preserve essential information about patients' medical and mental health conditions and treatments.

- If the officer or family member needs to be transferred to another clinician (for example, because the client has moved) or if the client has to be hospitalized, good clinical records are needed to inform the new treatment staff of the patient's condition and history.

- Clinical records can provide evidence of a clinician's thinking and decision making. From a liability perspective, it is only through the written record that a clinician can prove that he or she conducted appropriate treatment and weighed carefully the pros and cons of a decision (e.g., to release from the hospital a patient who subsequently committed suicide).

- Licensing boards in many states require counselors to keep client notes.

- State law may require record keeping (see the box "State Legislation May Require Record Keeping").

The real issue is what to put into the record. On the one hand, counselors need to anticipate that because third parties— e.g., insurance companies, courts, family members—might at some time see the records, clinically irrelevant information should be excluded. For example, counselors normally do not need to record information about clients' sexual affairs or the negative opinions they voice about fellow employees. On the other hand, certain information should be in the record. For example, client records should record the date of each visit and contain information about the client's diagnosis, mental status, and clinical condition, and in general terms what was discussed during each session. Information on medical conditions, medications, drug allergies,

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State Legislation May Require Record Keeping

Florida statute (chapter 59P–9, Client Records) states, "A licensed clinical social worker, marriage and family therapist, or mental health counselor shall keep current written client records which . . . at a minimum shall include clear statements summarizing . . . the service user's presenting symptoms, what transpired in any therapy provided, what the service user indicated concerning sensitive matters such as threats against other persons, what progress, if any, was made by the service user, and results obtained."

effects of treatments, and emergencies should also be recorded. Of course, the decision about what is clinically pertinent is in many cases a matter of judgment. However, *program planners and independent practitioners need to check their State statutes and case law concerning the confidentiality of client-counselor communications for guidance in deciding what kinds of records to keep.*

The specific kinds of information counselors will be recording should be described in the program's written confidentiality guidelines and informed consent form. If counselors will be using a standard intake form or other data collection form, copies of these can also be included as part of the guidelines. Finally, programs typically keep all client records in a secure place with access limited to those involved directly in the client's treatment. For example, records of the Counseling Team in San Bernardino are kept locked up, and both the program office and the building have separate after-hours alarm systems.

Minimize Mandatory Referrals

Providing counseling to officers who have been required by their supervisors to seek treatment is discussed in detail in chapter 10, "Responding to Stress-Related Problems After They Occur." However, mandated treatment raises confidentiality issues for program staff. Most counselors agree that accepting fitness-for-duty and other types of mandatory referrals from department command staff can destroy the program's credibility among line officers because they will view the staff as beholden to management and may fear that even voluntary visits to the program will jeopardize their career advancement.

In fact, with formally mandated treatment, supervisors can—and typically do—successfully demand to be kept apprised of whether the officer sought assistance, is making progress in treatment, and is fit to return to duty.[9] For example, Federal agencies are generally restricted by law from obtaining information about their employees' use of counseling services, but in the case of fitness-for-duty evaluations, administrators can obtain records from the evaluation.[10] The Metro-Dade police Department's standard operating procedures stipulate that "[c]ommunications between . . . [mandatorily referred] employees and HSS [stress program] staff or outside consultants, test results, written opinions and recommendations, notes, reports, and actions taken are not privileged and become departmental records." Records from fitness-for-duty and other kinds of mandatory referrals may not be protected in some jurisdictions by statutes that ensure confidentiality between counselors and their clients because

in such cases the department, not the officer, may be considered the client.

As a result, most of the programs and independent practitioners interviewed for this report refuse to accept mandatary referrals or, if they do, refer them to outside treatment providers. For example, the bargaining agreement between the Michigan State Police Troopers' Association and the department says that "no employee shall be required to undergo any psychiatric or psychological examination or be required to be subjected to psychological examination by psychologists retained/employed by the Department, except upon an assertion by the employee of disability for psychological reasons."

> *"I would be extremely bothered if the Counseling Team did fitness-for-duty evaluations because I'd be afraid my counselor would tell my department I wasn't fit for duty."*
>
> — Police officer client

If a program does choose to accept mandatory referrals, counselors recommend the following precautions:

- Include in the written confidentiality guidelines and informed consent form (1) the exact type of information the program will report to the department and (2) the manner in which the information will be communicated.

- Make clear in the confidentiality guidelines the differences in the management of mandatory and voluntary cases.

- To avoid conflict of interest problems, designate one or more staff members to treat only mandatory referrals, while all other staff treat only voluntary referrals.

- Provide supervisors with as little information as possible about the officers; if possible, tell supervisors not to expect any written or verbal report but instead to look for improvement in the officer's job performance.

Potential Legal Complications

Program staff and independent practitioners may encounter two legal threats to confidentiality: subpoenas to provide program records or to testify and liability suits claiming breach of confidentiality.

Subpoenas

According to two forensic experts, "The mere fact that a subpoena has been issued does not compel a therapist to testify, only to appear. At that point, it is for the judge to decide whether the testimony or records in question are subject to a claim of privilege. Receipt of a subpoena should be a stimulus for the therapist to contact the lawyers involved to determine the information sought. If the right of a patient to claim privilege may be at issue, the patient or his lawyer should be notified, too. Finally, this may be a good time for the therapist to contact his own attorney to clarify his rights and responsibilities in the case at hand. Under no circumstances should records be altered or destroyed when a subpoena is received."[11]

A case that the U.S. Supreme Court ruled on provides some closure regarding the nature of privileged communication in this area in Federal cases. The family of an alleged offender shot and killed by an officer in 1991 in Illinois sued the officer, contending that the officer violated the dead person's Federal constitutional right not to be subjected to unreasonable seizures or deprived of life without due process of law. The family directed a subpoena to the licensed clinical social worker to whom the officer had gone for professional counseling after the shooting and the clinician's records and notes pertaining to the case. The district court denied the officer's motion to quash the subpoena. After the social worker was deposed, the family moved the court for sanctions against her, contending that her deposition answers relating to her conversations with the officer were evasive and incomplete. The court complied, ordering that the officer would be precluded from testifying at trial regarding her version of the incident because the family's attorneys had been prevented from effective cross-examination. The court also referred the matter of the social worker's noncompliance to the U.S. Attorney's Office for possible criminal contempt proceedings. Furthermore, at trial, the court informed the jury that it was entitled to presume that the contents of the social worker's notes would be unfavorable to the officer. The jury awarded $45,000 on the Federal constitutional violation and $500,000 on the State wrongful death claim.

On appeal, the Circuit Court of the Seventh Circuit—which acknowledged that the communications would be privileged under State law if it were controlling—recognized the existence of a psychotherapist/patient privilege under Rule 501 (the privileges of a witness not to testify) of the Federal Rules of Evidence. The circuit court held that the district court had erred in refusing to recognize that privilege and in requiring disclosure of the content of any of the counseling conversations between the officer and the social workers, and, accordingly, reversed the verdict and sent the case back for a new trial. The family appealed the circuit court's decision to the U.S. Supreme Court. In *Jaffe v. Redmond* (June 13, 1996, No. 95-266), the Court in a 7-2 decision for the first time ruled that "The federal privilege, which clearly applies to psychiatrists and psychologists, also extends to confidential communications made to licensed social workers in the course of psychotherapy. The reasons for recognizing the

privilege for treatment by psychiatrists and psychologists apply with equal force to clinical social workers, and the vast majority of States explicitly extend a testimonial privilege to them."

Three other examples of subpoenas were identified during the course of data collection for this report. Douglas Gentz, Director of Tulsa's Psychological Services, was subpoenaed to testify because he was a behavioral consultant in a SWAT team operation in which team members killed a mentally ill man after he came out of a house pointing a rifle at them. Later, the man's family filed a wrongful death lawsuit against the State of Oklahoma, the Department of Mental Health, and the City of Tulsa. Gentz was subpoenaed by the family's attorney to give a deposition on what he heard and saw. The suit was later dropped. Records of Michigan's Behavioral Science Section were subpoenaed during a divorce proceeding when a wife wanted to prove that her husband committed adultery, and on two other occasions when workers' compensation administrators wanted to verify that an officer who had filed for early retirement or disability had suffered a legitimate job-related injury. Finally, the director of the San Antonio Police Department's Psychological Services was required to testify in a criminal case because under Texas law clinician records are not protected when the officer is charged with a felony.

Lawsuits

Very few clinicians contacted for this study reported having been sued. In one case, a counselor referred an officer to an outside psychologist for a fitness-for-duty evaluation because of reports about the officer's behavior from the internal affairs division. The officer alleged that the referral itself, because it was demeaning, led to his developing severe emotional problems. The case was dismissed by the court.

In a second case, at the request of a police agency a counselor had undertaken a study of a dysfunctional police unit. The counselor recommended to the department that the commander be replaced because he did not have the interpersonal skills the position required. When the commander was transferred, he sued the department and the counselor. The court dismissed summarily six of the seven allegations but ordered that a seventh be explored further—an allegation that the counselor had violated confidentiality by providing the department with information the commander had told him in confidence and which the department had used against the officer. Although the counselor did not have a clinical relationship with the commander, the department settled the case for an undisclosed sum.

Steps Practitioners Have Taken To Reduce Their Risk of Liability

Program staff and private clinicians follow a number of steps in the effort to reduce the risk of legal difficulty around issues of confidentiality:

- They do not overpromise—that is, they do not guarantee any privacy they cannot ensure—and they obtain a written sign-off from each client indicating he or she understands the conditions under which counselors must report client's words or behavior.

- They avoid group therapy because there is no way to control what group members will tell other people after each session is over. Therapists who do run groups act to correct misapprehensions that what the members say will be kept confidential by warning participants of this risk. Some therapists will stop the conversation if something is being said that could hurt a participant or a member of a participant's family. Unfortunately, by inhibiting communication in the group, such practices may render the group ineffective as a treatment modality.

- They train peer supporters to respect the limits of their role and to avoid presenting themselves as professional counselors. One chaplain who said he was a crisis counselor was sued for misrepresentation and giving dangerous advice.

Legal Assistance

Stress program staff should consult with legal counsel regarding State and local statutes and case law, and to clarify their legal responsibility for maintaining confidentiality. They should ask attorneys to review program practices, including record-keeping procedures, to ensure that they meet acceptable standards. Statutes and case law vary considerably from State to State, making it impossible to provide detailed guidance on these matters in this publication. Furthermore, because forensic psychology is a highly technical area, program and independent practitioners who provide services to police agencies should consult with attorneys who specialize in legal issues related to counseling.

Program staff who are in-house employees of a law enforcement agency may be able to receive free legal advice from and representation by the agency or the city or county. The State Attorney General's Office is a legal resource to the staff

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Sources of Additional Information on Confidentiality

The following materials provide additional information about confidentiality:

- Richard Rosner. *Principles and Practice of Forensic Psychiatry.* New York, Chapman and Hall, 1994.

- Paul S. Appelbaum and T.G. Gutheil. *Clinical Handbook of Psychiatry and the Law.* Second Edition. Philadelphia: Williams & Wilkins, 1991.

- American Psychological Association. Ethical Principles of Psychologists and Code of Conduct. Washington, D.C., n.d.

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of the Michigan State Police Behavioral Science Unit, and the San Antonio city attorney's office has always taken on cases for Michael McMains, Director of Psychological Services, San Antonio Police Department. However, even before his program became completely independent from the police department, Douglas Gentz, of Psychological Services in Tulsa, always used his own attorney to make sure he was represented by someone looking out for his own and his clients' best interests, not the interests of the department or the municipality. Counselors in private practice, whether independent practitioners or members of a counseling agency contracted by the police department, need to hire private attorneys to represent them. Finally, all clinicians should have professional malpractice insurance. Insurance carriers commonly provide an attorney if the practitioner is sued, although there may be exceptions depending on the nature of the case.

The International Association of Chiefs of Police is available to provide legal advice to stress program staff by calling (703) 836–6767, or writing IACP, 1110 North Glebe Road, Suite 200, Arlington, VA 22201. Professional associations and schools that have continuing education programs often offer risk management courses, and some malpractice insurance carriers distribute tapes on risk management.

While they may help, legal advice, courses, and special precautions are no guarantee against lawsuits. Rather, the best defense against a suit—although still not foolproof—is always providing good clinical care.

Endnotes

1. Zelig, M., "Ethical Dilemmas in Police Psychology," *Professional Psychology: Research and Practice*, 19 (1988): 336–338.

2. "Confidentiality refers to the right of an individual not to have communications that were imparted in confidence revealed to third parties. It is derivative of a broader right to privacy. . . . Privilege, often called more accurately 'testimonial privilege' . . . [exists] when he has the right to bar another person from testifying based on information that person has gained from contacts with him. Privilege applies only in judicial or parajudicial settings and its extent is strictly limited by case law or statute." Applebaum, P.S., and T.G. Gutheil, *Clinical Handbook of Psychiatry and the Law,* second edition, Baltimore: Williams and Wilkins, 1991: 5.

3. Zelig, "Ethical Dilemmas," 337.

4. Goolkasian, G., R.W. Geddes, and W. DeJong, *Coping with Police Stress,* Issues and Practices, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, June 1985.

5. For example, in *Tarasoff* v. *The Regents of the University of California* (529 P. 2d 553 [Cal. 1974] [Tarasoff I]; Reargued 551P. 2d 334 [Cal. 976] [Tarasoff II]), the Supreme Court ruled that when a therapist determines, or should have determined, that a patient presents a serious danger of violence to another person, the therapist must use reasonable care to protect the intended victim against the danger by, for example, warning the victim, warning other people who can warn the victim, notifying the police, or having the patient committed to a secure facility. Frequently misunderstood, *Tarasoff* held that liability was imposed not because the therapist failed to predict the patient was dangerous but because he did not take sufficient action to protect (and not merely warn) the victim. In subsequent Federal cases (e.g., *Lipari* v. *Sears, Roebuck and Co.* [497 F. Supp. 185 (D. Neb. 1980)] and *Jablonski v. United States* [712 F. 2d 391 (Ninth Circuit 1983)]), courts have held that therapists may be liable even when a specific victim is not known. For a discussion of *Tarasoff* and other pertinent cases, see, for example, Flanagan, C.L., "Legal Issues between Psychology and Law Enforcement," *Behavioral Sciences & the Law*, 4 (1986): 371–384.

6. Zelig, "Ethical Dilemmas," 338.

7. Dietz, P.E., and J.T. Reese, "The Perils of Police Psychology: 10 Strategies for Minimizing Role Conflicts When Providing Mental Health Services and Consultation to Law Enforcement Agencies," *Behavioral Science & the Law*, 4 (1986): 385–400.

8. Appelbaum and Gutheil, *Clinical Handbook*, 12.

9. Ibid., 194–199.

10. Goolkasian et al., *Coping with Police Stress*, 36.

11. 42 CFR 2. Also see Public Law 93–282 (42 U.S.C. 4582), sec. 303.

12. Appelbaum and Gutheil, *Clinical Handbook.*

Chapter 7
Marketing the Program

Key Points

- To be successful, a stress program must generate awareness, support, and referrals among four target groups: administrators and mid-level managers, union officials, line officers, and, if targeted for services, family members of all personnel. Special outreach efforts may be required for other groups to whom services are available, such as retired officers, corrections officials, and nonsworn employees.

- Program planners and staff need to be patient when trying to gain support and make marketing and outreach an ongoing program activity.

- Common obstacles to gaining support and referrals include the following:

    — lack of awareness of the nature or severity of stress-related problems and the need to address them;
    — lack of awareness of program services;
    — the attitude that officers should be able to cope with their problems on their own or that existing city or county services are sufficient;
    — skepticism about whether the program can prevent or reduce stress-related problems;
    — concern about lack of confidentiality; and
    — fear of a stigma attached to using program services.

- Common strategies for generating awareness, support, and referrals among the four key target groups include the following:

    — involvement of the target groups in program planning;
    — training;
    — word of mouth; and
    — around-the-clock availability.

- A proven record of maintaining confidentiality is one of the most important factors in determining whether programs will gain and maintain support and referrals.

One of the most important tasks faced by law enforcement stress program planners and staff, and by independent mental health practitioners who consult to police agencies, is promoting the program among potential clients. Even if a program has exceptionally qualified staff and excellent services, it cannot be effective if officers and their family members are ignorant, skeptical, or critical of the program. Depending on its goals and objectives, a program can be promoted among four key target groups: administrators and mid-level managers, union or association officials, line officers, and family members of all personnel. In particular, planners and staff must engage in marketing and outreach strategies to generate

- *awareness* of stress and its effects on officers' job performance and personal lives, and of the program's location, policies, staff, and services;

- *support* for the program, including trust in the program's commitment to confidentiality and confidence in its ability to improve clients' work and personal lives; and

- *referrals* of clients, including not only officers and family members who have been involved in a critical incident or have reached a personal crisis but also those who are experiencing less severe levels of stress but can be helped before more serious problems arise.

This chapter describes approaches that program staff serving both large and small departments have used for marketing their services. Most strategies are useful, to a greater or lesser extent, for accomplishing all three of the goals described above. Some, such as conducting training seminars and developing brochures, involve a significant amount of time, effort, and sometimes expense. Other techniques, often equally effective, can be as simple as choosing an appealing program name or taking five minutes at roll call to explain the program.

Respondents emphasized three points to keep in mind when marketing stress program services:

(1) *Be patient*. The director of the Metro-Dade Police Department's Health Services Section said it takes a minimum of three years for program staff to win the confidence of officers, even if the staff are officers themselves. The Erie County, New York, Law Enforcement Employee Assistance Program's director advised that it takes about one year just to get a program up and running and several more years to generate widespread awareness and support; however, she noted, "We'd rather take longer and do it right."

(2) *Make marketing and outreach efforts an ongoing program activity*, not a one-time effort, particularly in large departments. An initial mailing or training session at the academy is not enough to ensure that officers will know about, accept, and use program services. Because many officers may forget what they have heard or read, staff must continuously remind them of the availability of program services and convince them of their value. Also, officers will not be impressed with a half-hearted effort to win their support. Marketing and outreach are usually most important—and most difficult—in the beginning stages of the program and gradually become easier as staff build support among officers. However, even the directors of the Michigan State Police Behavioral Science Section and the Metro-Dade Health Services Section, both of which were established over 17

years ago, said that promoting awareness of their program remains an ongoing struggle.

(3) *Gain the support of management and labor* before even attempting to win over line officers and their families. Administrators and union or association officers are in a position to either provide enormous help to staff in marketing the program or make it nearly impossible to win support. Also, a major selling point among line officers is agreement between labor and management on the value of the program.

Marketing the Program to Law Enforcement Administrators and Mid-Level Managers

Program directors consistently report that it is important to "start at the top" when soliciting support for stress services. As one program director said, "Once administrators buy in, it's easy." However, top-level support must be more than lip service. Law enforcement administrators can actively facilitate the development and acceptance of the program by

- providing funding and office space for the program;

- facilitating and encouraging the provision of training to officers;

- allowing officers to take the time to be trained as peer supporters and do peer support while on duty;

- providing officers with time to attend counseling appointments while on duty without asking where they are going (although this may be difficult to do with uniformed patrol officers on tight schedules); and

- making organizational changes suggested by program staff to reduce officers' stress and publicizing the program's contribution to these changes.

Administrators and managers can also set the tone in a department for whether officers will be looked down on or disciplined for stress-related problems and "red-flagged" for excessive monitoring for signs of stress—or whether they will be encouraged to obtain assistance out of a genuine concern for their well-being. Mid-level managers are in an especially good position to refer officers who are displaying the effects of stress and to reassure them of the confidentiality of the referral and subsequent program services.

Obstacles to Gaining Support and Referrals

Law enforcement administrators and mid-level managers may be doubtful or cynical about stress services for a number of reasons. They may believe that

- stress-related problems are not prevalent or severe enough among officers and their family members to warrant a stress program;

- officers should be able to handle their problems on their own and, that if they cannot, they should be disciplined or fired;

- a stress program, although well-intentioned, would not be effective;

- an existing city or county employee assistance program or other community resources provide sufficient assistance;

- the program's policy of confidentiality is not acceptable because it detracts from managers' ability to supervise effectively;

- the program will divert money from other, more important, department activities; and

- by trying to assist or refer an officer they will risk a lawsuit.

In Erie County, the commissioner of Central Police Services encouraged the development of a program targeted just toward law enforcement after several police chiefs throughout the county inquired about what they could do for officers who needed assistance for stress-related problems. Even so, the director of the new Erie County program still felt she had to make significant efforts to enlist the support of many of these administrators for the specific program she was developing.

Even if they support the program, administrators and managers may be unable to refer personnel to the program because they are not familiar with the signs of law enforcement stress.

Strategies for Gaining Support and Referrals

Program planners and staff have found the following strategies useful for gaining support among administrators and mid-level managers and encouraging them to make referrals to the program.

Involve administrators and supervisors in program planning. Law enforcement administrators and managers are more likely to support a program that they had a hand in creating. Their contributions—and support—can be solicited by inviting them to serve on a program advisory board or to attend meetings with program planners and staff. The Erie County Law Enforcement EAP has an advisory board which includes the commissioners of Erie County's Central Police Services and the Buffalo Police Department, the director of police training, the sheriff of the Erie County

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Program Staff Need to Market to Policymakers, Too

The police department is never the ultimate source of program funding and, in some cases, not even the immediate source. The city or county provides its law enforcement agencies with their money. In some cases, cities or counties, not the police agency, also fund the stress program directly. For many years, the Erie County Law Enforcement EAP stress program was funded by the county although it served law enforcement agencies. As a result, program staff may need to "sell" the program to city councilors, county commissioners, town selectpersons, and other elected and appointed local government officials. The most effective marketing strategies with these audiences will be the same approaches identified in the accompanying text for convincing police executives to fund—or increase funding for—the program: pointing out the money the community will save, the reduced opportunities for lawsuits, and the reduced impairment that excessive stress typically has on officer performance and productivity.

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department, a representative of the Erie County chiefs' association, and other police administrators from throughout the county.

Conduct training. Training, ranging from brief presentations to intensive seminars, while typically designed primarily to help supervisors recognize the signs of stress, can also generate support and referrals among supervisors. Chapter 8, "Preventing Stress and Stress-Related Problems," provides detailed information about program training.

Provide information on the program's benefits to the department. Law enforcement management and command staff are naturally concerned about the efficiency of their departments. While stress program staff can appeal to a humanitarian concern for the well-being of officers and their families, it is equally useful to emphasize that the program can help improve officers' job performance. Supervisors in the Miami Police Department, for example, found the case of an "officer of the month" whose stress-related problems led to greatly diminished job performance but whose career was saved after the program intervened to be a convincing example of why stress services were needed.[1] San Bernardino's Counseling Team received a letter from the sheriff's department reporting that in six years the program had saved the agency $12 million in workers' compensation costs. Chapter 13, "Managing Program Costs and Funding," identifies other examples of how programs have helped departments save money. Another useful marketing strategy for upper management is to explain that a stress program can help protect a department from civil suits by reducing the likelihood of officer mistreatment of citizens. Some programs have also found it useful to distribute regular program reports to administrators and managers (see chapter 12, "Monitoring and Evaluating the Program"). These reports can remind upper management about program activities and inform them of how officers are using—and benefiting from—the program.

To counter the perceived image among managers that the program is staffed by "touchy-feely, liberal, bleeding hearts," Gary Kaufmann, Director of the Michigan State Police program, continuously stresses that his services are designed to improve the *productivity* of officers: "Our attitude is, The employee has to do the job; if he or she doesn't shape up, the person has to be let go.'" Kaufmann also promotes the program by reminding management that when stress forces an officer to leave the force or retire early, it is extremely expensive to train a new recruit, and it will still take several

years for the rookie officer to become completely socialized to respond professionally and safely in law enforcement situations.

Supervisors may be persuaded of the need for a stress program, or a new program component, by the self-reported needs of their officers. Cindy Goss, Director of the Erie County stress program, conducted a survey of 254 officers throughout the county that demonstrated their perceived high level of stress and their desire for critical incident debriefing, peer support, and other stress-related services. The survey results helped Goss to convince police chiefs throughout the county of the need for the program. Douglas Gentz, Director of the Tulsa police stress program, convinced management to fund a peer support component by designing and implementing a departmentwide study on post-shooting trauma. Gentz presented administrators with the results, which showed the impact of the shootings on officers' performance and how strongly officers felt about the need for support from fellow officers after such incidents. As a result, the department encouraged Gentz to organize and train a peer support team.

Encourage supervisors' participation in program services. Administrators and command staff can be encouraged to participate themselves in program services such as critical incident debriefings and private counseling. If they have a positive experience, they are likely to promote the services to each other and to the officers under their command:

- In the first year of the Erie County Law Enforcement EAP, the director helped lead a critical incident debriefing for county officers after a deputy sheriff was killed. Part way through the session, the sheriff of the department—widely perceived as a tough, imposing man—stood up to talk about the incident and ended up breaking down and crying. Although embarrassed afterward, he told the director that he hadn't realized how much he had needed the stress debriefing himself. The director felt that the sheriff's show of emotion helped generate support among the other officers, who saw that it was "OK to be human."

- The director of the Behavioral Science Section of the Manatee County, Florida, Sheriff's Office, seeing the sheriff looking especially tired one day, suggested he listen to a relaxation tape that the director had in his office. The sheriff found the tapes helpful and became more receptive to the idea of a comprehensive stress program for the department.[2]

- When an evaluation showed that many police supervisors had only a vague notion about his program's services, over a 20-week period the director of Tulsa's Psychological Services invited each member of the command staff for a two- to three-hour "Friday Afternoon Tour" of the office, using the time to explain the program as well as to initiate a personal relationship with each manager.

Be proactive about contacting commanders and chiefs when an opportunity occurs for the program to be of service. As the third paragraph in the letter of commendation reproduced on the following page (see figure 5) suggests, this strategy can be an especially useful way for individual mental health practitioners or programs that serve several small law enforcement agencies to gain credibility with these departments.

Marketing the Program to Union and Association Officials

As the bargaining unit and primary representative of most officers in the law enforcement agency, the union or association can be a particularly important element in the success of a stress program. For example, in some jurisdictions unions have stymied any peer support program by demanding that officers be paid overtime or given compensatory time whenever they provide peer support; in others they have jeopardized the entire program by telling members that the counselors do not keep visits confidential and are a tool of management. Conversely, a union can promote the program to its members and their spouses, refer officers who need assistance (who often call union officials on matters related to drinking or suicide) arrange in some cases for the use of program services in conjunction with or in place of disciplinary measures, and either provide resources itself for the program or influence the department to invest money or staff in it.

Obstacles to Gaining Support and Referrals

The support of union or association leaders can be difficult to earn, particularly if the program is initiated by management. While union and association officials may be the first to agree that it is important to address stress-related problems among officers and their families, they may be concerned that

- program staff will not keep officers' problems confidential;

- law enforcement managers will use the program to target some officers for disciplinary action; and

- program staff, if they are not also officers themselves, will not be able to understand and address members' problems adequately.

It is important, therefore, to obtain union or association support in the planning or early stages of the establishment of a stress program and to maintain ongoing efforts to ensure continuation of this support.

Strategies for Gaining Support and Referrals

Many of the strategies discussed above that are useful for obtaining management support are equally effective with union officials.

Involve the union in program planning. As with administrators and supervisors, union and association officials will be more likely to support the program if they have contributed to its development. Contributions can be solicited by meeting with representatives on an individual basis, inviting them to serve on an advisory board, or both. These methods can also be good ways simply to get to know and become known by union and association officials so they can associate a name and a face with the stress program.[3] One program director said that despite involving union officials early on, it took about a year before they started recommending the program to members.

After the initial planning stages, program staff can continue to welcome the union's ideas regarding future development. When the president of the Michigan State Police union received a number of calls from members who had drinking problems, or who knew of other troopers who did, he approached the director of the stress program about developing a full-time staff position to be filled by a trooper with whom alcoholic officers would be more willing to talk than they were with the psychologists on staff. Together, the director and the union president worked with the director of personnel to fund the position, develop hiring criteria, and select the trooper—a recovering alcoholic—for the position.

Sometimes timing—coupled with top-notch service delivery—will win over a union. The director of the Counseling Team in San Bernardino had tried unsuccessfully to con-

**Figure 5
North Kingston Police Department
Letter of Commendation**

PASTE UP

vince union officials in one department to adopt the same contract provision that is included in all its other contracts—a requirement that all officers involved in a shooting attend a group and individual debriefing. Shortly afterwards, the department had three shootings. On their own initiative, the police supervisors on the scene called the program to provide counseling to the three officers involved. Afterward, the officers told union officials how helpful the assistance had been, which resulted in the union bargaining unit permitting mandatory counseling to be included in the department's contract with the Counseling Team.

Collaborate in providing stress services to officers. Michael McMains, the San Antonio Police Department's stress psychologist, helped the officers' association establish a peer support team of officers who have been involved in shootings to provide support to other officers who become involved in the use of deadly force. McMains helped obtain funding from the union and the police department for training the peers, but the union runs the team. Furthermore, while an officer involved in a shooting is required to meet with McMains after the incident, the union attorney also meets with the officer after notifying the peer team about the incident and arranging for a team member to stand by for possible support. Informed of the peer team member's availability by McMains and the attorney, the officer may meet voluntarily with the team member for information about the legal process that will follow the shooting, preparation for the change in the officer's duties that will follow, and suggestions for coping with the emotional trauma of the incident.

Clearly define program guidelines. Because one of the union's or association's greatest worries is confidentiality between members and program staff, it can help to spell out program guidelines clearly in writing and to emphasize that the program is an *employee* program, not a management program (see chapter 2, "Planning the Program"). The Michigan State Police union's contract with management makes clear that the Behavioral Science Section's services are employee services (see the box "Spelling Out Program Guidelines in a Union or Association Contract" in chapter 2.) To assuage the fears of representatives of the Rochester Police Department officers' association regarding privacy, stress program planners involved the association in drafting its confidentiality guidelines, and members of the police association approved them in a formal vote.[4]

Emphasize cost-effectiveness. Just as administrators are concerned about running an efficient department, union officials are concerned about running an efficient union. Program planners and staff can point out that by assisting officers who otherwise may have faced disciplinary action, a stress program can save the union money that might otherwise be spent on attorney costs. This is one of the primary reasons that a Teamsters Union representative for the Erie County Sheriff's Department gave for supporting the Erie County Law Enforcement EAP. Usually the union representative will refer an officer to the EAP when he or she is going to be disciplined by the department. The officer, union representative, member of internal affairs, and director of the stress program meet before further action is taken; if the officer agrees to go to the EAP, successful completion of treatment may mitigate the disciplinary action, helping the officer and saving the union the expense of further negotiation. The union representative said that he prefers to refer officers on a case-by-case basis, rather than promote the program through meetings and fliers, because he does not want officers to view it as a way to "get off the hook" for disciplinary problems.

Assist union officials with non-stress-related issues. The director of the Michigan State Police Behavioral Science Section has been able to win support from union officials in part through taking a role in union conflicts with the police management. Although some respondents said it is important for program staff to remain politically neutral, it may be helpful to take advantage of opportunities to become involved selectively in labor-management relations, particularly if the stress program is part of the department, not an outside contractor, and risks being seen as controlled by management (see the box "The Michigan Program Works with the Union and Management"). These types of activities must be weighed carefully, however, against the risk of alienating supervisors who are also essential to program success.

Marketing the Program to Line Officers

Even with the backing of administrators, managers, and union officials, several barriers to officers' use of services may remain.

Obstacles to Gaining Support and Referrals

Respondents consistently described five reasons why officers might not support or use a stress program:

- *Lack of awareness or denial of stress and stress-related problems.* Officers may not recognize the level or ef-

The Michigan Program Works with the Union and Management

- Originally, Michigan State Police internal investigators obtained information from officers involved immediately after every shooting or critical incident. However, the union president wanted the department to wait until later to interview the officers, when they were more likely to have a clearer recollection of the event. Acting as an objective police psychologist, the department's stress program director reported to management that research suggests that officers do in fact provide more accurate information about shootings some time after the event and, furthermore, that the officers involved experience less stress if they do not have to confront the internal investigator immediately after the shock of the incident. Taking the program director's information and other factors into account, the department worked out an arrangement with the union in which the union president, immediately after a shooting, obtains a written statement from the officers involved (one which omits information that would help the plaintiff's attorneys should there be a civil suit by the alleged offender or his family) and provides it to the department to use in response to media inquiries about the incident. The department delays its internal investigation.

- Again acting in his capacity as an objective police psychologist, the stress program director provided the union president with information on shift work that the president used in negotiating with the department to change from mandatory rotating to optional fixed shifts. (See chapter 9, "Reducing Organizational Stress.")

- The department was trying to reduce the use of two-person cruisers between darkness and midnight, and the union was trying to maintain them. At the request of the union president, the stress program director suggested to the department that in his experience having two officers in each cruiser was a form of social support that appeared to reduce trooper stress. Although the department still reduced its use of double teams, the director's willingness to state his professional opinion as an objective third party helped gain support for the stress program among union representatives and members.

fects of stress that they or their family members are experiencing.

- *Lack of awareness about the stress program.* Many officers, particularly in a program's early stages, may be unaware that it exists, or they may confuse it with other programs, such as a city or county EAP.

- *Lack of perceived need for services or lack of confidence in their effectiveness.* Many officers will have their own, often very effective, ways of dealing with stress, including working out, athletics, fishing, or talking with their police partners or close family members. Officers may consider counseling services to be "touchy-feely" and not really useful for relieving stress. Older officers who have long worked under a system that expected them to contain their emotions and work out problems on their own may be especially confident that they can deal with stress by themselves.

- *Mistrust of program staff.* Fear of lack of confidentiality is one of the greatest obstacles to participation in a law enforcement stress program. This problem and possible solutions are discussed in chapter 6, "Dealing With Confidentiality."

- *Fear of stigma.* Many officers either believe that counseling is for "crazy people" and "wimps" or are afraid that their colleagues feel this way.

There will always be officers who will not trust the program or who believe that it is not useful in spite of staff's best efforts at education and outreach. Several of the officers interviewed for this report who had never used their department's stress services said that there was no way the program, department, or union could convince them that staff would keep their problems confidential. Still, the strategies described below may win over even some of these officers.

Summary of Strategies for Gaining Line Officer Support

1. Hire staff who are well-qualified counselors and knowledgeable about law enforcement work.

   (a) Consider the advantages and disadvantages of staffing the program with law enforcement officers who are licensed clinicians.

   (b) Learn about police work and consider using peer supporters.

2. Choose an appropriate name and office location.

3. Maintain around-the-clock availability.

4. Prove that you have something beneficial to offer and will maintain confidentiality—and then rely on word of mouth.

5. Expose officers to the program.

   (a) Involve officers in program planning.

   (b) Offer training and presentations at the academy and in-service.

   (c) Assist with non-stress-related activities.

   (d) Conduct proactive outreach.

   (e) Maintain high visibility around the department.

   (f) Provide written materials and encourage media publicity, including

      • policies and procedures;
      • articles and announcements in department and union publications; and
      • brochures and other program materials.

6. Make officers aware of the program's confidentiality guidelines and then stick to them.

Strategies for Gaining Support and Referrals

Stress program staff and independent practitioners have found the following strategies (outlined in the box "Summary of Strategies") to be useful for gaining support among line officers and encouraging voluntary referrals.

Ensure that staff are qualified and knowledgeable about law enforcement work. Important factors that officers consider when thinking about using program services are whether they will feel comfortable with program staff and whether these people are qualified to help them. Many officers feel

that only someone who has been an officer himself or herself can understand their problems. The directors of the Rhode Island Centurion and Metro-Dade programs point to their law enforcement experience as a key reason for their success. Alternatively, some mental health professionals have obtained police training. A member of Michigan's Behavioral Science Section went through the academy for municipal police officers and now works one or two shifts a week as a sworn officer in a local police department.

Some law enforcement stress experts, however, claim that it is not necessary for staff to be, or to act like, officers;

competency as a mental health professional, an appealing personality, and a good understanding of the nature of law enforcement work are the most important qualifications for gaining acceptance.[5] Chapter 4, "Choosing Among Staffing Options," examines these issues in detail.

Learn about police work. If program staff are not police officers, it is important that they learn as much as possible about law enforcement, including the idiosyncracies of the departments they serve. Many officers are impressed when staff volunteer their time, particularly on the night shift, to learn more about them and their jobs.[7] Several program directors suggested riding with officers on a regular basis.

Many program directors have found using peer supporters to be one of the most effective methods of generating support and referrals (see chapter 4, "Choosing Among Staffing Options"). Peers are particularly effective at outreach because they are usually not seen as threatening or as lacking knowledge about police stress. Peers do not provide actual counseling but can be the "first line" in helping officers to understand their problems and then refer them to the stress program for professional assistance. Some program directors consider peers to be the most important single source of voluntary officer referrals.

Maintain around-the-clock availability. Officers are likely to be impressed by the dedication of staff who make themselves available 24 hours a day, are willing to work long hours, and volunteer their time. As the director of Michigan's Behavioral Science Section puts it, "Be there when you're needed—*always*." The director of the Metro-Dade program encourages new staff to prove themselves by going to crime scenes and being prepared to stay as long as is needed in critical incident situations. One staff member stayed with officers for 72 straight hours after a shooting. Most program directors remain available on call through pager systems, and even when he was both working and going to school, the Michigan program's trooper counselor offered three ways for officers to reach him. One family member of a police officer said she was impressed when she paged the department stress program director on a Friday evening and the

director both called back within minutes and assured her that she was not burdening him by calling in the evening. Ellen Kirschman, Health Resource Coordinator for the Palo Alto, California, Police Department, offers a caveat about going on scene because stress program staff can be seen as being in the way. In addition, while it is important for mental health professionals to demonstrate their willingness and ability to endure the same gruesome sights officers face, it is also prudent for professionals to do so with care, as well as to avoid being repeatedly or gratuitously "tested" in this way.

"We interviewed five providers and found only one of them willing to be on call 24 hours a day, every day of the year. Because it offered a member of their staff always to be available to roll to the scene of an officer involved in a shooting or other critical incident, we . . . contracted with the Counseling Team."

— Captain Jim Nunn, San Bernardino County Sheriff's Department

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Prove yourself—and then rely on word of mouth. Many respondents emphasized that stress programs live or die by word of mouth among officers. As one program director said, "One police officer saying the program worked is worth 50 seminars." Officers who use a program and are pleased with its services can be its biggest advocates; officers who are unhappy with services or derisive about them can be a program's most potent detractors. To this end, program staff must *prove themselves* to officers as being capable and trustworthy. The benefits of positive word of mouth are evidenced by such officers' comments as, "Word is starting to get out and people are starting to see the stress program as professional and productive," and, "It's starting to get around that you can trust folks in the program." The directors of several programs believe that if they slip even once in their dealings with officers—or are simply *perceived* to have violated someone's trust—all their other efforts at winning support will be futile as word spreads through the police grapevine.

"One police officer saying the program worked is worth 50 seminars."

— Law enforcement stress program director

Another important element in selling the program is constant and widespread exposure. As a client of the Michigan stress program observed, "The Docs are always trying something new and never letting you forget they exist." As the discussion below suggests, programs achieve exposure in a variety of ways.

Involve officers in program planning. Enlisting the assistance of officers in developing and improving services not only ensures quality but also makes the program visible:

- When the director of the Erie County program sent survey forms to 10 percent of the officers in each law enforcement agency in the county to solicit information on their stress levels and on the types of services they wanted or would use, the survey not only helped her fashion a responsive program but also generated awareness and support among many officers throughout the county.

- The Counseling Team in San Bernardino gains visibility as well as information by requesting a department to ask its officers to provide the names of other officers they feel would be best suited to be peer supporters.

Simply meeting with officers in group settings or one-on-one can also be a useful way to solicit suggestions and gain support. Even those officers who do not participate may feel more positive about a program when they discover it consults with officers.

Offer training and presentations. Conducting training seminars and making presentations about stress and the stress program are common and useful strategies for educating officers and generating support and referrals. (Training is discussed in detail in chapter 8, "Preventing Stress and Stress-Related Problems.")

Many of the officers interviewed for this publication had heard about their department's stress program during police academy training. Program presentations in this setting help officers become aware of the stressful nature of police work and the availability of program services before they even begin work, and a presence at the academy conveys the perception that the program is an integral part of the police department fully supported by top management. However, many police officers noted that they did not pay much attention to the academy presentation because they did not think they would ever need stress services or because so much other information was being presented during their training.

Points to Emphasize When Marketing a Stress Program

When making presentations or developing written materials, program staff may want to highlight the following:

- Information

    — Unique sources of stress and treatment needs of law enforcement officers

    — Available services

    — Eligible clients (including retired officers, nonsworn employees, and family members)

    — Confidentiality policies

    — Program staffing options (including peer supporters)

    — Program phone number and location

- Themes

    — An officer does not have to be referred or feel out of control to ask for help

    — "You have a tough job, and we're here to help you," not " You're broken and we'll fix you"

    — Program is an employee service, not a management tool

To help make a lasting impression on recruits, program staff can use experienced officers and charismatic speakers to capture their attention. To try to convince skeptical recruits about the usefulness of the program, and to help make sure that they remember its existence, the Michigan State Police Behavioral Science Section offers help that they may need immediately, such as relaxation techniques to use before especially difficult phases of academy testing. Staff from San Bernardino's Counseling Team arrange to give their first presentation at the end of the academy's first day, when recruits are particularly stressed. Reinforcement helps as well: the Counseling Team provides presentations on six to eight different occasions during each academy, and its director and three or four other staff also go to nearly every academy graduation to cheer on the new recruits and mingle with them after the ceremony.

Many programs offer stress-related in-service training to officers and supervisors on a regular or periodic basis, which serves both to help them deal with stress and to publicize the program's services. When an advanced officer survival course included a session on stress taught by the director of the Counseling Team in San Bernardino, an officer in attendance who was still very troubled by a critical incident was so impressed by the director's recognition of the stages involved in going through a critical incident that she telephoned her that evening to ask to become her client.

Assist with non-stress-related activities. Program staff can build trusting relationships with officers by assisting them with non-stress-related activities. "By doing some of these activities," according to the director of the Michigan Behavioral Science Section, "officers see program staff as colleagues trying to catch the bad guy and not as weird, eccentric 'shrinks' who know nothing about what's going on in the streets."

- The nonsworn directors of some programs have become familiar to many officers by serving as consultants (never as the negotiator) on the hostage negotiating

team. They are on call 24 hours a day, 7 days a week, to respond to hostage emergencies. Some officer-clinicians *do* participate in hostage negotiations—but only in their capacities as sworn officers. John Carr and Patricia Carr of the Rhode Island Centurion Program are their respective police departments' senior, FBI-trained, hostage crisis negotiators; similarly, Sergeant William Garrison, head of the Metro-Dade Police Department's Health Services Section, is a negotiator with the department's special response team of hostage negotiation and suicide intervention specialists. The negotiator role provides a valuable asset to the Carrs' and Garrison's respective departments. This experience and training also reinforce their credibility in the provision of critical incident debriefing support to officers in their own and other departments.

- Providing conflict management assistance is another way that program staff can become known around the department as colleagues, not just a counselors. The director of the Michigan program was asked by the State Police union president to mediate in a conflict between a post commander and his troopers, and in another between white and black troopers. In the latter case, the program director asked the commander to rent a motel conference room off-site and mandate the 12 troopers involved to meet there for an all-day session which he moderated.

Proactive Outreach Pays Off

- One counselor called an officer three weeks after she had been in a traffic accident in which her partner and the driver of the other car were killed to find out how she was doing and to ask if he could come see her. The officer wondered, "What can he say to me that will make this better?" but she ended up talking to him for two hours on the phone and came to his office to see him for four additional 90-minute visits.

- Another police officer called his department psychologist to ask how to talk to a friend who was dying of cancer. After providing some suggestions, the psychologist asked, "And how are *you* doing?" "Not so good," the officer answered. The psychologist drove to the station and talked with him for two hours.

- Other non-stress-related activities that program staff may nonetheless be qualified to perform include training the SWAT team, canine unit, and underwater team to deal with fear, and helping investigators with criminal profiling and investigative strategies. For example, after viewing a crime scene together, the director of the Michigan Behavioral Science Section and the detective sergeant on the case were watching a video rerun of a news conference at the police station in which a husband and wife accused of a crime were asked by the announcer, "Did you do it?" The wife said, "No, and we'll take a lie detector test," but the husband said nothing. The program director suggested that the officers investigating the case get the husband to a polygrapher (and one who videotapes all his tests) before he got to his lawyer. The officers did, and the man confessed to the polygraph operator. The director of the Rhode Island Centurion Program has been able to publicize his stress program by participating with several local police departments in writing grant proposals to Federal agencies for funding to work with victims of crime (who also, of course, experience considerable stress).

Conduct proactive outreach. Sometimes the best way to encourage officers to use program services is to contact them directly, on an individual basis, to offer assistance. This approach is usually especially effective shortly after a critical incident, when it is public knowledge that an officer has been under a great deal of stress or has experienced a trauma. Even if immediate contact is not possible, direct contact as soon as possible can still be effective. The director of the Metro-Dade program located an officer to offer him services a year after the officer had been involved in a shooting and had left the department, moved to another city, and then moved back to Miami. When the recovering alcoholic trooper who became a counselor in the Michigan stress program receives calls from captains asking him to speak to troopers with drinking problems, he will explain to them in a nonconfrontational manner that people who care about them are concerned about their behavior and want them to obtain assistance with their problem. If the trooper is not responsive immediately, he leaves his business card and does not push the matter further at that time, but he may call back later to offer assistance again.

Many program directors send staff to the scene of shootings or other critical incidents, if agreed upon by the department, to provide services directly to officers who may request them or to let them know that help is available. Supervisors in San Bernardino and Michigan are required to call their respective stress program to send someone to the scene after every

shooting. After the bombing of the Federal building in Oklahoma City, Bureau of Alcohol, Tobacco, and Firearms (ATF) peer supporters contacted affected agents and their families, as well as agents called in to respond to the bombing, to inform them of common reactions to trauma and provide support. Several peers went to survivors' homes or to the hospital to offer assistance.

Maintain high visibility around the department. It is important that officers be able to put a face to the stress program. Visibility can be particularly difficult—and important—for staff of programs located outside the department, such as individual psychologists who have contracts with one or more agencies. Many of the strategies discussed above will help to personalize a program, however, counselors can benefit by simply spending time at the department:

- The director of the Michigan program does what he calls "management-by-walking-around" or "got-a-minute therapy." He goes to the State Police headquarters at 7:30 every morning for mail and to make rounds with personnel directors, chat with troopers, and be available for the casual approach: "Do you have a minute, Doc?

I got this thing going. . . ." Ellen Kirschman, the Health Resource Coordinator for the Palo Alto Police Department, whose office is in the police station basement between the locker room and the briefing room, reports that she counsels people "in doorways, bathrooms, and in the hall."

- The director of the Metro-Dade program uses his personal credibility in the department to help new staff get their foot in the door but requires them to spend a certain amount of time on their own each week with officers, observing their work and simply getting to know them.

- Staff on the San Bernardino Counseling Team attend officer promotion parties, retirement parties, weddings, and every funeral.

Making presentations at roll call and at union or association meetings can also be useful for generating referrals. Staff must be careful, however, not to get in the way of officers, be too pushy, or over-identify with police work (see the box "Setting Limits on Marketing and Outreach").

> *"I do a lot of management-by-walking and got-a-minute therapy just by walking around headquarters every day. Troopers come up to me and say, Do you have a minute, Doc? I got this thing going. . . . "*
>
> — Gary Kaufmann, Director, Behavioral Science Section, Michigan State Police

Provide written materials and encourage media publicity. Written program information is an easy way to reach a large number of officers, and many officers are more likely to trust a program if they see its policies, particularly those regarding confidentiality, in writing. As a former program director said, "No matter how much bridge-building a psychologist may do to establish good will and acceptance within a police department, individual and family counseling will not be successful unless a clear-cut policy of confidentiality and privilege can be established. . . . Without confidentiality restraints that are very clearly spelled out and maintained, few requests for service are likely to be received."[8] (Chapter 2, "Planning the Program," and chapter 6, "Dealing With Confidentiality," discuss methods of assuring and publicizing confidentiality.) One way to emphasize that the stress program is an *employee*, not a management, program is to

A Newsletter Column Gets Results

A binge drinker whom most considered a model trooper read an article that Jeffrey Atkins of Michigan's Behavioral Science Section had written. After his wife and three children threatened to walk out, the trooper called Atkins for help. Atkins lined up a treatment program, but when he visited the officer the man said that he no longer needed help because he had been sober for two weeks—"I've got a handle on the problem." Two months later, the trooper called Atkins again and said, "I'm drinking again. What do I do now?" Atkins drove him to a hospital where the trooper completed inpatient treatment. The officer is now back on the job—sober—and still a model trooper.

have policies and procedures written into the union contract (see the box "Spelling Out Program Guidelines," in chapter 2.)

Articles and advertisements in union or association publications also provide visibility. The directors of the San Antonio and Erie County programs occasionally write about stress-related topics in their police departments' union newsletters. The Michigan program's trooper counselor writes a periodic column in the union's newsletter. The monthly union newspaper serving Metro-Dade police officers regularly prints the stress program's phone number as a reminder. Posting the program telephone number on bulletin boards and other visible locations can also be useful.

Staff may also want to encourage local media to write articles about the program. The Erie County Law Enforcement EAP received an increased number of calls after a Buffalo newspaper ran a story on the program. This approach could backfire, however, if the article is not framed in a positive context. Also, staff need to be wary of reporters who want detailed anecdotes about officers. The Erie County program director has turned down several requests by reporters for national TV news shows, despite the publicity the exposure would generate, because they wanted to talk with an officer who had attempted suicide, received help from the program, and remained on the force. The director felt that even to ask

such an officer if he would agree to an interview would damage her credibility with him—and, through word of mouth, with other officers.

Distributing brochures, memos, and other program literature that discuss stress and describe program services is a good way to reach all officers with at least basic information to educate them about stress-related problems and let them know that assistance is available. These materials, however, should be eye-catching and easy to skim quickly for information. (See the sample brochure from the Michigan State Department of Police Behavioral Science Section in appendix J.) It may be helpful to distribute a brochure once a year with officers' paychecks. Program staff may also want to have videos on stress, critical incidents, or similar topics available for officers to check out and view on their own. Chapter 14, "Tapping Other Resources," identifies three videos that can be used for this purpose.

Marketing the Program to Other Law Enforcement Staff

Some programs offer services to corrections officers, retired officers, and nonsworn personnel. Many of the strategies described above can be useful for generating support and referrals among these groups, too. Special efforts may be necessary, however, since these groups may assume that the stress program is not available to them. The Michigan State Police Behavioral Science Section provides a six-hour training seminar on stress, the program, and its services for civilian employees at seven or eight posts across the State each year. In addition, over the years program staff have

- provided sessions to two mostly civilian divisions which suffered the premature death of well-liked coworkers;

- trained the personnel division in how to screen applicants for nonsworn jobs;

- helped divisions institute performance appraisal systems to assess supervisor effectiveness; and

- helped a division with team building after it was forced to adopt a new automated fingerprint system.

Dispatchers are a special focus for some programs. The Erie County program director periodically helps train 911 dispatchers on stress and handling critical incident calls. The San Bernardino Counseling Team's protocol for responding

to critical incidents requires the on-scene mental health professional to ask whether the dispatcher needs help coping with the incident. While many police officers and civilians wonder why there is a need to counsel the dispatcher—"She wasn't out there at the scene!"—the head of the Counseling Team points out that "dispatchers feel very responsible for the life or death of the police officers on their force," and they experience considerable pressure, stress, and sometimes feelings of guilt when an officer is hurt or killed.

Marketing the Program to Family Members

Several program directors said that they delayed conducting outreach to family members until the program had established some measure of support among officers. This approach made it easier to reach family members because officers were then more willing to tell their spouses or significant others about the program's services. Most program staff find that family members often support the program once they learn about it. However, generating awareness in the first place, and then gaining referrals, can still be difficult.

Obstacles to Gaining Support and Referrals

The most significant barriers to gaining support and referrals from family members stem not from ambivalence about the program but either from ignorance that the program exists or fear that seeking help will tarnish the officer's image. As one officer's wife said, "Wives may wonder if they are being disloyal to their husbands by talking about them with another man [the counselor]." In addition, under the impression that their family members do not and never will need any kind of assistance, officers may not tell them about the program, or they may deliberately withhold information about the program because they do not want family members to air family problems with anyone else, especially with someone associated with the department; they may feel that knowledge of their personal problems might be used to prevent promotions, or they may feel embarrassed to have other personnel learn about their difficulties at home. Even an officer who acted as a peer supporter said that his wife knew nothing about the program.

Strategies for Gaining Support and Referrals

Counselors generally promote their services to family members both through officers and by approaching family mem-

bers directly. The strategies described above for marketing the program to line officers will go a long way toward generating awareness and support among family members. Methods of marketing the program directly to family members are described below. Because they are also program services as well as outreach strategies, the first two approaches below—training and proactive outreach—are discussed in greater detail in chapter 11, "Services for Family Members."

Conduct training. One of the most common ways to educate and generate support among officers' family members is through training. This is done most easily during the academy, by inviting or requiring officers to bring family members to a special seminar. Family members may be more receptive to the training, and subsequently to the stress program, if it includes presentations by or discussions with spouses of officers. Staff may attract more family members to training sessions if they are scheduled at convenient times, usually in the evening, and if child care is provided. Finally, it may be helpful to emphasize that their stress level does not have to be extreme for family members to visit the program for counseling; one spouse reported about her academy experience, "It was *very* stressful for me while my husband was in the academy . . . but I never thought about coming to the program because I didn't think my problem was that bad."

> *"When we visit the police station or hospital to talk with officers after a critical incident, we always make sure to talk with any spouses and children who are also there."*
>
> — Nancy Bohl, Director, the Counseling Team, San Bernardino

Conduct proactive outreach. Several program directors have tried innovative ways of approaching family members directly. Nancy Bohl, a counselor from the San Bernardino Counseling Team says, "when we visit the police station or hospital to talk with officers after a critical incident, we always make sure to talk with any spouses and children who are also there." A program serving a police department in Texas sent peer officers on home visits to families of new officers to inform them about available services within the department and the community and to hand out a video that explains police work and associated stress.[9] However, peer supporters with the Erie County program said that, while they frequently help officers with marital and other relationship

problems, they are reluctant to offer or provide assistance directly to family members for fear that officers would disapprove.

Program staff may want to consider training peer spouses to provide outreach to officers' family members. Whenever possible, the Counseling Team invites spouses to become peers and participate in the three-day peer supporter training. However, only a dozen or so spouses have become peer supporters, partly because departments will not pay them to attend the required three-day training. In Modesto, California, wives of officers who had been involved in shootings formed a spousal support group that calls the spouse of every married officer involved in a shooting to offer child care and other immediate assistance. A week or two later, someone from the group calls to invite the spouse to a support group meeting.

Encourage word of mouth. Word-of-mouth promotion of stress programs is probably not as common among family members as it is among officers for two reasons: (1) because some officers are reluctant to have their spouse or significant other share family problems with someone associated with the department, they do not mention the program to them, and (2) because officers' families do not necessarily socialize with each other often. Even if it does not occur frequently, however, word of mouth is still an effective way to spread information about the program to family members. One officer's wife who used the department's program services to help her cope with her husband's drinking problem recommended it to other wives, who expressed surprise that the program was available to them. In another jurisdiction, an officer's spouse who had been a client of the program was in a unique position to promote it among other spouses because a number of them patronized the health club she ran—and frequently shared their frustrations about police work with her.

A final word-of-mouth approach most programs use is to encourage officers who come for counseling to ask their spouses to attend, especially if the officer's problem is a couples issue or is affecting his or her spouse. With the officer's permission, a counselor with the San Bernardino Counseling Team telephones the spouse directly in these cases and invites the person to come in for one session without the officer, to give the spouse's perspective of the officer's problem. Only one spouse has ever refused. Furthermore, the counselor said, once the spouse has come for that initial session, "then the officer is more likely to come back with the spouse."

Mail brochures and other program materials. Several respondents said that staff cannot rely on officers to bring home materials that are sent to them at the department. As a result, both the Erie County and Michigan programs have mailed brochures or other program materials to officers' homes as a means of generating referrals. However, staff should be prepared to encounter resentment among officers who may feel that the program sent information home "behind their back." For instance, in another jurisdiction, a police department lieutenant who serves as his agency's stress officer sent a mailing to "the family of" each officer describing his services and reported, "I received a little flak from a few officers asking me, 'Why are you telling my family about your services?'" Department newsletters can also be a useful way to reach family members. After reading articles in the union newsletter written by the recovering alcoholic counselor in the Michigan program, several family members called the program for assistance with family drinking problems.

As illustrated by the several references in this chapter to other parts of this publication, marketing and outreach are tied closely to many other aspects of stress program development and operation. The planning process, the organization and location of the program, program staff, and referral sources (discussed in previous chapters) as well as program services and monitoring procedures (discussed in subsequent chapters) all have a major impact on whether the program will be accepted and used. For this reason, in addition to the direct marketing strategies described above, planners and staff must be particularly sensitive to how each feature of the program will be perceived by its potential clients. To be sure, a stress program is a difficult sell among law enforcement administrators, supervisors, unions, line officers, family members, and civilian personnel. However, as emphasized at the beginning of this chapter, with patience and ongoing marketing efforts, staff should be able to generate the awareness, support, and referrals necessary to make their program a success.

This chapter has explained how training can help win the trust and support of officers and their family members. Most importantly, of course, training provides an opportunity to do what many program staff and law enforcement administrators believe is most important in addressing stress: prevent it from occurring in the first place. Chapter 8 looks at how stress programs train officers in stress management and coping strategies.

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Chapter 8
Preventing Stress and Stress-Related Problems

Key Points

- The most common method for preventing stress is to train officers to recognize its sources and signs and to develop individual strategies for coping with stress.

- Training also serves to market the program to officers and nonsworn personnel and to reduce the stigma frequently associated with obtaining help for stress-related problems.

- Training regarding sources and manifestations of stress helps to reduce anxiety and worry over the unknown, decrease officers' sense of isolation with regard to their own stress-related difficulties, and increase officers' motivation to take steps to combat stress.

- Most of the program administrators and independent practitioners contacted for this publication, as well as many of the officers interviewed for it, said that the academy is the best time to train officers about stress because recruits are a captive audience and the information may remain with them for their entire police career.

- In addition to training at the academy, it is useful to provide in-service training not only for line officers but also for mid-level managers and command staff, prospective retirees, and nonsworn personnel. Training can be on general stress-related issues or can include specialized classes tailored to specific units, such as the SWAT team.

Program staff contacted for this publication consistently emphasized the importance of helping officers to *prevent* stress-related difficulties and to develop effective ways of coping with inescapable problems *before* they require clinical intervention. In fact, some stress program practitioners consider prevention efforts, through training and education, their single most important activity. The Rochester Police Department's Stress Management Unit, for example, was developed as a prevention program, with training as its primary mission.

Of course, individual and organizational stress are inextricably linked. As a result, programs that expect to make a serious dent in reducing stress among law enforcement officers and their families need to address both sources of stress simultaneously, through both prevention and treatment. However, for discussion purposes, this report artificially divides the discussion of stress prevention into two separate chapters,

one on individual stress (the present chapter) and one on organizational stress (chapter 9), while treatment of stress—regardless of its source—is addressed in chapter 10.

Stress-related problems can be prevented in two principal ways: (1) by eliminating the sources of stress themselves, and (2) by learning how to deal with stressful conditions before they lead to problems. Of course, there are many strategies that individuals can use to prevent or reduce stress. This chapter focuses not so much on the individual approaches as on the ways that law enforcement stress programs can teach them to officers. As discussed below, the most common approach to stress prevention is providing training on sources of stress, its manifestations, and coping strategies. Training for law enforcement employees' family members, an increasingly popular program activity, is discussed in chapter 11.

Why Conduct Training?

There are a number of compelling reasons for program staff and independent practitioners to train officers in stress prevention:

(1) to increase officers' awareness about the nature of stress, the unique stresses associated with law enforcement work and their personal lives, and the warning signs that indicate that they, their colleagues, or their family members are experiencing stress-related problems and may need assistance;

(2) to help employees learn specific strategies to prevent and cope with the stress they, their colleagues, and their family members experience;

(3) to help market the program by providing information about its services and other available resources, introducing officers to program staff, and beginning to earn the department's trust (see below and chapter 7, "Marketing the Program"); and

(4) to reduce the stigma associated with stress-related difficulties by teaching officers that certain reactions to stress are normal.

Although stress management training requires time and money, there is widespread agreement among not only program staff but also law enforcement executives that the benefits are well worth the investment. William Garrison, Director of the Metro-Dade Police Department's Health Services Section, initially provided only counseling to officers, but gradually he made training a significant program activity as he saw the need to deal with officers' problems before they led to crises as well as with management issues that were causing officers stress. The commissioner of Central Police Services in Erie County said that training is the most useful and far-reaching aspect of the county's law enforcement stress program. By helping law enforcement officers prevent and reduce stress-related problems, training can contribute to an organization's overall efficiency.

Common Training Topics Designed To Prevent Stress

Reflecting the first three objectives listed above, training topics typically fall into three categories: (1) sources and manifestations of stress; (2) individual coping and preven-

tion strategies, and (3) information on the department's stress program and other sources of assistance.

Sources and Manifestations of Stress

The most fundamental component of stress prevention training is general awareness. Many officers have never talked about stress before or have considered it a problem only for weak individuals. They are therefore often unaware of how it can affect them. Simply increasing officers' awareness about stress may serve to help reduce it. Training in stress awareness can lessen anxiety about the unknown, decrease officers' sense of isolation with regard to their stress-related difficulties, and increase their motivation to take steps to combat stress.[1]

According to law enforcement stress experts Joseph Hurrell, Jr., and William H. Kroes, "[W]hen individuals are unaware of the nature of threats to their well-being, they are less able to escape, avoid, or directly confront them. Thus, in order to successfully cope with stress on an individual or organizational level, officers need to be made aware of the nature of job stress and its consequences."[2]

A number of sources of job stress specific to law enforcement are typically identified and discussed in stress trainings, such as physical danger, long periods of boredom, court rulings and procedures, public hostility, and characteristics of the organization such as rotating shift work and limited opportunities for promotion. Officers are also usually taught to be aware of personal stress that arises from family problems, as well as of the stress that the officer may be causing his or her family. In addition, training typically explores the manifestations of stress: physical disorders such as heart disease, high blood pressure, fatigue, and headaches; emotional and personal problems such as anxiety, depression, family discord, and alcoholism; and inadequate work performance, such as excessive use of force, rudeness to citizens, lateness and absenteeism, and failure to complete reports. Some training topics, of course, may be tailored to a specific audience. For instance, program staff and independent practitioners may teach recruits about the general sources of stress they can expect to face in their careers but provide SWAT team members with specific training on how to cope with critical incidents. The director of the Erie County Law Enforcement Employee Assistance Program trains *supervisors* on the progression of stress-related problems and the

importance of intervening early with troubled officers under their command.

Individual Coping and Prevention Strategies

Usually the principal goal of stress management training is to increase the officer's ability to prevent or cope with stress by using a wide range of strategies:

- learning skills to be as effective as possible in handling what are already stressful situations per se, such as domestic violence, serious traffic accidents, shootings, death notification, and dealing with suicidal and mentally ill individuals;

- understanding human behavior and the psychological processes relevant to police work so that officers can recognize when their own reactions should be seen as normal—or as not normal;

- maintaining physical health and well-being through diet and exercise (which may be facilitated through a department wellness program);

- increasing body awareness and relaxation through biofeedback, meditation, or yoga;

- managing anger (see the box "Anger Management Training at the Rochester Police Department");

- learning to communicate effectively with family members, peers, supervisors, and citizens;

- restructuring attitudes or thoughts that contribute to stress; and

- planning his or her career.

Trainers may simply describe or summarize some strategies, or, in more extensive programs, they may provide officers an opportunity to practice and experience certain techniques under supervision. In addition to these individual coping and prevention strategies, trainers can teach officers how to help colleagues who have been involved in critical incidents or who are experiencing other stress-related difficulties. Officers can learn, for instance, what to say (and what *not* to say) and when to encourage troubled officers to seek assistance.

Some programs and independent practitioners offer training that, while not specifically stress-related, may still help in reducing stress, such as seminars in parenting and financial

management. If stress program staff are not qualified to conduct such training, they can recruit other experts to lead the sessions or they can make videos and other instructional materials on the topics available to department employees.

The Stress Program and Other Resources

The third major training topic consists of providing information about resources available to individuals who need counseling or other types of assistance due to stress-related difficulties. Training in this area is intended to increase the following:

- awareness and familiarity with the stress program— including its location, purpose, activities, and staff members;

- acceptance of the stress program and willingness to use its services; and

- knowledge about additional helping agencies and professionals in the community.

Training is an excellent vehicle for publicizing services of the stress program. Most officers interviewed for this publication said that they learned about the stress program through training sessions. Beyond that, trainers can try to limit resistance to using program services by reducing the stigma often associated with seeking psychological services from mental health professionals and by explaining the confidential nature of the services.

Finally, trainers can provide information on helpful resources in the community—or within the officers' own department—that can be called on if stress program services are not appropriate or are insufficient, or if officers prefer to seek help outside the department. In many cases, this may mean simply providing the names and telephone numbers of various practitioners (such as clinical psychologists) who have worked with police clients in the past and have demonstrated an understanding and sensitivity to the roles and problems of officers. Experienced patrol officers are already familiar with local resources such as local mental health centers or detoxification centers because they transport others to these agencies in the course of their work. However, they may be unwilling to use these agencies personally because they are likely to be recognized. As a result, trainers

Anger Management Training at the Rochester Police Department

The Rochester Police Department's Stress Management Unit has been providing anger management training since 1987 in an effort to reduce not only the use of excessive force on the job but also the health problems and domestic difficulties that can result from failure to deal appropriately with anger. Three full days of training are offered to officers over a three-week period several times throughout the year. The classes are interactive, using role playing, videos, and group discussions, and they focus on the connection between anger and stress, the physical and emotional effects of anger, and ways to acknowledge anger and express and control it appropriately. Line officers, investigators, sergeants, and lieutenants are trained in separate groups.

In addition to the program director and program counselor, seven trained officers (five of whom are peer supporters) conduct the anger management training classes. By the end of 1995, the unit had provided anger management training to over half of the officers with the department.

For an evaluation of Rochester's training program, see Abernethy, A., "Anger Management Training for Law Enforcement Personnel", *Journal of Criminal Justice,* 22 (1994): 459–466.

need to be able to provide the names of agencies that are located outside the officer's work jurisdiction and home neighborhood.

Types of Training

Training involving the major topics summarized above needs to be tailored to the interests and perspectives of the particular audience being addressed. Some of the needs and issues that are most relevant to recruits who are just beginning their academy training are very different from those of either seasoned patrol officers or department command staff. This section examines training strategies for five distinct audiences: recruits, line officers (including members of specialized units, such as the SWAT team), supervisors and command staff, prospective retirees, and nonsworn employees. Training for family members is discussed in chapter 11.

Training for Recruits

Most of the officers, program administrators, and independent practitioners contacted for this publication said that the academy is the best time to train officers about stress because there they are a captive and relatively receptive audience and the information will be of use to them for their entire police careers. However, it is important that the training capture the

attention of the recruits, who are bombarded with a large amount of information throughout the academy (see the box "Training Tips" and chapter 7, "Marketing the Program").

In the majority of jurisdictions contacted for this publication, the program director delivers the stress training, sometimes in conjunction with other academy instructors and veteran officers. The director of the Erie County program, for example, trains recruits with a chaplain from the New York State Police Department and other officers.

When time is limited, training for recruits generally follows a standard lecture format and provides a brief overview of the topics listed above. Examples are often provided of (anonymous) officers whom the program has helped. When more time is available, films, role playing, and case studies are often used to supplement the basic lecture format. Through simulation exercises, Counseling Team staff in San Bernardino, California, deliberately create stress for recruits, to prepare them for domestic violence calls and other situations when people may be "in their faces" and they need to control their reactions and emotions. Trainers may also distribute written materials such as descriptions of the stress program or reprints of articles on stress.

Training delivered to recruits by the Rochester Police Department focuses not only on police stress but also on the

Training Tips

Law enforcement officers may view stress training with the same indifference or skepticism with which they view counseling and other stress services. Officers report that recruits in particular often disregard stress training during the academy because the sources of the stress (e.g., shift work, dealing with the public) are so remote and because they are almost totally caught up in the immediate demands of academy course work and training. As a result, program staff must make special efforts such as the following to engage and retain recruits' and experienced officers' attention.

- *Use concrete examples from police work, not just dry, technical information.* As William Garrison, Director of the Metro-Dade program, notes, use of videotape news coverage of actual incidents is beneficial to break the denial of the officers' veil of invincibility in their pragmatic world. Interest is also heightened by supplying specific details or little-known facts of a major incident that hits close to home for the officers. Major incidents that have little relevance for the officers in their work environment will be of little interest to them if they cannot relate to them. The case studies should involve a person they can identify with so that they can apply what they know to be true to the situation.[3] If time permits, trainers can involve recruits in role playing.

- *Invite veteran officers*—especially those considered to be among the toughest, such as SWAT team members or command staff—*to speak about their personal experiences* in coping with various stress-related difficulties.

- *Present videos on police work and police stress* that will capture officers' attention. The Bureau of Alcohol, Tobacco, and Firearms (ATF) presents a video on stress during its roll call training, new agent training, safety and survival seminars, and supervisory training (see chapter 14, "Tapping Other Resources").

- *Provide materials that officers can read later* and can give to their family members. The ATF distributes handouts on symptoms of addiction, the agency's EAP, and other topics during a one-hour orientation for new agents. Drug Enforcement Administration Employee Assistance Program trainers provide a 46-page workbook to supervisors that covers such topics as the troubled employee and provides a list of recommended readings. A workbook and other handouts are also distributed to agents and other employees during training.

- *Poll the attending officers regarding their own experiences with stress-related difficulties,* such as critical incidents. If any are willing, encourage them to describe briefly how they dealt with their problems.

- *Encourage the attending officers to evaluate the usefulness of the training session* and suggest how it could be improved.

- *Write articles on various stress-related topics for department and union newsletters.* This is a subtle but effective way to provide continuous training to law enforcement employees and their families. However, the articles need to be written in a clear, easy-to-read manner—without academic jargon—and focus on practical matters of immediate interest to officers, not abstract concepts.

- *Have written materials, videos, and other materials on stress and coping strategies* available at the program office for officers to check out and bring home.

sources of stress recruits experience during the academy and in their initial years on the job. The director of the department's Stress Management Unit notes that stress from the highly rigorous recruit training process is far more salient to recruits than the future stress they can anticipate as patrol officers. During the first week of the academy, program staff tell recruits that although they should become aware of common sources of police stress before they are assigned to duty, right now they need to focus on getting through the academy with a minimum level of anxiety. Staff instruct recruits in simple relaxation techniques, for instance, asking them to turn over the papers in front of them, close their eyes, and breathe deeply. Michigan State Police Behavioral Science Section staff help recruits deal with their anxiety about passing the firing range test and other skill examinations in an effort to both relieve their immediate stress and demonstrate how the program can be of practical benefit.

The timing of stress training during the academy varies widely from program to program:

- The Metro-Dade program provides four separate training sessions for recruits. During the academy orientation, staff deliver a brief presentation about the stress program. Later, two separate courses cover in more detail the program's services for officers involved in shootings or other critical incidents. Finally, during a family night, program staff discuss the changing fears and concerns of officers and their families during different stages of the officer's career.

- Michael McMains, Director of Psychological Services for the San Antonio Police Department, provides twelve hours of stress management training split between the second and last day of the academy. He also hosts a family weekend.

Like the two cited above, many programs incorporate into the academy a family night or other training session to which officers are encouraged to bring significant others. (Chapter 11, "Services for Family Members," discusses this and other types of academy training for family members.)

In-Service Training for Line Officers

Stress program practitioners emphasize that training can and should continue after the academy. Officers will benefit from "refresher" courses, as well as from instruction on new or specialized stress-related topics, throughout their careers, and those who were already with the department before the

program was established or who moved from other jurisdictions may not have received any stress training.

Program staff can arrange for special in-service training sessions, but many program directors have found it useful to incorporate stress training into existing, mandatory in-service training sessions. For example, Michael McMains offers instruction on stress management to San Antonio officers as part of the State-mandated 40 hours of in-service training that line personnel must receive every two years. In all, he provides approximately four to eight hours of in-service training each year. The Erie County Law Enforcement EAP offers a voluntary all-day course for rank and file officers on a quarterly basis. Area clinicians contracting with the Drug Enforcement Administration EAP conducted 264 training workshops with 4,600 DEA employees and family members throughout the country in 1994.

While most in-service training is applicable to all line officers, many program administrators and individual practitioners have been asked to provide instruction to special units on the unique difficulties they experience. The commander of the Michigan State Police Department's dive team asked Gary Kaufmann, the Michigan program director, to develop a training session for officers who were prone to underwater panic. As a first step, Kaufmann himself was trained in scuba diving. Even though he too had difficulty managing his own fright underwater, he developed a set of training techniques and selection criteria for the dive team commander to use. Another counselor with Michigan's program facilitated a fear management session for the department's canine unit. Cindy Goss, with the Erie County program, conducts a "strategic communication" class, designed for officers who have received numerous citizen complaints, on how to deal with the public without becoming angry and aggressive. She also put together an eight-hour training session dealing with reactions to critical incidents for members of the hostage and SWAT teams.

In-Service Training for Supervisors and Command Staff

The critical need for training supervisors and command staff about stress issues is often overlooked. In some police departments, all sworn personnel participate in the same in-service stress training programs. Other departments have designed training modules exclusively for supervisors and command staff. The director of the Erie County Law Enforcement EAP conducts six and a half hours of training for new supervisors (lieutenants and sergeants) as part of a four-

week course that they must take within one year of promotion. The director discusses the nature of stress, warning signs that officers are under undue pressure, methods for making referrals, and available program services and community resources. She emphasizes that managers are in the best position to help officers before they fall.

In addition to exploring factors related to their own stress, stress prevention training for supervisors and command staff is typically aimed at

- educating supervisors about how their own behavior and supervisory styles—and the agency's organization itself—can contribute to stress-related difficulties among their subordinates (see chapter 9, "Reducing Organizational Stress");

- improving supervisors' skills in detecting stress-related symptoms in the behavior and attitudes of officers (e.g., large number of citizen complaints or sick days);

- teaching supervisors to assist officers with stress-related disorders by providing advice, support, or information about the stress program and other available resources; and

- encouraging supervisors not to make assumptions about an officer's professional capability or mental state simply because he or she has sought stress services.

A supervisor who received training on stress management felt that he benefited twice. First, he had always been bothered by the fact that his hands would shake uncontrollably after he had been involved in a shooting, and the training helped him to realize that this was a normal reaction. Second, because he knew about the program's services, he was able to refer his brother, a fellow officer, to the program for help with a drinking problem.

Faculty members at the University of Rochester Medical School's Department of Community Psychiatry developed and delivered a stress training curriculum for supervisors and command staff at the Rochester Police Department (see chapter 14, "Tapping Other Resources"). This 11-hour curriculum has been incorporated into the 40-hour State-sponsored command school that new command officers throughout New York State must attend. In addition to discussing supervisors' own experiences with stress and their responses to subordinates' difficulties, much of the training is devoted to facilitating changes in supervisory and management practices that have been identified as prominent sources of stress in the department. Topics include understanding lines of authority, the role of supervisors, problem-solving techniques, and the effects of various leadership styles on employee performance. Participants examine a number of management concerns, such as rumor control; confidentiality; competition among officers; motivation and morale; monitoring, evaluating, and documenting individual performance; discipline; and time management. Several types of problem employees are discussed, including the "burned-out cop," the officer who resists authority and supervision, the officer who lacks initiative and performs duties at a low level of productivity, and the violence-prone officer. Through small group discussions and role-playing exercises, participants are taught how to respond to these personnel concerns either by addressing the problems in the job setting or initiating referrals to the department's stress program. The box "Illustrations of Management Training" provides additional examples of management training efforts.

Training for Prospective Retirees

Another important audience for stress management training consists of officers who will soon retire. Retirement can be an exceptionally difficult experience for some officers.[4] Often they need practical assistance with financial and other matters as well as help with stress-related problems. Although most of the programs contacted for this publication provide counseling to retired officers, few provide them with training. However, Douglas Gentz, Director of Psychological Services for the Tulsa Police Department, does present a short block of instruction on the psychological impact of retirement on police officers that is a part of a regular in-service retirement program at the police department. Other police stress experts recommend that programs prepare officers for dealing with possible layoffs.[5]

Training for Nonsworn Personnel

Finally, it is important that program administrators and independent practitioners not neglect to train nonsworn law enforcement employees. For general types of training, civilians can be included with groups of officers. More specialized training can be directed specifically at nonsworn employees.

- The Metro-Dade Health Services Section periodically provides training for communications personnel and dispatchers on techniques for dealing with high-risk callers as well as ways to cope with the stress these calls create.

- Psychological Services in Tulsa provides a class on stress management to new dispatchers and provides training on the police culture to civilian volunteers in the police department.

- The director of the Michigan State Police stress program gave a half-day seminar on stress management for the department's accounting staff at the request of the chief accountant after changes in the accounting system caused

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Illustrations of Management Training

- After about two years of meeting individually with county law enforcement administrators, the director of the Erie County Law Enforcement EAP convened an all-day conference for police chiefs, the county sheriff, and other upper-level administrators countywide to discuss the sources and effects of stress, to inform them of the availability of program services, and to solicit their suggestions for improvement. Presentations were made by the EAP director, the commissioner of Central Police Services, and officers and administrators of other departments, who told stories regarding officers' need for stress-related assistance.

- Each year, the Michigan Behavioral Science Section trains sergeants and lieutenants for four to six hours on how to manage—and how *not* to manage—critical incident stress, what to expect of an officer who has been involved in a critical incident, signs of alcohol abuse, when to call the section, and the services offered by the section. An officer who is a former client of the section makes a presentation on his personal experience with critical incident stress.

- The Drug Enforcement Administration (DEA) EAP developed a workbook for distribution at supervisor trainings consisting of information about the program, a checklist of warning signs that an employee is having problems, expected benefits of the EAP, referral procedures, and other information. Trainings are conducted for each field division, headquarter office, and specialty unit.

- The Counseling Team in San Bernardino is given one of the five days that police departments in the county devote to the training of field officer trainers (FTOs). A team counselor teaches the FTOs training skills to use with their recruits, along with instruction on how people react when they are criticized and how to approach a recruit who is doing poorly. The counselor encourages the FTOs to refer recruits who need psychological assistance to the Counseling Team. (See chapter 9, "Reducing Organizational Stress.")

Training Officers To Refrain From Use of Excessive Force

Law enforcement agencies are challenged by the need to control excessive force by officers—a challenge that must be met now more than ever if community policing initiatives are to succeed. Law enforcement stress programs can play a key role.

In a survey of efforts by police psychologists to address the use of excessive force, the U.S. Department of Justice's Ellen Scrivner found that most psychologists offer training on the issue in the context of stress management. While this makes sense on one level, Scrivner argues that "framing excessive force as a stress issue raises several questions, among them whether the notion is supported by research and whether the approach encourages the perception that stress justifies the use of excessive force. . . . A more viable training focus would reflect departmental policy statements that clarify the tolerance limits for use of force and perceive excessive force as a patrol risk that needs to be managed through a range of specialized skills. . . . Police departments may need to shift the emphasis in supervisor training to one that incorporates larger behavioral issues in order to improve the management of excessive force. This level of supervisory training could also incorporate instruction on early warning behavioral monitoring."

Scrivner lists several topics psychologists can address in training officers to avoid excessive force:

- cultural sensitivity and diversity;
- intervention by fellow officers to stop the use of excessive force;
- the interaction of human perception and threat assessment;
- decision-making under highly charged conditions;
- psychological methods of situation control;
- patrol de-escalation and defusing techniques that not only provide a tactical response but also respond to the fear stimulated by confrontations;
- anger management programs that use self-assessment and self-management techniques for providing individual feedback to officers on how variable levels of legitimate anger influence judgment; and
- training in verbal control and communication, including conflict resolution.

See Scrivner, Ellen, *The Role of Police Psychology in Controlling Excessive Force*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, April 1994. To order, call the National Criminal Justice Reference Service at (800) 851–3420.

staff a great deal of difficulty. He also conducted a class for dispatcher supervisors when he noticed that an unusual number of dispatchers were approaching the program for assistance.

- The director of the Erie County program trains 911 dispatchers on stress management about once a year.

- Area clinicians working for the Drug Enforcement Administration EAP conduct training for support services program staff together with agents and other DEA employees.

As mentioned several times throughout this report, especially in chapter 1, the law enforcement agency itself is a frequent source of stress for many officers. Any comprehensive effort to prevent stress therefore needs to promote organizational change. The following chapter examines strategies that stress programs and agencies have used to reduce organizational sources of stress.

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Chapter 9
Reducing Organizational Stress

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Key Points

- As discussed in chapter 1, law enforcement agencies themselves can be a significant source of stress for officers. As a result, stress program staff and consulting mental health professionals can consider working with departments to implement organizational change.

- Law enforcement managers have many reasons for not changing their organizations. However, counselors can help motivate them to implement change by suggesting how certain innovations can improve the department's image or save it money, and by documenting the stress that specific department procedures or policies are creating for officers.

- Law enforcement mental health practitioners and organizational consultants have facilitated organizational change by

    — training command staff in constructive supervisory techniques,

    — training field training officers (FTOs) to supervise rookies in a constructive manner,

    — eliminating rotating shift work, and

    — improving the match between officers' capabilities and the needs of specific assignements.

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Most police stress programs and consulting mental health practitioners focus primarily, if not exclusively, on preventing and treating stress among individual officers and their family members—a person-centered approach. However, as discussed in chapter 1, law enforcement agencies themselves may be the single largest source of stress for many—even most—police officers. Organizational sources of stress range from rotating work shifts to inconsistent discipline to lack of opportunity for career advancement. In addition, many of these organizational factors can create stress for officers' families whose lives, for example, may be disrupted by shift work and who may worry about the officer's career advancement or even his or her job security. One expert has suggested that " an organization-centered approach—that is, identifying the problems the officers have with their work, supervisors, and pay, and making appropriate changes [in these areas]—may well have a greater influence on improving morale [than seeking to prevent or treat stress among officers]."[1] According to Gary Kaufmann, head of the Michigan State Police's Behavioral Science Section, the emphasis placed on person-centered programs by psychologists and police administrators has overshadowed the importance of addressing organizational sources of stress.[2]

Unfortunately, program staff and independent practitioners often lack the time to work with management to eliminate organizatinal sources of stress. Most clinicians may also feel they lack the knowledge or techniques to work with police administrators on organizational change. In addition, many law enforcement administrators may not accept what they perceive to be the intrusion of a mental health professional into the operation of their department, they may feel they do not have the time or resources to make the desired changes, or they may simply not agree that the proposed changes will reduce officer stress. Nonetheless, a number of programs contacted for this study view eliminating or reducing organizational sources of stress as part of their mission. For example, the work plan of the Health Resources Coordinator

Program of the Palo Alto Police Department in California includes the objective, "To identify sources of organizational stress and consult with work units and individual managers to resolve them . . . such as the promotional process and ways to acknowledge the contributions of career officers who fail to get promoted or do not seek promotion."[3] This chapter suggests how some program staff and independent consulting clinicians promote organizational change.

Motivating Management To Implement Change

Many law enforcement managers institute organizational changes to reduce officer stress simply because they feel it is the right thing to do. However, as discussed below, there are several strategies that stress program staff can use to increase management's inclination to make changes.

Offer To Improve the Department's Image

Bad press, public criticism, and legislators' tight fiscal control are all sources of stress for police chiefs (appointed at the discretion of the mayor or selectpersons) and sheriffs (elected by voters). Stress program directors and independent mental health professionals can suggest how organizational change that reduces officer stress can simultaneously improve the department's image. It was in part the negative publicity resulting from eight officer suicides in five years, three of them in 1994, that prompted the Philadelphia Police Department to create the agency's first stress manager position, with (among other assignments) responsibility for examining department policies and procedures in order to make them less stressful.[4] A new police chief in another law enforcement agency, disturbed by the bad press caused by his department's negative paramilitary image, hired an organizational consultant and implemented several of his recommendations designed to make the department less autocratic.

Offer To Save the Department Money

Program staff and independent practitioners can document potential cost savings that may result from organizational changes by estimating the impact of the changes on the department's budget or by citing examples of actual cost savings other law enforcement agencies have experienced after having implemented similar changes. For example, the Mercedes, Texas, Police Department has 25 sworn officers and serves a city of 14,000 people. In 1986, the department was reorganized to provide an employee development program that included establishing high professional standards, a reward system to promote superior performance, walking patrol assignments, and an increase in the annual in-service training requirement. One result was that, in the 24-month period following implementation of the changes, the turnover rate among sworn personnel decreased to 7 percent, compared with an earlier rate of 38 percent. The department estimated that the reduced turnover saved it at least $53,000 (in 1988 dollars).[5]

> *The Mercedes, Texas, police department, with 25 sworn officers, was reorganized in 1986 to provide an employee development program. As a result, the turnover rate among sworn personnel decreased from 38 percent to 7 percent, and the department saved an estimated $53,000 from the reduced turnover.*

Police administrators report that it is expensive when an officer takes early retirement or goes on disability because of the costs associated both with retirement benefits and also the recruiting, testing, training, hiring, and equipping of new officers. Furthermore, especially in small police agencies, sudden turnover can result in a serious staff shortage that requires paying other officers overtime.[6] If clinicians can document that organizational changes are likely to reduce the number of officers who leave prematurely or take sick time because of stress-related problems—and quantify the savings in dollar terms—administrators may be more willing to institute them.

Offer To Improve the Department's Morale and Efficiency

Increasing officers' abilities to reduce and cope with stress-related difficulties and encouraging the department to reduce organizational sources of stress should naturally lead to better morale among officers, improved productivity, and

therefore enhanced overall department efficiency. Even well-publicized administrator support for a stress program by itself demonstrates to officers concern about their well-being and may induce some good will, and, as noted in chapter 1, if program staff can help an officer overcome stress-related problems, the department might not only retain a valuable employee but also inspire the officer to be more motivated and more loyal to the department. While no concrete information about improved morale and efficiency was available for this report, the program practitioners listed at the end of chapter 14 may be able to put other program planners or practitioners in touch with law enforcement administrators who can attest to the organizational benefit of a stress program.

Present Strong Evidence of Organizational Stress in the Department

While police chiefs may be unwilling or unable to make many desirable changes, program staff can usually identify at least one or two sources of organizational stress which management may be willing to address (see the list provided in chapter 1). Staff can identify these sources of stress by conducting a needs assessment (see chapter 2) or by presenting administrators with data researched by other departments. For example, the Michigan State Police Department's Behavioral Science Section provided the police association with data—and credibility—that helped it to convince the department to abandon its rotating shift policy (see below).

Organizational Changes That Stress Programs Have Facilitated

Staff of four programs contacted for this study have worked extensively with management to effect important organizational changes in their police departments as a way of reducing officer stress. As described below, these changes fall principally into three categories: management supervisory style, shift work, and officer preparation for the job.

Management Train in Constructive Supervisory Styles

The Palo Alto Police Department, consisting of 100 sworn officers, has undertaken a long-term, comprehensive attempt to reduce organizationally generated stress.[9] A series of stress-related disability retirements prompted the department to commission a study in 1979 to identify sources of stress and suggest options for reducing or eliminating them.

Command Support After a Critical Incident

Program staff can easily document the value of the chief or sheriff (or, in large departments, a deputy chief or undersheriff), as well as commanding officers, visiting at the hospital every officer shot in the line of duty or involved in a serious traffic accident. Furthermore, this is one organizational change which police chiefs can implement quickly and almost effortlessly. According to a counselor with San Bernardino's Counseling Team, "The impact of a shooting on the officers involved depends more on the attitude of the department toward the officers involved than on the incident itself. The attitude that `it's no big deal' is especially stressful. Some chiefs know this and come to *every* shooting, 24 hours a day. But some never show up." Command-level staff can also offer assurance and support to family members—including helping them with paperwork, finding a baby-sitter, providing phone numbers for follow-up assistance, and simply spending time with them. When this happens, word of the commander's concern typically spreads quickly through the department grapevine to every officer on the force, improving morale and reducing stress almost instantly.

The report concluded that informal and formal organizational structures inhibited effective communication and created strained relationships between ranks, divisions, and individuals. As a result, the department hired a management consultant and a mental health clinician to design and implement an 18-month trial program to alleviate organizational stress. Through team building and meeting facilitation, the management consultant taught the department how to communicate, listen, and solve problems in an orderly, effective manner. The project, which has continued long after its trial period, is based on a 14-point program that is also the basis for the annually renewed contracts between the two consultants and the city. The points include the following:

- "identify sources of organizational stress and consult with work units and individual managers to resolve them" (e.g., the management consultant trained [and retrained because of turnover] all sergeants in how to prepare for and conduct a performance appraisal and how to give behavior-based feedback in a constructive manner);

- "monitor management decisions with regard to their stress impact, search for implementation methods which minimize the stressful impact, and advise management staff" (e.g., when the agency began to use computer-aided crime analysis to direct patrol and investigative resources toward the apprehension of career criminals, the organizational consultant designed ways for the department's sworn and civilian personnel to influence and shape the change process);

- "train FTOs [field training officers], supervisors, and managers in communication, problem solving, conflict resolution, and supervisory skills which can minimize stress for employees" (e.g., at the chief's request, each manager was surveyed on how the chief himself was creating stress for them, and recommended changes were reported along with the findings); and

- "advise individual managers on stress-producing practices and events within their units" (typically in response to a manager who requests help in solving a problem, but sometimes in response to a large number of complaints from line officers that suggest a management problem).

Michigan's Behavioral Science Section trains sergeants every year in how to manage critical incident stress among officers. Gary Kaufmann, the program director, brings to the training a trooper who has been in a critical incident (and has been a program client) to tell the sergeants, "Here's how to help a cop after a critical incident and here's how to mess one up." Kaufmann outlines what to expect of an officer who has just been in a critical incident and when to call his program for assistance with troubled officers. He and another counselor also conduct two-hour seminars with executive and command staff, for example during the all-post commander conference, where they focus on helping the managers to recognize their own work styles, understand the impact their work styles have on subordinates, and learn how to motivate their personnel to be more productive.

A number of police departments have invited Nancy Bohl, Director of the Counseling Team in San Bernardino, to train

FTOs. Bohl explains to the FTOs how people react when they are criticized and presents the best approaches for criticizing someone who is performing poorly. She tests the FTOs on their supervisory style and presents them with the results so they understand how they need to improve. According to Jack West, an officer with the Upland, California, Police Department who attended the training, "The attitude of FTOs is to stress the recruit,[5] but Bohl taught us to recognize that we were stressing them too much. She also helped us learn how to recognize stress in our recruits and help them deal with it."

"The attitude of FTOs [field training officers] is to stress the recruits, but Bohl [director of San Bernardino's Counseling Team] taught us to recognize that we were stressing them too much. She also helped us to recognize stress in our recruits and help them deal with it."

— Jack West, FTO, Upland, California, Police Department

West provided examples of how the training changed his supervisory style:

- "I became more sensitive to signs of stress among trainees and to the need to confront those symptoms." He and a trainee went to a child abuse call and found a severely injured child. Over the next several days, he noticed that the rookie devoted extra attention to other children they encountered but that on other domestic violence calls she came down very hard on the father, "obviously bent on taking some husband to jail even though there was no evidence the men had abused their children." After the FTO brought her reactions and feelings to her attention, she modified her behavior and later told him she had indeed been headed in the wrong direction—conducting a sort of vendetta against all fathers.

- "I learned that seeing an injured child for the first time and getting extremely upset does not mean the rookie is unfit to be an officer, it just means he or she is not prepared to deal with that scenario right away." Bohl taught West and the others that an FTO's response should not be to humiliate trainees for their extreme reactions or tell them, "Don't be such a wimp." Later, when a rookie threw up after seeing a dead body, the FTO told him, "That doesn't mean you're any less of a

cop; you handled the call correctly." Based on Bohl's training, he also asked, "Have you ever dealt with a dead body before? Would you like to take a break?" "Showing a little compassion," the FTO observed, "goes a long way."

- "I learned that when I was in a position of authority, I should not demean trainees." In the past, when a rookie wrote a bad citation or asked a witness a stupid question, the FTO used to mock him to the rest of the squad, "Guess what my boot did! He asked the witness. . . ." The FTO no longer does that.

Bohl also told the chiefs at the police executives' meeting that arbitrarily designating officers to become FTOs often led to personnel who did not want the assignment feeling they were being punished. As a result, most of the departments now ask officers to volunteer as FTOs. Accepting only volunteers and training them to change their supervisory styles can be extremely important because these officers play a tremendous role in acculturating new officers. For the rest of their careers, rookies may emulate their FTOs—and use the same harmful or helpful training techniques if they become training officers themselves. Indeed, any improvement in how any police trainers and managers supervise officers can reduce officer stress:

> Good supervision itself is the best stress management tool. Good supervisory techniques not only increase efficiency but also help officers withstand outside pressures. In contrast, inappropriate supervision can itself be one of the worst sources of pressure.[10]

Modify Rotating Shift Work Schedule

The Michigan State Police used to rotate shifts every seven days, causing considerable stress for many troopers and their families. As a result, the troopers' association heard constant complaints from members about fatigue, eating disorders, and other problems. In an effort to encourage the department to change to a less stressful shift work schedule, the association asked the Behavioral Science Section for any available research literature that documented the harmful effects of rotating shifts on employee stress and productivity. Partly on the basis of the documentation, the department allowed troopers to determine the frequency of their shift rotation, with the option of modifying the shift rotation at least annually. Employees then select their shifts by seniority. When additional research suggested that all rotating shift

Tips for Planning and Implementing Organizational Change

The management consultant and the mental health practitioner hired by the Palo Alto Police Department to reduce personnel stress through organizational change and counseling provide the following advice for how to plan and implement any major effort to change a law enforcement agency's policies and procedures:[11]

- Involve a sizable and representative cross section of the agency in (1) the identification of organizational issues that require attention, (2) the tentative design of the program, and (3) the hiring of program staff.

- Secure the support, involvement, and endorsement of the chief.

- Plan for a trial period of at least 18 months.

- Use the core start-up group for support and feedback during the initial months of the program.

- Guarantee program access to all agency levels, work units, and issues.

- Expect and encourage the agency and its personnel to take risks and accept some discomfort in the service of growth and positive change.

work might be harmful, permanent shifts were included as an option. Each work site now makes its own choice of shift options by majority vote. Many sites have chosen fixed shifts.

"You can treat troopers one at a time, but when you 'treat' executives, you're training hundreds of workers at a time."

— Captain P. David Charney, Personnel Director, Michigan State Police

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The association was successful in negotiating these changes partly because of compelling evidence of the harmful effects of shift work on officer productivity, but the involvement of the Behavioral Science Section in providing this research also helped convince the department. According to association president Rick Darling, "instead of seeing me as coming to the table saying, 'gimme, gimme, gimme,' the department learned that by changing the shift work arrangement it would have healthier, more productive workers—that is, the department would benefit, as well."

Match Officers with Job Requirements

Michael McMains, the psychologist for the San Antonio Police Department, worked with the department to improve the match between an officer's capabilities and the needs of a given job. According to McMains, when officers are unsuited to their work, they experience frustration, disappointment, and self-blame—that is, considerable stress. To help the department address this issue, McMains did the following:

- conducted a functional job analysis of the patrol officer position by asking a number of officers to identify the skills that were required to perform their job effectively (skills the department now looks for in selecting officers for patrol);

- conducted a functional job analysis of every job level so that the department can now base promotions not only on civil service exams but also on matching officers' skill levels with the job requirements of the positions for which they are applying; and

> *"Stress management is more than counseling; careful selection of candidates for the job can reduce stress that may arise because of a mismatch between candidate and the job. Performing a person-job fit analysis before hiring and placing officers can reduce greatly the need to get mental help later on. This is preventive mental health rather than reactive mental health."*
>
> — Michael McMains, Psychology Service, San Antonio Police Department

- revised the academic curriculum at the training academy to include more blocks on problem solving, critical thinking, and other skills related to preventing and managing stress, as well as techniques for identifying areas in which recruits have skill deficiencies so that instructors can expand training to improve the recruits' future on-the-job performance and thereby also reduce their level of stress.

Promote Change Tactfully and Opportunistically

It is important not to oversell the potential results of organizational changes, in order to avoid either sounding Pollyannaish or creating disappointment if the results are modest. In addition, program staff need to point out that some changes may lead initially to increased stress or other adverse consequences before their benefits are fully realized. For example, changing to a less paramilitary style may create stress in the short run for officers who are not used to making their own decisions on certain matters or are unaccustomed to sharing decision making with management. Finally staff should not push for change too hard or too fast but should instead be sensitive to the many reasons police managers may resist clinicians' recommendations, ranging from the perception that chiefs are always being blamed for every police officer problem to long-standing mistrust of the mental health profession.[12]

Finally, programs staff and independent practitioners should be prepared to take advantage of unexpected opportunities. Because Gary Kaufmann had a good working relationship with the Michigan troopers' association, the association president approached him personally for help in proving to the department that shift work was harmful to officers. Nancy

Bohl was addressing a San Bernardino county police executive meeting when the issue of field officer trainers came up. She took the opportunity to suggest to the chiefs that they were not selecting or training the FTOs correctly, and, after some discussion and post-meeting planning, she was invited to work with FTOs in several departments to improve their supervisory techniques.

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Chapter 10
Responding to Stress-Related Problems
After They Occur

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Key Points

- Treatment services provided by stress programs typically include assessment and referral to other practitioners, critical incident debriefing, other crisis intervention, short-term counseling (on both an individual and family basis), and long-term counseling (including treatment for substance abuse).

- Most practitioners emphasize the importance of involving family members, when possible, in each of these services.

- To varying extents, all stress programs assess and refer clients to outside sources of assistance; for some programs with limited resources (e.g., those staffed primarily with peer supporters), this is the primary service offered.

- Critical incident debriefing, often provided not only after shootings but after other traumatic events, is a particularly important service given the sometimes devastating effects such incidents can have on officers.

- Stress program practitioners emphasized the importance of staff being available 24 hours a day to handle any crisis that an officer may experience; officers and administrators frequently cite around-the-clock availability as one of the most important features of a stress program.

- Most law enforcement stress programs staffed by licensed mental health practitioners offer short-term counseling—usually up to about 10 sessions—for a variety of problems, most commonly marital and other relationship difficulties, general anxiety, and difficulties dealing with past critical incidents.

- Some programs, particularly those staffed by police psychologists, are able to offer long-term counseling to clients. Most programs, however, due to limited time and expertise, instead refer clients needing long-term counseling to outside sources of assistance.

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This chapter focuses on treatment services for officers and nonsworn employees designed to restore their well-being and capacity for productive work *after* they have experienced stress-related problems. Detailed guidelines for providing counseling services are not included here; textbooks are available for that purpose, and it is assumed that readers who are practitioners have already been trained in counseling methods or have access to specialized sources of training. Rather, this chapter reviews some of the key considerations in providing counseling to law enforcement officers, with brief descriptions of how some stress programs are providing treatment. Finally, the treatment services discussed here are those that credentialed mental health practitioners provide. (Because peer support from fellow officers is such a significant element of many programs and is a complex undertaking, the second half of chapter 4 is devoted to that topic. Strategies for preventing stress are presented in chapter 8, while approaches to reducing organizational sources of stress are discussed in chapter 9.)

For all the reasons discussed in chapter 1, law enforcement personnel, while essentially healthy individuals, experience many types of stress-related problems of varying levels of severity. In response, most stress programs and independent practitioners offer five basic services, resources permitting:

(1) assessment and referral;

(2) critical incident debriefing (on both an individual and group basis);

(3) crisis intervention;

(4) short-term counseling (usually on an individual but sometimes on a family basis, including counseling for problems that result from critical incidents); and

(5) long-term counseling, including treatment for substance abuse (usually provided on referral by an outside treatment center).

Most practitioners stress the importance of involving family members, when possible, in each of these treatment services. Chapter 11 describes how program staff serve family members either separately or together with the officer or nonsworn employee.

Assessment and Referral

Assessing the client's needs is a necessary precursor of most of the treatment options described below, but it is singled out here as a separate service because assessment and referral may be the primary service available in some programs with limited resources. The Erie County Law Enforcement Employee Assistance Program, for example, is staffed by a single licensed counselor, Cindy Goss, who serves personnel of the nearly 20 law enforcement agencies throughout the county (and, until recently, served other county employees, as well). When contacted for assistance, Goss usually assesses the officer or family member's condition and then matches the person with a service provider in the community who seems appropriate for addressing the problem and is reimbursable under the client's health insurance. Goss reports that "many officers consider this a valuable service in and of itself because they do not know which service providers are qualified, are knowledgeable about law enforcement, and have a good reputation among other officers, but I do." Along with informal support, assessment and referral are also the primary services usually provided by peer support-

ers. (For a more detailed discussion of referral procedures, see chapter 5, "Establishing a Referral Network.")

Critical Incident Debriefing

Much of the stress experienced by law enforcement personnel is common in other occupations, but officers, and to some extent nonsworn personnel, are particularly at risk of being exposed to disturbing and frightening events and their sometimes devastating emotional consequences. Frequently, the stress of the critical incident itself is compounded by the subsequent investigation, during which officers may feel that they are being second-guessed or considered guilty of wrongdoing by their supervisors, the media, and the public. This reaction can be exacerbated in departments where an officer's gun is taken away after a shooting without being immediately replaced.

What Is a Critical Incident?

Roger Solomon, a police psychologist in Massachusetts, defines a critical incident as "any situation beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and/or lack of control over the situation."[1] Jeffrey Mitchell, who has developed a training curriculum for critical incident counseling for emergency personnel, defines a critical incident as "any situation faced by emergency personnel that causes them to experience strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later."[2]

The type of critical incident most commonly associated with law enforcement work is a shooting or other use of deadly force. This includes not only times when an officer is wounded or killed but whenever an officer injures or kills another person or simply witnesses a shooting. One veteran officer reported that he could not stop shaking after his partner killed a youth during a shoot-out. Dispatchers, too, may feel traumatized after fielding calls involving a critical incident. One dispatcher required counseling after a hostage taker with whom she was talking killed the hostage while still on the phone with her.

In addition to instances of the use of deadly force, law enforcement personnel may experience other types of critical incidents, including the death of a family member or colleague (not necessarily in the line of duty), participation in a community disaster (e.g., a hurricane or riot), and observation or participation in the investigation of particu-

larly horrifying crimes.[3] (See the box "Preparing for and Coping with Major Disasters.")

> *Jeffrey Mitchell, who has developed a training curriculum for critical incident counseling for emergency personnel, defines a critical incident as "any situation faced by emergency personnel that causes them to experience strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later."*

What Is Critical Incident Debriefing and Why Provide It?

Although critical incidents may not happen very often, particularly in small jurisdictions, their effects can be devastating for the officers involved, their families, and the department.[4] Studies suggest that many of the problems suffered by officers after a critical incident can be prevented or mitigated if they receive structured treatment or immediate support.[5] As a result, critical incident debriefing has become a common service offered by law enforcement stress programs, even a mandatory one in some departments. The International Association of Chiefs of Police Psychological Services Section recommends that counseling for officers involved in on-duty shooting situations be mandatory, partly as a way to remove the stigma frequently associated with counseling.[6] (See "Some Departments Mandate Debriefings in Critical Incidents," as well as appendixes 10–1 and 10–2, IACP guidelines and a model policy regarding post-shooting incident procedures.)

Critical incident debriefing involves a brief, structured intervention of counseling and support immediately or shortly after the incident occurs. Debriefing is meant to offer affected individuals a chance to express their feelings and to recognize that their reactions are normal; it is *not* meant to take the place of regular counseling, which could still be needed at a later date. Critical incident debriefings should always be led by a licensed mental health practitioner.

Who Receives Critical Incident Debriefing?

Critical incident debriefing is, of course, provided to the officer or officers directly involved the officer who killed a suspect, the SWAT team members who engaged in a gun

battle with drug dealers, and the officer who investigated the scene of a fatal-traffic accident or grisly murder.

If the incident is wide–reaching enough (e.g., the death of an officer), it is also useful to provide a debriefing for a larger group of personnel who may not have been directly involved in the incident but who nonetheless may have been adversely affected by it, including fellow officers, dispatchers, and family members and friends. Not only does this ensure that each affected individual is offered needed assistance, it may also help to reinforce the bonds among the "law enforcement family" and the notion that all of the law enforcement personnel and their families are on the same side and support each other.[13] Some program directors recommend that command officers attend these group sessions to show their sensitivity to the difficulties line officers may be experiencing—and because command staff may need the debriefing themselves.[14] One sheriff attended a critical incident debriefing shortly after the shooting death of a deputy and ended up in tears; later he told the stress program director that he hadn't realized how much he also had needed the intervention.

How Is Critical Incident Debriefing Conducted?

Most practitioners recommend conducting the debriefing as soon as possible for those directly involved in the incident and certainly no later than 48 to 72 hours afterward.[15] At least one police counselor, however, is cautious about being the first person to talk to the officer after the event. Len Wildman, a counselor with the Rochester Police Department's stress management program, said he prefers to wait until the officer has had a chance to talk with a union representative or lawyer who can discuss the facts of the incident with the officer; Wildman then talks with the officer about his feelings regarding what happened and assesses whether he or she is in a condition to answer investigators' questions.

A debriefing for other employees not directly involved in but still troubled by the incident could be held within one week. Nancy Bohl of the Counseling Team in San Bernardino, California, cautions that within this time limit, stress program staff need to be flexible and sensitive to the needs of the officers and family members:

> The facilitator interviews the officer or officers immediately after the incident and makes an assessment about what would be the most beneficial approach to follow. Frequently, the debriefing is conducted then. Sometimes,

Preparing For and Coping With Major Disasters

Major disasters such as hurricanes, tornadoes, floods, and earthquakes have devastating results and create enormous stress for officers and other emergency workers, who must take control of an often chaotic situation while also coping with their own possible losses from the disaster. The law enforcement organization as a whole can also suffer adverse effects as it experiences a major disruption in patterns of interaction among personnel and agencies.[7] Finally, the "unique stresses faced by the law enforcement family include separation from family members during the disaster, dual duty to family and community, and being a victim of the disaster." [8]

Law enforcement agencies need to be prepared to address the trauma and stress experienced by officers and their families following a major disaster.[9] After Hurricane Andrew struck south Florida in 1992, the Metro-Dade Police Department's Health Services Section provided emergency counseling and other assistance to over 1,000 officers and their families from about 25 law enforcement agencies in the area. William Garrison, director of the program, set up an emergency telephone hotline, with officers fielding calls and categorizing them according to various needs (e.g., counseling, shelter). Counselors were available to provide immediate assistance to callers, and program staff traveled throughout the area to talk with officers and provide assistance.

Garrison noted that some law enforcement personnel did not display anger, depression, or other emotions stemming from the disaster until after they had coped with basic needs like finding shelter and maintaining order. "Overwhelming disaster victims emotionally by flooding them with the reality of the destruction can easily disrupt their ability to function on the job or handle personal business." [10] Garrison therefore did not limit the provision of critical incident debriefing to the days immediately following the hurricane but also offered debriefing to individuals who needed it long afterward. Later, the Metro-Dade Police Department created a committee to determine how to be prepared to cope with a future disaster.

Firestorms in northern California in 1991 caused an enormous amount of destruction and killed 25 people, including a fire department battalion chief and a patrol officer. A disaster mental health program, supported largely by the Federal Emergency Management Agency, the City of Berkeley, and the University of California at Berkeley, was set up to provide psychological and operational support to emergency workers and other community residents. Law enforcement officers were trained to provide crisis intervention and stress management assistance to their peers, and educational presentations were offered to all law enforcement organizations in the area, focusing on psychological responses to the disaster and effective intervention techniques.[11]

Garrison suggests that law enforcement agencies designate a staff member to be trained and prepared to coordinate activities following a disaster and have individuals or agencies outside the geographic area lined up for backup support, if needed. A triage plan should be developed to assess the needs of those in distress and to address and follow up on those needs. In addition, it is important to have contingency plans for child care for parents expected to work additional hours. Garrison suggests that ways to deal with disasters should be included in management training.

though, it is clear that an individual is too exhausted or hungry or that the individual simply feels unable to talk. Officers may say that they need to exercise, see their families, or just get away from the scene. If that is the case, a debriefing is scheduled for some time within the next few days. If a group is involved, it is possible for different people to elect to do different things. Some may stay for an immediate debriefing, and others may elect to meet at a later time. The schedule, then, is flexible, with the paramount concern being how best to meet the needs of individual officers. The only limitation is that, if the debriefing is post-poned, the delay period is not allowed to exceed three days.[16]

The duration of the debriefing can vary, depending on the number of participants and facilitators, and the nature of the incident, although it typically ranges from one to four hours.

Numerous articles have been written describing critical incident debriefing techniques (see the box "Sources of Information on Critical Incident Debriefing"), however, different practitioners have different ways of facilitating a session. Bohl suggests the following nine steps:

(1) Introduce the facilitator and the process of debriefing.

Some Departments Mandate Debriefings in Critical Incidents

Based on research and his own experience debriefing officers, James Reese, former director of the FBI's Behavioral Science Services Section, recommends that debriefings be mandatory following a critical incident. In fact, he says, law enforcement agencies have an obligation to provide debriefings: "Critical incident care is a nonnegotiable responsibility for law enforcement agencies, not only to the participants and the observers of the incident(s), but to their support systems, as well . . . . Mandatory aftercare is a way of protecting and serving those who 'serve and protect.'"[12]

Most of the contracts the San Bernardino Counseling Team has signed with local law enforcement agencies—many of them small agencies—require that someone at the scene of a critical incident (for example, a person from the civil liability unit) call the stress program to send a counselor to the station or hospital to debrief all officers involved in the incident—usually first as a group and then individually. Different departments make the debriefings mandatory for different types of incidents. All departments require debriefings when a firearm has been used, but some also require them for the death of a child, death of a coworker (including traffic accidents), or whenever an officer is taken to a hospital for exposure to hepatitis or HIV.

The departments have learned to mandate the debriefings because some officers mistakenly feel they can handle any fear, guilt, anger, or other emotions stemming from the incident on their own when in fact they need support—and will benefit from it if they are forced to participate. To avoid stigmatizing particular officers, everyone involved in the incident, including dispatchers, is required to be debriefed. A deputy chief reported overhearing officers gripe initially about having to talk with the counselors but afterwards heard some of them report, "I feel 100 percent better;" other officers, who appeared indifferent to the requirement were still talking to the counselor an hour later; a union leader reported that some of the debriefed officers made follow-up appointments with program counselors on their own. Some of the departments also mandate that officers involved in a critical incident return for a follow-up group debriefing with the Counseling Team at least once during the year following the event. Of course, the counselors report nothing of these meetings to anyone not in attendance.

Sources of Information on Critical Incident Debriefing

Since the mid-1980s, when critical incident debriefing rapidly became more common among law enforcement departments, much has been written on the topic. The following are a few sources of information (see chapter 14, Tapping Other Resources, for information on how to obtain these and other materials):

- *Critical Incidents in Policing* is a collection of papers presented at a 1991 conference sponsored by the Federal Bureau of Investigation, Behavioral Science Services Section. The papers address the nature of critical incident trauma, efforts by stress programs to address the emotional effects of critical incidents, and approaches to providing debriefings and counseling.

- *Psychological Services for Law Enforcement* (1986), also developed by the FBI's Behavioral Science Services Section, includes an entire section (16 articles) on critical incident reactions.

- Professionally Administered Critical Incident Debriefing for Police Officers, by Nancy Bohl, appears in *Police Psychology Into the 21st Century* (1995), edited by Martin I. Kurke and Ellen Scrivner, and published by Lawrence Erlebaum Associates. The article details the approach Bohl has used to provide debriefings for officers in the San Bernardino, California, area.

- *Psychological Services for Law Enforcement* (1994), a book written by police psychologist Theodore H. Blau and published by John Wiley and Sons, Inc., has a chapter devoted to critical incident counseling. The chapter discusses the types and effects of critical incidents, individuals who are in a position to intervene in incidents, and intervention and counseling techniques.

- The International Association of Chiefs of Police has developed guidelines and a model policy regarding post-shooting incident procedures (see appendixes 10–1 and 10–2).

- Concerns of Police Survivors (COPS), a national organization of survivors of officers killed in the line of duty, can provide information and training on how to deal with an officer's death.

- Chevron Publishing Corporation, a publisher associated with the International Critical Incident Stress Foundation, Inc. (ICISF), offers a number of training guides, books, videotapes, and other materials.

(2) Ask participants to review the facts of the incident.

(3) Invite participants to describe their thoughts during the event.

(4) Solicit participants' reactions.

(5) Discuss any symptoms participants may have experienced or still be experiencing as a result of the incident.

(6) Ask if participants were reminded by this incident of other troubling past experiences.

(7) Suggest ways of coping with the incident.

(8) Answer participants' questions.

(9) Invite participants to add anything else they wish to say.[17]

Robert Scully, Executive Director of the National Association of Police Organizations, also recommends that the debriefing should inform the participants of what to expect as a result of their involvement, such as inquiries from the media, including attempts to contact them or their families at

Supportive Departmental Responses to Shootings

In addition to providing critical incident debriefing, program staff can encourage department administrators, managers, and other officers to respond in a supportive manner to officers involved in the incident. A 1986 FBI study of post-traumatic shooting reactions recommended the following treatment components for an officer involved in a line-of-duty shooting:[20]

(1) Give a compassionate response to involved officers at the scene.

(2) Avoid judgmental remarks.

(3) Provide physical and mental first aid.

(4) Remove the officer from the crime scene.

(5) Replace the officer's weapon.

(6) Arrange contact with the officer's family and provide support.

(7) Provide a psychological break for the officer before the detailed interview.

(8) Place the officer on administrative leave (not suspension).

(9) Provide mandatory counseling within one to two days.

— Screen incoming telephone calls to the officer.
— Advise other employees of the basic facts of the incident.
— Screen department personnel for vicarious thrill seekers.
— Provide independent legal counsel for the officer.
— Allow a paced return to duty.
— Consider the officer's interests in media releases.
— Expedite the completion of administrative and criminal investigations and inform the officer of the outcomes.

In addition, program staff or peers can run errands for the officer and his or her family, arrange for child care, and help deal with the media.

home; public scrutiny of their personnel jackets; insensitive reactions from coworkers who have not been involved in this type of incident; and possible criminal or civil litigation, which makes it important not to say anything to the media that could be used against them.

Theodore Blau, a police stress expert and former president of the American Psychological Association, recommends that, regardless of the exact process, critical incident debriefing should have the following features: immediacy (12 to 24 hours after the incident), brevity, privacy (except for group sharing), respect, and support.[18] Cindy Goss, of the Erie County program, adds that it is important that counselors and

other facilitators do not second-guess, judge, or criticize officers.

Blau also suggests that stress program staff develop the following standard procedures for responding to traumatic events:

• decide what kinds of events qualify as critical incidents and therefore require a debriefing;

• decide who is to be contacted as soon as a critical incident occurs (e.g., if there will be a team leader

responsible for selecting and contacting other team members); and

- decide what each team member's specific responsibilities will be.[19]

Having these procedures in writing helps to ensure that program staff (including any peer supporters) understand their roles and responsibilities and that the entire process runs smoothly. Cindy Goss developed a critical incident debriefing policy and procedural guide and had it reviewed and approved by the county's commissioner for central police services.

Crisis Intervention

In addition to critical incidents, law enforcement personnel and their families may suffer other crises that require immediate attention. These crises may be the result of one or more particularly stressful events or the cumulative effect of the many minor stresses related to the individual's life or work that build to a breaking point. One program director interviewed for this study recalled the time a sergeant from internal affairs called to request assistance for a colleague whose baby had died that morning. The director of the Erie County program told of being called to the home of an officer threatening suicide; she and two peer supporters talked the officer out of killing himself and then arranged for him to receive psychological and other help.

The purpose of crisis intervention is to assess the extent and seriousness of a client's problem; establish rapport in order to promote a calm, relaxed atmosphere conducive to the exchange of sensitive information; offer advice and suggestions on ways to handle the problem; and, when appropriate, recommend other service providers in the community that are better equipped to assist the client with particular problems.

An officer asked his wife to call a program director in the middle of the night after he awoke with flashbacks to the stabbing attack he suffered while at work at a corrections facility. The director met the officer and his wife at the emergency room and provided immediate crisis intervention.

In most stress programs, at least one program staff clinician is available 24 hours a day, usually on a rotating basis so that officers can receive immediate help whenever a crisis arises. Many program directors carry a pager at all times. In some programs, peer supporters are an extremely important "first line" of support for officers who are experiencing or appear to be on the brink of a crisis; officers may be more comfortable contacting a colleague during an emergency, and if necessary, the peer can then call program staff for advice or assistance (see chapter 4, "Choosing among Staffing Options," for additional information on the role of peer supporters.)

Short-Term Counseling

Most law enforcement stress programs staffed by licensed mental health professionals, and most independent practitioners, offer short-term counseling—usually up to about 10 sessions—for a variety of problems, most commonly marital and other relationship difficulties, general anxiety, and difficulties dealing with past critical incidents. Clients whose problems require long-term counseling are usually referred to an external treatment provider (see the following section). Staff sometimes also follow up with officers referred to outside treatment sources in between sessions.

Practitioners use a variety of clinical approaches to address officers' problems, depending on such factors as the severity of the problem and the practitioner's training and experience. Several program directors contacted for this publication said they use a cognitive restructuring, or cognitive-behavioral, approach. Some introduce officers to biofeedback techniques, exercises to promote relaxation, and hypnosis. In general, practitioners agree on the importance of addressing officers' problems quickly, approaching problems in a very practical manner, and providing officers with concrete options for managing their personal lives more effectively. Several practitioners noted that law enforcement officers typically have a problem-solving orientation and want pragmatic alternatives for coping with their problems.

Most short-term counseling is done on an individual or family basis, not with groups of officers due to well-founded concerns about confidentiality. Sessions can range from brief discussions in passing (see the box "When Does Confidentiality Go Into Effect?" in chapter 6) to regularly scheduled hour-long sessions. Some officers go for intermittent counseling; others see a counselor regularly for short period of time. One officer, for example, used his department's stress program three times over the course of several years for different reasons; another officer whose home was destroyed by a hurricane and whose father was diagnosed with

brain cancer, saw a counselor twice a week for three months. The same counselor visited the home of another officer three times in the week after the officer underwent traumatic surgery and then once or twice a week for another month.

Some program directors and independent practitioners limit the number of counseling sessions an officer can receive, referring them to external practitioners if long-term care is needed, even if the officer can afford ongoing treatment. Employees of the Bureau of Alcohol, Tobacco, and Firearms, for example, are entitled to only five free counseling sessions per incident. Drug Enforcement Administration employees may have up to six counseling sessions per problem with an EAP clinician, although additional sessions are sometimes allowed; twelve months of aftercare at one contact per month is also provided, during which time the counselor usually checks with the client's outside referral source to follow up on the client's progress. Rochester Police Department stress program counselors generally limit the number of sessions per client to "a ballpark figure of 8 to 12 visits," although they have on occasion counseled officers for extended periods. Often the officer's or family member's insurance policy dictates how many counseling sessions he or she can attend. However, if a client's insurance runs out, staff of Rhode Island's Centurion Program and other programs continue to offer counseling using a sliding scale or, if necessary, on a *pro bono* basis. (See chapter 13, "Managing Program Costs and Funding," for further discussion of insurance issues.)

As part of short-term counseling, it is also common for practitioners to refer law enforcement employees to other sources of supplemental assistance, including in-house health and physical fitness programs, support groups, and police chaplains. In some cases, stress program staff may coordinate or work directly with a department wellness program. In addition, some programs make stress-reduction audiotapes and biofeedback equipment available so officers can learn to control or alter their physiological responses to stress.

Long-Term Counseling

Officers and nonsworn law enforcement employees may need long-term counseling for a number of problems, including

- alcohol and other substance abuse,

- serious marital or other relationship problems, and

- depression, suicidal thoughts, post-traumatic stress disorder resulting from a critical incident, and other serious psychological problems.

Most program staff and almost all independent practitioners contacted for this study do not provide long-term counseling because of limited time and, frequently, limited expertise with problems severe enough to require long-term treatment. Instead, clients are referred for long-term therapy to other service providers in the community (see chapter 5, "Establishing a Referral Network"). Stress program staff, however, usually make the initial assessment of the individual and provide initial short-term treatment as described above. For instance, the director of the San Antonio Police Department's Psychological Services refers clients to outside assistance if they require more than eight counseling sessions. In such cases, program staff usually follow up with the outside practitioner regarding the employee's condition.

Some programs are able to offer long-term counseling to clients. Mental health professionals with San Bernardino's Counseling Team frequently work long-term with officers on relationship or critical incident problems. The director of the Michigan State Police program saw one client for a year, at first weekly, then every few weeks, and finally once a month; he has been seeing another family member twice a month for two years. A trooper who is a recovering alcoholic joined the Michigan program's staff and now provides long-term support to other officers with addiction problems. While a law enforcement stress program may also provide long-term support in the form of peer assistance on an individual or group basis (e.g., by organizing a law enforcement Alcoholics Anonymous group), counselors stress the importance of providing clients with proper professional assistance for serious problems.

Providing Services for Mandatory Referrals

Treatment services are usually provided to officers on a voluntary basis. Some program staff also counsel or evaluate officers—or refer them to other service providers—at the request of department supervisors. However, almost all stress program staff agree that treating fitness-for-duty referrals can destroy the program's credibility among line officers because they will view staff as tools of management and fear that even voluntary visits to the program will jeopardize their career advancement. As the vignettes below suggest, officers can be encouraged to seek counseling in a number of other ways that involve different degrees of coercion.

- The supervisor of an officer who was arrested for smashing his personal car while drunk recommended he seek help for his drinking problem. The officer knew that if he did not enter counseling but never had another accident, the supervisor would take no further action. But because he knew the supervisor would discipline him if he did get into another drunk driving accident, he sought help from the stress program.

- Supervisors with a half dozen police departments in Rhode Island order officers to the Rhode Island Centurion Program after a pattern of problems occurs, such as several citizen complaints or absences from work. As long as the program director clears the officer for duty after treatment, the officer's use of the program does not affect his or her professional development.

- The Drug Enforcement Administration accepts both "self-referrals" based on a supervisor's informal suggestion that an employee obtain assistance, with no report to the supervisor required, and "formal referrals"—that is, those made in writing by the agent's immediate supervisor specifying work performance deficiencies and directing the agent to obtain EAP assistance.

- Many police departments require officers to attend critical incident debriefings when a firearm has been used (see the box, "Some Departments Mandate Debriefings in Critical Incidents").

- The director of the San Bernardino Counseling Team is writing a proposal to the California Peace Officers Standards and Training (POST) Division seeking to obtain certification for a class for law enforcement officers who are going through marital separations. She will then try to motivate departments to require the course, when appropriate, because the stress officers experience during a separation often causes them to be disruptive or distracting to other officers.

- Supervisors with the Metro-Dade police department may make a "supervisory intervention" when an employee exhibits a continuing performance problem. According to the department's standard operating procedures, a supervisory intervention is a voluntary counseling session facilitated by the Health Services Section and is not utilized for psychological evaluation of the employee. A Health Services Section staff member facilitates the supervisory intervention session with the employee and the supervisor in order to articulate the performance problems, outline expectations and a time frame for desired performance change, clarify other issues that may affect the desired outcome, and agree on the amount of feedback to be provided to both the supervisor and the employee on the employee's progress.

- Most Federal law enforcement counseling programs have policy statements that allow for the "directed referral" of officers or agents involved in critical incidents associated with performing their duties. The term "directed referral" is sometimes used to describe programs that utilize a supervisory referral that is not mandatory in the traditional sense but is stronger than a supervisory suggested referral. If an officer does not follow through with a directed referral, there is no adverse consequence. The Department of Justice Employee Assistance Program (EAP) policy allows for a directed management referral when a supervisor is able to document a performance or conduct problem and suspects a personal or family problem may be the reason. No information is given to the organization without the officer's written release. These referrals are "informational" in nature and not counseling. As previously discussed in this publication, the Department of Justice, like most other Federal law enforcement groups, keeps fitness–for–duty assessments separate from the counseling service, whether it is an internal or external model.[21]

Despite this diversity of "mandatory" referrals, program staff—and officers—often distinguish among three primary types:

(1) referrals designed exclusively to help the officer;

(2) referrals designed to help the officer and accompanied by an explicit or clearly implicit warning that if the officer's on-the-job performance remains impaired, he or she will be disciplined; and

(3) referrals associated with planned disciplinary action or fitness-for-duty evaluation.

Most supervisor referrals fall into the second category: more or less mandatory, but with no request from the supervisor for information from the program about the officer's condition or whether the person even received treatment. However, because treating mandatorily referred officers may brand the program as unable to keep information secret about *all* officers who seek its services—including officers who are self-referred—most of the programs and independent practitioners contacted for this report accept only those supervi-

sor referrals that do not require any feedback from the counselor to the supervisor. According to Douglas Gentz, Director of Tulsa's Psychological Services, "Mandatory counseling in a police department is not really counseling—it is management consultation, because the true client in this case is not the officer, it is the department."[22] Initially, Gentz did conduct fitness-for-duty evaluations and preemployment screenings for the Tulsa Police Department but discontinued them because they presented a conflict of interest in terms of trying to serve the department and officers at the same time.

> ***Mandatory counseling in a police department is not really counseling—it is management consultation, because the true client in this case is not the officer, it is the department.***
>
> — Douglas Gentz, Director, Psychological Services, Tulsa

Most stress programs send mandatory referrals to outside treatment providers for assistance. The police department in Tulsa sends mandatory referrals to the citywide EAP rather than to Gentz' program. The Metro-Dade Police Department's Health Services Section does accept officers referred for fitness-for-duty evaluations if their performance errors are observable and testable, but then sends them to an outside testing and treatment psychologist. Program staff keep the referring commander informed only about whether the officers are participating in and have completed treatment. The police union does not object to the Health Services Section's role with these referrals because at least officers are given a second chance to receive help.

As noted above and in previous chapters, an additional critical clientele for both treatment services and training consists of family members of officers and nonsworn personnel. The following chapter suggests training, treatment, and support services that programs can offer to family members.

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13. Bohl, "Professionally Administered Critical Incident Debriefing," 175.

14. Blak, "Critical Incident Debriefing for Law Enforcement Personnel," 25.

15. Ibid., 24; Bohl, "Professionally Administered Critical Incident Debriefing," 174.

16. Bohl, "Professionally Administered Critical Incident Debriefing," 174.

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Chapter 11
Services for Family Members: Treatment and Training

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Key Points

- An increasing number of stress programs are providing treatment services and training to officers' family members—usually broadly defined as a relative or anyone else with whom the officer has a close relationship.

- Providing services to families of officers can help to prevent and reduce the stress-related difficulties family members may experience, limit the stress that family members may cause the officer in the family, and help family members become a source of support for the officer.

- Many programs offer the same services to family members that they provide to officers, but usually on a more limited basis. These services include assessment and referral, critical incident debriefing, crisis intervention, and short- and long-term counseling.

- Three services in particular are typically tailored for family members' needs: family counseling, critical incident debriefing (provided by professional program staff and sometimes by peer officers and family members), and other peer support (e.g., spouse support groups).

- In addition to the topics that stress training addresses with officers, family members can benefit from information about the law enforcement agency, duties involved in a law enforcement career, and general family issues such as financial planning, housing-related problems, parenting, illness, and dual careers.

- Training for family members is usually offered during the academy. Periodic family training sessions throughout the year, conducted with the officers, are also an important way to provide information about stress management and program services.

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Each year, families of law enforcement officers who have been slain in the line of duty are honored during Police Memorial Week. As police psychologist Ellen Scrivner pointed out during congressional hearings held in 1991 on law enforcement stress, the needs of these bereaved families "remain substantial [but so] do those of other police families who, though not having lost a member of their family, still contend with the rather unique stressors attributed to the influence of the law enforcement occupation." The needs of all family members of officers, Scrivner emphasized, must be addressed not only for one week each year but throughout the officers' careers.

Chapter 1 reviews some common sources and effects of stress that family members experience and points out that most programs define "family" very broadly to include not only spouses and children but also parents, significant others, and anyone else with whom the officer has a close relationship. Chapter 7, "Marketing the Program," discusses how to secure referrals of family members. The present chapter discusses strategies for preventing and treating family members' stress-related problems.

Why Serve Family Members?

All of the law enforcement stress programs contacted for this publication offer at least some services to officers' family members. Program counselors gave three reasons for serving this group:

1) As described in chapter 1, certain aspects of law enforcement work, such as fear for the officer's safety and the odd and changing hours that officers must work, can take a tremendous toll on family members, causing difficulties that require counseling or other assistance.

2) Stress-related difficulties experienced by family members can also create problems for the officer, resulting in impaired job performance. In fact, several counselors reported that family problems are the most common reason for which officers seek help. As a result, serving family members—usually together with officers—can help reduce *officers'* stress.

3) Family members are in the best position to support officers, recognize early when the officers are experiencing stress-related difficulties, and refer them to professional help. Family members can probably provide this kind of assistance better if they are familiar with law enforcement work and its stresses.

The International Association of Chiefs of Police (IACP) suggests that law enforcement agencies offer several services for family members, including individual and family counseling, post-shooting incident support and debriefing, group discussions among officers and their spouses, orientation programs, and frequent family events. An IACP training document on law enforcement stress and the family states, "The financial cost of implementing these programs is not large, but the return benefits to the officer, the family, the department and the community can be immense in stimulating positive public relations, reducing stress, promoting marital harmony, and improving job performance."[1]

Most of the family members interviewed for this publication who had used law enforcement stress programs found the services helpful. One officer's wife who received marital counseling with her husband said that "no one was there for us except the stress team." Even family members who had not used the program said they were glad it was available and would use it if they felt the need. Family members who had participated in stress training sessions particularly appreciated learning about law enforcement work and hearing from other family members who had similar experiences and difficulties. Like officers, family members said they wanted services that were readily accessible and, in the case of counseling, confidential.

A survey of police officers' wives conducted in the late 1970s found that, when asked what type of services the department should be providing, over half wanted family or marital counseling, one-third hoped for an orientation to law enforcement, and about one-tenth wanted social activities, financial and medical assistance, and information services (such as notification about emergencies and injuries). Twenty percent of the respondents wanted no services at all, but this was apparently due primarily to fear of departmental intrusion rather than to lack of need.[2] In deciding whether to offer assistance to family members, one law enforcement stress expert suggested that, when in doubt, ask: "An offer of support to the spouse and family from the officer's department is rarely inappropriate and may be deeply appreciated, even if declined by the family. What seems to hurt spouses very deeply is the impression that their needs are being ignored, resulting in a feeling of isolation from the rest of the department."[3] Reflecting this view, Counseling Team clinicians in San Bernardino, California, try to talk with family members who are present after a critical incident.

As with law enforcement personnel, treatment services and training are the two main services that stress programs provide to family members.

Treatment Services

Depending on available time and expertise, law enforcement stress programs and independent practitioners generally offer the same services to family members as they furnish to officers: assessment and referral, crisis intervention, critical incident debriefing, and short- and long-term counseling. The discussions of these services in chapter 10 apply equally to family members. The services are typically provided, however, on a more limited basis to family members. As they do for law enforcement personnel, most law enforcement mental health professionals commonly refer family members to other providers for long-term counseling. Because they do not have the specialized training to work with children, most counselors—even police psychologists—usually also refer children's cases to other practitioners.

Family members typically seek stress program services for problems related to the officer's work, such as marital problems due to shift work rotation or trauma after a critical incident. Some family members use the programs for other

reasons. After being involved in a terrible traffic accident, one officer's wife developed a phobia of being on the freeway and found herself taking alternate routes. She sought counseling from the police psychologist who ran the stress program in her husband's department. Another family member who received individual counseling from the department's stress program for a problem unrelated to police work was pleased that the program treated her problems "as seriously as they treat the cops' problems."

This section focuses on three treatment services tailored specifically for family members: (1) family counseling, (2) critical incident debriefing, and (3) peer support.

Family Counseling

Stress program practitioners report that the most common problem for which officers seek treatment is marital or other relationship difficulties. Both Philip Trompetter, a psychologist who serves several small departments near Modesto, California, and Gary Kaufmann, Director of the Michigan State Police Department's Behavioral Science Section, report that over half of their clients come to them because of family difficulties. John Carr, Director of the Rhode Island Centurion Program, says that 75 percent of his cases involve "a broken heart, not a broken head," and the director of the Washington, D.C., Metropolitan Police Department EAP calls family and marital difficulties "our number-one problem."[4]

Although counselors often treat only the officer for a relationship problem, many mental health practitioners recommend joint counseling.[5] When an officer comes to discuss marital difficulties with Nancy Bohl, Director of the Counseling Team in San Bernardino, she encourages the person to bring his or her spouse to the next session, because she feels this is the best way to mediate the confusion and discord between them. The Washington, D.C., Metropolitan Police Department EAP provides marital counseling and coordinates couples' groups and retreats.[6]

Not all family counseling focuses on relationship problems. William Garrison, Director of the Metro-Dade (Florida) Police Department's Health Services Section, not only counseled an officer whose father was suffering from brain cancer, he also went to the home of the officer's parents to talk with them, to counsel the officer's mother, and to advise the family on how to care for the father and themselves during the difficult time. Garrison later attended the funeral for the officer's father. Garrison counseled another couple who needed assistance after the husband, an officer, was involved

in a shooting and the family's house was destroyed by a hurricane. In another jurisdiction, an officer and his wife regularly see a substance abuse counselor as a couple to help them work through the officer's alcohol problem, which was prompted by his flashbacks of a critical incident.

Although most law enforcement counselors do not have the training to work with children, they can sometimes provide general assistance along with referrals. Garrison went to one home to talk with an officer's two young children who were frightened by their father's involvement in a shooting. Members of the Bureau of Alcohol, Tobacco, and Firearm's peer support team visited schools attended by many of the children of agents and other Federal employees who were killed or injured in the Oklahoma City bombing in 1995 to talk about the youngsters' fears and other negative reactions. Beverly J. Anderson, Clinical Director and Program Administrator of the Washington, D.C., Metropolitan Police EAP, who started her career as a child specialist and is married to a police officer, coordinates an adult children of trauma group and an adolescent therapy group for children of officers, who, she said, frequently act out, are depressed, or are either violent or extremely sensitive to violence. Anderson also evaluates children and confers with their teachers regarding problems related to their parents' law enforcement work.[12]

Critical Incident Debriefing

Critical incidents can traumatize the relatives and partners of the officers involved just as severely as the officers themselves. Family members' fear and shock are compounded by their ignorance of the event since they were not on the scene. According to one observer, "Recognizing that families are negatively impacted by traumatic events and that significant others have a key role to play in the recovery of the distressed [officer] is not sufficient. It is also important to recognize that families may at times be so seriously overwhelmed by the stress response of their loved ones that they are unable to assume their appropriate roles in facilitating the recovery of the hurting [officer]."[15] As critical incident debriefing has become more common (even mandatory) among law enforcement agencies, attention is now turning to the needs of family members after an incident.

Program staff and independent law enforcement clinicians provide critical incident debriefing for family members by including them in the debriefing provided to officers involved in the incident, by providing a separate debriefing attended only by family members, and by coordinating peer support. In Modesto, California, services for spouses of

Preventing and Treating Domestic Violence

A relatively large percentage of law enforcement officers may be involved in domestic violence, to some extent because of the nature of their work and the organizational stresses they face.[7] In the past, officers who battered their partners were often ignored by fellow officers who knew them personally or felt the behavior was acceptable. This tolerance is disappearing in many departments,[8] in part, perhaps, because of lawsuits that battered spouses have brought against law enforcement agencies for allegedly violating their civil rights by failing to discipline, supervise, and monitor officers who abuse their spouses.[9]

- According to police psychologist Claire D'Agostino, the Atlanta Police Department's written policy covering domestic violence committed by members of the department requires the internal affairs unit to suggest to an offending officer's deputy chief that he send the officer a letter requiring the person to meet with D'Agostino at the city's Bureau of Employee Assistance Services. D'Agostino then sends a written evaluation to the officer and the deputy chief that includes recommended actions. The deputy chief usually accepts the clinician's recommendations and directs the officer in writing to comply with them. Recommendations may include attendance at group counseling sessions with the city's contracted employee assistance program or individual counseling with the EAP, with a Bureau of Employee Assistance Services clinician, or with an independent therapist. Internal affairs learns about officers with problems either after an arrest or through an early warning system used to identify officers who appear to be having personal or professional problems that need intervention.

- According to Sergeant Mark Wynn, the Nashville, Tennessee, Police Department's policy is to investigate criminally every act of domestic violence committed by an officer. Furthermore, to avoid having officers who are friends with the offender conduct the investigation, the department's 34-person Domestic Violence Division, headed by Wynn, takes responsibility for doing so. A Domestic Violence Division supervisor then notifies the department's internal affairs division and the officer's bureau commander and sergeant so that the information does not remain buried at the precinct level. If there is probable cause, the officer is arrested at the Domestic Violence Division's precinct house. At that time, the officer meets with a social worker to consider counseling, something in which the division encourages arrested officers to participate. The officer is then booked, relieved of his or her service revolver, and placed on administrative leave or desk duty until the case has been adjudicated. The department's internal affairs department conducts its own parallel investigation at the same time that the Domestic Violence Division conducts its criminal investigation. Wynn estimates that the division investigates about 20 officers a year for domestic violence.

- According to Michael McMains, police psychologist to the San Antonio Police Department, commanders send each officer arrested for domestic violence a letter discussing the stress associated with police work and the risk that family violence may escalate unless they receive help. The letter suggests that the officer visit the department's Psychological Services program and warns the officer to anticipate a follow-up telephone call in a week checking on whether he or she has done so. A letter encouraging counseling is sent to the officer's spouse.

With early detection, it may be possible for stress programs to intervene through individual counseling, family counseling, and training programs in time to reduce the likelihood of continued violence. However, because batterers rarely volunteer to accept counseling, it may be necessary to mandate participation[10] as, for example, the San Antonio Police Department attempts to do. Stress programs can also try to prevent domestic violence by addressing the "conditions and coping skill deficits that put officers at risk . . . in mandatory training incorporated into existing schooling and in-service training programs."[11]

Families of Officers Killed in the Line of Duty: Services Immediately after the Incident—and Beyond

The death of an officer in the line of duty does not happen often, and is especially rare in small departments, but law enforcement counselors emphasize that program staff need to be prepared—and train other department personnel to be prepared—to assist the officer's family after this tragedy. According to a 1987 report from the National Institute of Justice (NIJ):

> Many departments have no formal procedures for completing required paperwork and assisting family members with funeral plans and requests for benefits. Most departments do not consider the emotional and psychological needs of survivors to be a part of their responsibility . . . . (Furthermore), relatives of slain police officers often endure psychological distress for long periods of time and do not seek help or discuss their problems because they feel embarrassed or wish to avoid seeming weak. They may refuse existing community services because they believe that only other members of the 'police culture' can understand their problems.[13]

In an NIJ-sponsored survey of survivors, many reported feeling abandoned by the police departments: "The spouses wanted some type of formal and informal contact to continue. Most reported that contact ended soon after the funeral."[14] Stress program staff can assist survivors in a number of ways, including

- providing crisis intervention and critical incident debriefing immediately after the incident and assisting with practical matters, such as funeral arrangements;

- encouraging officers and their families to talk about the possibility of the officer's death and to make practical plans in case death occurs (e.g., prepare wills, organize personal documents);

- encouraging the agency to implement policies concerning notification procedures, provision of long-term emotional support and informal contact, and provision of benefits and compensation;

- providing counseling for survivors (including parents, siblings, and children) even after the crisis period is over, when they still may be suffering the effects of post-traumatic stress disorder or other emotional problems, and, if the department will not pay for such services, encouraging the department to change its policies; and

- referring the survivors to support groups and other local service providers.

Local chapters of Concerns of Police Survivors (COPS), a national support group, provide peer support for survivors, national counseling and training programs, psychological counseling for children of slain officers, assistance to agencies in the development of procedures for line-of-duty deaths, and educational grants for spouses and children. Call COPS at (314) 346–4911 in Camdenton, Missouri.

officers involved in a critical incident used to amount only to the sensitive delivery of the news of the incident. After the creation in the early 1990s of a support group for officers involved in shootings, several spouses of these officers began meeting informally to address their common concerns and needs. The group eventually encouraged Philip Trompetter, a police psychologist serving several small departments in the area, to contact them after a critical incident so that they could provide support to the spouse of the officer involved. Now, after a critical incident, Trompetter encourages the officers involved to invite their spouses to the stress debriefing. Trompetter writes, "The presence of the spouses during this initial debriefing has been extremely helpful in providing practical coping strategies for potential

conflicts, misunderstandings, or other disruptive variables that could impair the familial relationship. One of the factors thought to contribute to the success of initially involving spouses is that such debriefings facilitate a sense of having shared a stressful experience."[16] The spousal support group helps arrange for child care for the officer and his or her spouse and invites the spouse to the group's next support meeting. Spouses of other officers not directly involved in— yet still adversely affected by—the incident are invited to a second, larger debriefing.

Although some clinicians report that peer support for families is a beneficial service after a critical incident, one observer offers a warning:

> In group process meetings with spouses, care should be given as to the composition of the group. It may be extremely upsetting for the spouses of officers who have just died to meet in an intense group process with spouses whose husbands and wives are still living. The sensitivities of the situation and the judgment of responsible professionals and command officers are much more reliable indicators about what should be done than the prescriptions of any general model for critical incident debriefing . . . . At the time of the critical incident, one of the most sensitive things that a department may do is to activate the natural support system surrounding an officer and his or her family.[17]

In addition to debriefing family members, program staff can arrange for practical assistance that can do much to alleviate the family's difficulties. After one critical incident, Counseling Team director Nancy Bohl arranged for peer supporters to bring food to the hospital and the officer's home, and to look after the officer's children.

Peer support may be most helpful after the immediate crisis is over and the family is learning to adjust to the aftermath of the incident. One family member of an ATF agent involved in both the burning of the Branch Davidian compound in Waco, Texas, and the bombing of the Federal building in Oklahoma City said the family never talked about Waco at home until they experienced peer intervention in Oklahoma City. "Until then it was not okay to talk about or even feel anything about these incidents," she said.

Other Peer Support

Peer support can be a valuable service for law enforcement family members not only after critical incidents but also for dealing with general problems and providing camaraderie. Both officer and spouse peers can provide these services. Six officers in a medium-sized department in Texas were trained as peer supporters with special instruction on work-related and general family problems. The peers have helped family members cope with divorce, alcoholism, child care difficulties, long-term illnesses, financial planning, the death of a relative, spouse abuse, and crime victimization. Peers accompany the family to an outside expert if a referral has been made.[18]

Some stress program staff warn that setting up and maintaining a support group for family members can be difficult because of the limited time that spouses may have for meeting together or that staff may have for coordinating the group. Family members' different expectations and the tendency for some group meetings to turn into gossip sessions may also limit a group's value. One wife, for example, joined an informal group of spouses from her husband's department but was dissatisfied with their traditional viewpoints and lack of interest in addressing difficult questions faced by her generation of spouses. In fact, officers may be the largest source of resistance to family peer support groups because they fear their "dirty laundry" will be aired in public. One officer told his wife to avoid the spouse support group that department wives had formed "because all they do is gossip." Although the group arranged for invited speakers, the wife found her husband's criticism to be valid.

According to Suzanne Sawyer, Executive Director of Concerns for Police Survivors:

> Some officers have actually forbidden their spouses to become involved in support organization work. They label these support groups as 'hen parties', 'coffee-clatches'. And as long as spouse support groups are willing to serve cookies at police department and police organization functions, these spouse groups are acceptable, bearable. Family support groups know the issues—substance abuse within law enforcement, spouse and child abuse, extramarital affairs, the need for the family to know what their officers confront on the streets—and we

know they need to be addressed. But we are kept from addressing these issues because mere mention of them will only bring more criticism to bear on our organizations.[19]

Stress program staff recommend that if a peer support group is established, it is essential to

- inform officers about the group and its goals and activities (that is, that it will *not* be a forum for gripes and gossip);

- advertise the group effectively to family members; and

- for each meeting, establish an agenda of issues to cover within a specific time period to eliminate gossiping and griping.

Training

Law enforcement stress experts agree that training for family members can help prevent and reduce stress-related difficulties. Anecdotal information from family members interviewed or surveyed for this and other publications indicates that most family members who receive stress-related training find it extremely worthwhile.[20] Participants in a separate academy for spouses coordinated by the Colorado Springs Police Department made such comments as, "Listening to stories told by officers' wives who had 'been there' had a calming effect," and, "It was very reassuring to know that someone was concerned about us wives. I don't think any of us realized what kind of job our husbands were getting into."[21]

Training Topics

Training for family members usually covers the same three general topics as does training for law enforcement officers: sources and manifestations of stress, individual prevention and coping strategies, and the department's stress program and other sources of assistance. (See chapter 8, "Preventing Stress and Stress-Related Problems," for a review of these training topics.) Some information, of course, is tailored to the unique circumstances of being a family member of an officer. These circumstances can vary from officer to officer (e.g., the family of a female officer may face some different sources of stress than the family of a male officer). Besides educating family members about how to recognize and cope with their own individual problems, program staff can teach them how to recognize and understand the effects of stress on the officer, and how best to offer help and encourage the officer to seek help.

Family members, along with their officers, also can benefit from training and assistance with general family issues, such as financial planning, housing-related problems, parenting, illness, and dual careers. As one police psychologist noted, "Police departments have virtually ignored these general family issues, which are more frequent and can be more detrimental to marital and family harmony than officer-instigated issues." Yet, an "examination of spouse training programs and peer support team training curricula reveals a noticeable absence of training to deal with general family issues. Even comprehensive employee assistance programs do not cover these issues."[22] Stress program staff and independent practitioners may feel that given their typically limited training time they need to focus on topics more directly related to stress. However, they can still encourage officers and family members to talk about general family issues, provide helpful literature that discusses them, and make referrals to other sources of information and assistance.

Stress prevention training usually includes an introduction to the law enforcement organization and the stages and duties of a law enforcement career. Many family members find that the most useful benefit of training is simply learning about what law enforcement work involves. As a captain and the chief of the Colorado Springs Police Department observed:

> Historically, the police wife [or significant other] has been left to fend for herself when it comes to understanding just what it is her husband does when he puts on his uniform and goes out the door at midnight or 4 p.m. This has been especially true of the recruit wife. All too often, she is left to her own devices to figure out this strange new "profession" in which she now finds herself enmeshed. These devices usually include television shows (a poor source at best), news broadcasts (focusing on the unusual), or her own imagination.[23]

Training at the Academy

Training for family members is most commonly provided during the academy. While family training is not new—the Los Angeles County sheriff's office established an eight-week program for spouses of recruits in 1975[24]—it is becom-

ing increasingly common and far-reaching, targeting not only officers' wives and husbands but also children, parents, and other individuals with whom officers have close relationships. As mentioned in chapter 8, training at the academy offers perhaps the best opportunity to introduce family members to the program and other available resources and to begin to inoculate them against—or at least prepare them for—stress-related difficulties during the officer's law enforcement career and even during the academy itself. At the very least, academy training can increase family members' awareness and understanding of the job the recruit is about to undertake.

> *Often neglected are those men and women who marry or become seriously involved with an officer after he or she has gone through the academy. Program staff should consider reaching out to new spouses, for instance by offering periodic trainings and get-togethers.*

Training at the academy ranges from a brief orientation to the stress program, to a "family night" consisting of speakers and socializing, to a "spousal academy" consisting typically of several weeks of courses on police work and stress management and involving ride-alongs and weapons practice. A minimal effort to involve family members may be inadequate and even counterproductive:

> [A spouse orientation] may be as superficial as holding a reception for the wives with a tour of the academy and perhaps showing a film (that is usually shown to grade school students) entitled, *What Is a Policeman?* In other cases, the orientation is a formal briefing by personnel representatives giving the spouse an overview of the pay system, benefits and so forth—often *after* the new officer has had to make choices about insurance plans and other benefits—as well as a lecture from a psychologist on police stress. Although well meaning, such programs often tend to exacerbate the problem rather than alleviate it by further frustrating the spouse."[25]

> . . . [A] police department may provide a one- or two-hour evening orientation session for recruit officers' wives which is loaded with informational material about insurance programs, retirement benefits, and some caveats from more experienced wives. However, feedback from

many women at discussion groups suggests that they clearly view this level of programming as inadequate.[26]

Departments that provide a comprehensive stress program for family members usually recruit a variety of instructors, including an expert in each field being addressed. The Rochester Police Department's Stress Management Unit arranges for the recruits' firearms instructor to give family members a tour of the firearm range and to let them fire a service revolver under close supervision. A New York State Police chaplain counsels recruits and their spouses for three and a half hours about police officer relationships, interpersonal communication, domestic violence, and other stress- and family-related topics. Veteran officers and their family members can be indispensable co-trainers because they can speak from personal experience and are therefore likely to be credible and capture family members' attention. According to one law enforcement stress expert, "Wives tell us that they want much more than a lecture by a veteran police academy instructor, who from his position of authority talks down to them. Many would prefer to participate in panel discussions with older police wives, who from their years of experience in coping with the job could communicate their strategies of adjustment and disseminate their practical guide for survival as a police wife."[27]

> *Even before the academy, the Michigan State Police Department trains family members. Some department recruiters ask applicants to bring their partners or spouses to the orientation program before even taking the tests or completing the application. One recruiter has on occasion talked with a wife alone because he could tell she was afraid to talk freely around her husband.*

Michael McMains, Director of Psychological Services for the San Antonio Police Department, conducts a Saturday workshop for recruits and their significant others. In the morning, different police couples who are at different stages of their careers spend time with the group, with the police officer member of each couple first talking about the problems of policing from his or her perspective and then the spouse talking from her or his perspective. In the afternoon, the recruits and their partners split into work groups to plan social activities for the first six months of recruit school. The program also maintains an ongoing voluntary group for partners at the academy that meets weekly and typically attracts about a dozen of the 40 recruits' spouses.

The Rochester Police Department's Stress Management Unit coordinates seven training sessions for significant others during the academy. On the first night of the academy, the director of the program usually presents an overview of law enforcement work, introduces program and training staff, and asks family members to introduce themselves and discuss their concerns and expectations. Two weeks later, the director uses prepared overheads outlining these expectations to stimulate discussion about stress, life changes, and family support. At the third session, family members observe demonstrations of unarmed defense techniques and use of firearms. The fourth and fifth sessions review aspects of officer training, law enforcement work and career progression, and emotional issues to be aware of at different stages of a career in policing. The sixth session consists of a full day of discussions with the family members and officers to-

gether. At the final session, other department personnel provide information about the union and department benefits.

Training Throughout the Officer's Career

As long ago as 1978, Martin Reiser, former director of Behavioral Science Services for the Los Angeles Police Department, was recommending that departments provide stress training for officers and family members together six months, two years, and four years after the academy, and then "at other significant developmental points at which conflicts can be predicted." Reiser also suggested an initial psychological "checkup" for the couple and then another one regularly every three years to determine if any underlying problems require attention.[28] Although not as common as

training during the academy, some stress programs offer periodic training for families of experienced officers throughout the year.

- After noticing that a large majority of the police cases she was handling involved marital or other relationship problems, a counselor serving law enforcement agencies in Colorado developed officer/spouse workshops in late 1992. The workshops were offered at various times and days, including evenings, to accommodate the different schedules of officers and their family members. Some officers brought their children. The counselor and other presenters provided a handout on law enforcement as an occupation and "high-risk" relationships. During the workshop, presenters reviewed job stresses, relationship difficulties, and ways of preventing and resolving them. The presenters tried to use lighthearted and humorous examples and to provide practical—not "touchy-feely"—advice.[29]

- On a quarterly basis throughout the year, the Denver Police Department's stress program conducts a one-night marital and family stress class for officers and their spouses. Presenters discuss types of stresses, why police marriages can be high-risk relationships, personality changes often experienced by officers, and related issues. Officers and spouses are informed of the class through a notice sent to their homes.

As mentioned at the beginning of this chapter, many programs are able to provide only limited services to officers' families because of limited time and expertise. By referring family members to other mental health professionals and service providers in the community, however, program staff can ensure that they receive needed assistance (see chapter 5, "Establishing a Referral Network").

Endnotes

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13. Ibid., 357.

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16. Trompetter, P.S., "Conjoint Critical Incident Debriefings," in *Law Enforcement Families*, 233–238.

17. Hartsough, "Stresses, Spouses, and Law Enforcement," 134.

18. Mullins, W.C., "Peer Support Team Training and Intervention for the Police Family," in *Law Enforcement Families*, 205–215.

19. "On The Front Lines," Testimony by S. Sawyer, 105–108.

20. A study by Stratton et al. in the late 1970s and early 1980s found that the spouse academy presented by the Los Angeles County Sheriff's Office did not impact officers' divorce rates five years later. However, most of the officers and spouses reported that the program was beneficial and said they would encourage others to attend. See J.G. Stratton, B. Tracy-Stratton, and G. Alldredge, "The Effects of a Spouses' Training Program: A Longitudinal Study," *Journal of Police Science and Administration*, 10 (1982): 297–301.

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23. Ricks and Munger, "The Forgotten Recruit," 20.

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Chapter 12
Monitoring and Evaluating the Program

Key Points

- Many program administrators and independent practitioners have a variety of concerns about monitoring and evaluating service delivery, from finding time to maintaining confidentiality. However, program assessment is critical to maintain or increase funding and to improve program operations and effectiveness.

- Programs typically use three record-keeping forms:

  — a client intake form,
  — a case control card, and
  — a treatment record form.

  These forms will be most useful if they are kept simple, formatted as checklists, and result in the data clinicians need to assess their services.

- A process evaluation, which involves measuring how well a program functions, requires

  — establishing program operations objectives,
  — assessing client satisfaction with program services,
  — analyzing the data, and
  — reporting the results.

- An impact evaluation, which involves measuring a program's effectiveness, requires

  — establishing outcome measures,
  — securing the data from personnel records and specially designed questionnaires,
  — selecting a research design,
  — analyzing the data, and
  — reporting the results.

- It may also be useful, and enhance the credibility of the evaluation, to obtain the assistance of someone experienced in conducting evaluations, such as a local professor or graduate student.

- An impact evaluation needs to be designed to establish that it is the program, not other events, that is responsible for improvements in officer performance.

Many program administrators and consulting mental health practitioners consider monitoring and evaluating program activities a low priority. This chapter suggests how administrators and independent counselors can benefit from both activities and how they can perform them with the least amount of work.

Concerns and Responses

Administrators of every type of program, as well as independent practitioners, are often reluctant to monitor or evaluate their efforts. There are a number of understandable reasons for this aversion, but there are even more compelling reasons to keep certain records and assess program performance.

Finding Time

Most administrators, and most independent practitioners who consult to law enforcement agencies, have little time to design and implement monitoring and evaluation procedures. Frequently—and understandably—they would rather devote their limited energies to direct service delivery. However, administrators sometimes overestimate the amount of time required to design record-keeping forms, ensure their proper use, and aggregate and analyze the information. More importantly, administrators need information about program activities in order to identify flaws in program design, implementation, and operations and then to correct these deficiencies. And, of course, they are likely to need objective documentation of program activities and effectiveness to convince police departments to continue or expand program funding. Finally, in addition to being concerned about the well-being of their officers, most law enforcement administrators will want concrete proof that the program will contribute, or is contributing, in a cost-effective way to a productive police force.

- It was only after outside consultants evaluated Tulsa's Psychological Services and recommended that a second psychologist be hired that the police and fire departments increased the budget to support the position. The Tucson Police Department's stress program was threatened at one point because its lack of records rendered it unaccountable to the department; the department could not determine whether one officer or 100 officers had used the program during the previous year.[1]

- When city officials began to consider shutting off funds for one police department's stress program, staff had to scramble to hire an outside evaluator to assess and document the program's effectiveness because no other assessments had been conducted that could be brought to the officials' attention.

Lack of Expertise

Some administrators feel they can assess their program's effectiveness accurately by relying on their experience, common sense, and intuition, or by using anecdotal evidence and testimonials. However, while sometimes accurate, subjective impressions are often wrong, and general impressions are unlikely to impress most police administrators, who are interested in knowing what they are getting for their money.

Administrators and independent practitioners may also feel they do not have the research experience necessary to implement formal monitoring and assessment procedures. As one program director commented, "I haven't done any evaluation; I just monitor numbers of clients. I'm not a research person." However, as in the case of the Tulsa police and fire departments, outside consultants can be hired to evaluate an agency's stress program, and, in some jurisdictions, program directors have found clinicians, college professors, or graduate students who are willing to provide free or low-cost assistance.

The recommendations in the remainder of this chapter, along with materials in the appendixes and from other cited publications and programs, may be all a program director or independent practitioner needs in order to implement basic monitoring and assessment procedures.

> *"I can find no single project which did our organization more good than the evaluation. I strongly recommend it as a way to . . . increase the effectiveness of a . . . program . . . [and] increase the credibility and good working relationship between the department and the program."*
>
> — Douglas Gentz, Director,
> Psychological Services, Tulsa

Concerns About Confidentiality

Some program administrators and clinicians refuse to maintain any written program records, or keep only the barest of records, because they fear that collection of any type of data will reinforce officers' concerns that the program will not ensure confidentiality. Counselors are also usually con-

cerned that written records may be subpoenaed in a court case. However, as discussed in chapter 6, "Dealing with Confidentiality," program administrators and independent practitioners can address this concern by maintaining anonymous records only, publishing data from records only in aggregate form, and describing the program's confidentiality guidelines to officers and clients both in writing and verbally.

The director of Tulsa's Psychological Services observes that maintaining records and then using them to evaluate the program can confirm, rather than cast doubts on, the program's commitment to confidentiality:

> The evaluation process can send a very positive message to the police department about the degree of openness to scrutiny, as well as confirming the limits of confidentiality. A well-thought out evaluation can say very clearly, "We want you to examine the amount of time and energy spent [by program staff] . . . , our priorities, and our goals, *and* you may *not* have access to confidential material."[2]

Given these considerations, some kind of monitoring and evaluation involving formal procedures for collecting and analyzing information needs to be an integral part of the activity of every stress program and individual clinician. The sections below discuss monitoring and evaluation under three headings: developing record-keeping forms, conducting a process evaluation, and performing an impact evaluation.

Developing and Maintaining Record-Keeping Forms

Police stress programs vary in the types of services they offer, the professional backgrounds of their staff, and the information their departments or other funding sources expect. As a result, it is not possible to develop forms for recording client information that can meet the needs of every program. Instead, this section suggests the types of information that can be included in record-keeping forms. However, most programs normally use three forms: a client intake form, a case control card, and a treatment record form.

In designing these forms, three points can be kept in mind:

(1) The forms may be used by different counselors. To make sure every counselor records similar information,

the forms must be simple to use. Even so, a senior counselor or the program administrator needs periodically to review selected completed forms to make sure that they are being thoroughly and accurately filled out.

(2) The forms should make use of checklists (either alone or to supplement open-ended questions) so that information for several clients can be aggregated quickly and accurately. Using checklists also minimizes the record-keeping burden for counselors and expedites assessment interviews. Police officers often find it difficult to seek counseling in the first place. They are unlikely to see the value of lengthy intake procedures.

(3) The forms should be designed to collect the information that program staff will need in order to answer the questions posed in their process and impact evaluations.

Forms can be filled in as hard copy or on computer. However, unauthorized persons may be able to gain access to computer records. As a result, program administrators need to pay close attention to preventing unauthorized access to computer records by devising access passwords or keeping computer records only on diskettes under lock and key.

Client Intake Form

A client intake form is used to record information offered by referral sources and by officers and family members themselves during the initial assessment interview. Information on this form not only refreshes the counselor's memory but also documents the types of clients the program is serving. The box "Possible Intake Information to Collect" lists the information a client intake form might include.

Appendix M consists of the intake form the Erie County Law Enforcement Employee Assistance Program uses. Although this sample form requests the officer or family member's name, address, and phone number, most program directors recommend that the client's name not appear anywhere on the form, in order to ensure confidentiality. Instead, identification numbers are used and a record matching client names and ID numbers is kept in another, secure file.

Case Control Card

A case control card helps protect client confidentiality. As noted above, to afford extra protection, neither the client's name nor the names of the client's immediate supervisor or the referral source should be listed on the intake form. A case

control card, kept in a secure file as hard copy or on computer diskette, can be used to record this information and to match the client's name with a case identification number.

Treatment Record

Treatment records are intended to document the client's treatment plan, compliance with the plan, and final case disposition. The following treatment options can be included on the checklist:

- referral outside for:

  — medical examination

  — psychological testing

  — psychiatric evaluation

  — alcohol/drug detoxification

  — hospitalization

  — other inpatient treatment (specify)

- referral outside for outpatient treatment:

  — Alcoholics Anonymous

  — Al-Anon

  — counseling (individual, group, family, marital)

Possible Intake Information To Collect

- *Client identification number.*

- *Client's rank , number of years in the department and in law enforcement, and present duties or assignment* (e.g., field, dispatch, administration).

- *Demographic information,* including, at a minimum, age, sex, marital status, and number of children.

- *Date of referral, source of referral* (e.g., self-referral, top command staff, immediate supervisor, union president, spouse, other family member), and *description of presenting problem according to the referral source.* To protect the client, the name of the referral source should not be listed on this form.

- *Client's description of presenting problem.* A checklist of typical presenting complaints can be developed (e.g., work-related stress, post-shooting trauma, marital or family problems, problem drinking, drug use, financial trouble, gambling, legal difficulty). The counselor may wish to add a brief narrative description for each complaint.

- *Job performance record* (e.g., absenteeism, tardiness, on-the-job accidents, citizen complaints, disciplinary actions). Important changes over time can be highlighted.

- *Present physical condition* (e.g., rating of overall health, height, weight, blood pressure, list of physical complaints), *present use of medication, and very brief medical history.*

- *Present level of alcohol use.* The Michigan Alcoholism Screening Test (MAST) is designed to provide a simple, quick, and effective means of identifying alcoholics.[3] While the MAST has only 25 yes/no questions, a briefer version with 10 questions has also been developed.

- *Clinical assessment.* The intake counselor's final diagnosis should be indicated. Again, to supplement a narrative description, a checklist could be used to allow easy data aggregation.

- referral outside for social, legal, or health services

- in-house counseling or clinical services

- special in-house services:

  — physical fitness program

  — post-shooting trauma program

  — chaplaincy services.

The checklist can include space to record information about the prescribed treatment (e.g., name of outside facility or service, total length of stay, number of sessions per week, total number of sessions, special conditions). The form needs to provide space to list the name, address, phone number, and other information about outside services to which the client has been referred. The client should be identified only by an assigned number.

The second part of the treatment record form documents the officer's or family member's compliance with the treatment plan. The first column can list the specifics of the treatment regimen (e.g., outside marital counselor, one session per week for eight weeks; physical fitness program, two sessions per week for 12 weeks). Subsequent columns can indicate the client's compliance or noncompliance with certain aspects of the treatment regimen at weekly or monthly intervals. If the client is referred outside the department, the counselor needs to follow up to determine his or her level of compliance. At the end of treatment, tabulations can be made of all services used by that client. Program staff can then aggregate this information across all clients for inclusion in any reports describing service delivery.

The third part of this form can provide space to indicate final case disposition. A narrative description of the disposition can be accompanied by a checklist (e.g., officer refused further assistance, treatment successfully completed, officer retired or resigned, officer terminated from force, officer given disability pension).

The treatment record form is not used to record case notes a program counselor makes during the course of treatment. Counselors, if they keep progress notes at all on the treatment record form, typically record innocuous information, such as "making progress," in case the notes are ever subpoenaed. Chapter 6, "Dealing With Confidentiality," provides addi-

tional guidelines for keeping progress notes in a manner that maintains maximum confidentiality.

Program staff can also develop treatment record forms for peer supporters to use in tracking contacts with other officers. Chapter 4, "Choosing Among Staffing Options," provides additional information for monitoring the activities of peer supporters. In addition, many programs have monitoring forms which they may be willing to share with new or established programs.[4]

Monitoring Performance: Conducting a Process Evaluation

When information gathered by program monitoring is used to judge the quality, adequacy, or appropriateness of program operations, the assessment is referred to as a *process evaluation*. The focus of a process assessment is the implementation and operation of the program, not program impact. By developing well-specified, quantified process objectives (e.g., to deliver well-received stress management training sessions for 75 sworn personnel every 6 months), a process evaluation can compare program expectations with actual performance. Furthermore, if the program director has listed specific tasks for each staff member under each process objective (e.g., 80 percent of officers attending counselor A's training sessions report satisfaction with the training), a process evaluation can easily lead into a review of staff work performance, the distribution of program resources, and possible corrective actions.

Process Objectives

When program staff or independent practitioners undertake to monitor and evaluate their services, the first step is to describe what they hope to accomplish. As noted in chapter 2, a needs assessment is usually extremely helpful in establishing program objectives because the findings suggest where staff need to concentrate their efforts. For illustrative purposes, a variety of process objectives are listed in the box "Sample Process Objectives." The objectives have been divided according to the principal components of a typical stress program:

- program administration,

- marketing program services,

- treatment,

- training, and

- program assessment.

Once staff have established their objectives, they need to develop appropriate indicators of performance. For process objectives, the indicators are simply the documented performance of specified levels of program activity (e.g., 60 officers and 18 family members received individual counseling in the past 6 months). Ideally, these program objectives are spelled out when the program is first organized, but it is never too late to develop objectives. It is also important that command staff, union leaders, and program administrators agree on the program's objectives and how to measure their achievement.

Client Satisfaction Surveys

In addition to collecting data associated with the process objectives listed in the box, clinicians can ask clients to rate their overall satisfaction with the program's services and the impact of treatment, if any, on a number of areas of their lives, including their physical health, emotional health, job performance, job enjoyment, drinking behavior, and marital satisfaction. Client surveys can also request opinions about the contribution of individual service providers, including both program counselors and outside agencies, in terms of the quality of services delivered and staff availability and accessibility, sensitivity to the demands of police work, trustworthiness, ability to maintain client privacy, and follow-up. San Bernardino's Counseling Team hands out "consumer satisfaction" forms to clients once or twice a year, covering a period of a few months at a time, to be mailed back anonymously. About 25 percent of the officers and family members who have used the program return the forms.

> *San Bernardino's Counseling Team hands out "consumer satisfaction" forms to clients once or twice a year covering a period of a few months at a time, to be mailed back anonymously. About 25 percent of the officers and family members who have used the program return the forms.*

Analyzing the Data

The data collected on monitoring forms and the program documentation related to the process objectives (see the

"Sample Process Objectives") can be reported "raw"—that is, as simple tabulations—or with inferences drawn from the data about program effectiveness and needed program change.

Simple tabulations. Most programs contacted for this study assemble compilations of their monitoring data.

- The Michigan State Police Department's Behavioral Science Section prepares statistics every year that include total number of new patients for the year and for each year since the program began, along with a breakdown of patients by rank and other characteristics (see appendix N).

- Periodically, Tulsa's Psychological Services collects and tabulates data on officers' and family members' satisfaction with its counseling services using a one-to-ten rating scale (see the box "Sample Client Satisfaction Survey Form and Results"). The program's annual report provides bar graphs that show, for each year of program operation, the number of staff hours spent on each program activity (direct counseling, management consultation, research, education and training) and on new cases and active cases (see appendix O for an example).

- Each enforcement agency within the U.S. Department of Justice (e.g., Drug Enforcement Administration) provides the EAP program director with data on program costs, number of program staff, and number of supervisory training hours offered, as well as number of clients by problem category, current status, and referral source (e.g., manager versus self). The Department of Justice then reports total agency data to the Office of Personnel Management.

Process Evaluation. At a simple level, if the data tabulations show that very few family members are appearing for treatment, or almost no female officers report satisfaction with program services, program staff know they need to improve their outreach or treatment services to these populations. Even better, staff can compare the number of family members who have used the program with the number the program expected to serve to determine whether there is a program deficiency in this area that needs fixing.

At a more complex level, program staff or an outside consultant can examine the data systematically (ideally in conjunction with staff and client interviews) and report on the entire range of program strengths and weaknesses. For example, in 1985 the director of Tulsa's Psychological Services ar-

Sample Process Objectives

Administration

(1) Develop job descriptions for all program staff.

(2) Develop activity reporting system for staff to record how much time they spend on various tasks.

(3) Develop policy statement, rules, and procedures to cover all aspects of program operations.

(4) Develop and distribute confidentiality guidelines to all department employees. Develop consent-to-treatment forms for clients.

(5) Enlist support of top command staff and union officials (see chapter 7, "Marketing the Program").

Marketing Program Services

(1) Distribute memorandums from the chief on department policies and procedures regarding the stress program.

(2) Produce information brochures and flyers on the program and distribute them to members of the department.

(3) Present information on stress issues and the stress program during roll calls.

(4) Conduct regularly scheduled meetings with supervisors to answer questions and review case findings and program policy.

Treatment

(1) Deliver program services. As described above, the treatment record can be used to document the actual execution of a prescribed plan. Compliance with each aspect of the treatment regimen can be noted.

(2) Develop formal agreements with outside agencies to accept client referrals from the stress program (see chapter 5, "Establishing a Referral Network").

(3) Develop a procedure for monitoring the quality and cost of treatment services. One important index of treatment quality is the percentage of clients who successfully complete their treatment regimens. The costs of using outside resources should be monitored; treatment agencies vary tremendously in the cost of their services.

Training

(1) Develop curriculums for recruit, in-service, and supervisor stress training (including detailed outlines of covered material) in consultation with subject matter experts. If a program uses peer counselors, a curriculum for training those counselors is also needed.

Sample Process Objectives (Cont'd)

(2) Deliver training. A list of participants can be used for documentation. A record of questions asked during the sessions can be kept to help revise the curriculum.

(3) Determine the quality of delivered training. Ask participants to indicate their overall satisfaction with the training and the extent to which their expectations for the training were met. Further ratings can be made on

- satisfaction with each of the training modules;

- the quality of instruction provided by each trainer;

- the usefulness of films, other visual aids, and handouts; and

- the effectiveness of the training in increasing awareness of stress issues, promoting use of the stress program, promoting use of techniques for stress reduction (e.g., exercise), and improving supervisors' case finding skills.

Open-ended questions can include: What aspect of the training was the most informative? What aspect was least informative? Of everything learned, what was of greatest value? How can the training be improved to better meet trainee needs? The trainees can also be given a brief test to assess what they learned.

Assessment

(1) Conduct intake interviews.

(2) Devise individual treatment plans. The first portion of the treatment record, described above, can be used to document prescribed treatments.

Information from both the intake form and treatment record can also be aggregated to provide a description of the types of clients handled, their presenting problems, and recommended treatments. Certain cross-tabulations will also be of interest. For example, a table could be constructed to show the types of problems presented by officers with varying lengths of police experience. Such information could be used in revising the curriculum for awareness training sessions or to refine case finding strategies.

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ranged for three outside experts—one police psychologist each from the Memphis and Dallas police departments, and the Denver police chief—to conduct an on-site process evaluation. In advance of the visit, the program director mailed anonymous satisfaction surveys to all clients seen the previous year (to be returned by mail in a pre-stamped, pre-addressed envelope to the Dallas psychologist for tabulation), distributed assessment forms to academy recruits (where the program ran some sessions), and sent an assessment survey to police department administrators. The evaluators spent three days interviewing police officials, academy staff, officers, and other pertinent individuals, and reviewing the data from the client satisfaction surveys. The evaluators' report to the program's board of directors made five principal recommendations:

(1) The program should become an in-house operation.

Sample Client Satisfaction Survey Form and Aggregate Results from All Respondents

Tulsa Psychological Services

1. Which psychologist did you work with at Psychological Services?

   Dr. Gentz   55%   Dr. Taylor   36%   Both   9%

2. Do you feel that you have made progress on resolving the issues or problems that you have been discussing at Psychological Services?

No Progress					Some Progress		X		Great Progress	
0	1	2	3	4	5	6	7	8	9	10
							(7.5)			

3. Would you refer a coworker or relative who you thought might benefit from seeing a psychologist to Psychological Services?

   Yes 95%   No 5%

4. How did you become aware of Psychological Services?

Coworker	19%	Relative	29%	Brochure	12%
Academy Class	22%	Friend	8%	Other	10%

5. How would you rate the way in which you were treated at Psychological Services by the Administrative Assistant (Ms. Tracy Moore)?

Very Poorly					OK				Very Well X	
0	1	2	3	4	5	6	7	8	9	10
									(9.4)	

6. Please rate your overall satisfaction with the services received.

Very Unsatisfied					Moderately			X	Very Satisfied	
0	1	2	3	4	5	6	7	8	9	10
								(8.8)		

(2) The board of directors should hire a second psychologist.

(3) The program should no longer carry out fitness-for-duty evaluations because they conflict with its role as an employee service.

(4) Better efforts were needed to make command staff aware of the services that the program could offer.

(5) The program needed a clearly written statement of purpose for the organization.

The board carried out all the recommendations, except for the first one. "In looking back over all the varied activities of our program," Douglas Gentz, the program director, later wrote, "I can find no single project which did our organization more good than the evaluation. I strongly recommend it as a way to (1) increase the effectiveness of a . . . program; (2) increase the credibility and good working relationship between the department and the program; (3) clarify and refine the program goals; (4) enhance the general well-being of the service delivery and clerical staff; and (5) provide a benchmark for future evaluations."[5]

Reporting the Data

Distributing copies of the report to key commanders (e.g., of the SWAT team) and agency units (e.g., personnel) can help develop or increase awareness of the program and its services. The Palo Alto Police Department posts its stress program's quarterly reports for the entire department to read.[6] The reports provide monthly tallies for, among other program activities, consultations to line staff, supervisors, and management (and whether the consultation was work-related or dealt with personal matters); meetings, including debriefings, staff meetings, and watch meetings; ride-alongs; and field training officer contacts. The bargaining agreement between the Michigan State Police troopers' association and the department includes the following sentence: "[N]othing herein is intended to prevent the departmental psychologist from compiling statistical records, or making general reports with reference to the types of problems and the needs of departmental employees, as long as copies of said reports are simultaneously provided to the Association." By contrast, Miami's Metro-Dade program deliberately does not publish its monitoring reports to avoid giving the media an opportunity to misuse the data to criticize the department.

The Palo Alto Police Department posts the quarterly reports prepared by its stress program for the entire department to read.

Evaluating Effectiveness: Conducting an Impact Evaluation

An impact evaluation (sometimes also called outcome or summative evaluation) is designed to show what effects a program has had on its clients and the department as a whole. Program staff should not conduct an impact evaluation until the program has been properly implemented and appears to be on its way to achieving its process objectives. It takes time for a program to get started, for deficiencies to become apparent, and for corrective actions to be put in place. As a result, an impact evaluation can normally begin during a program's second or third year and then be updated every few years thereafter.

Implementing an impact evaluation requires the development of outcome measures and the design of an evaluation methodology, which usually require considerable expertise. While program staff are often qualified to conduct process evaluations, this may not be the case with impact evaluations. Outside help is likely to be essential.

Outcome Measures

For impact objectives, the indicators measure a result or outcome that the program is designed to accomplish (e.g., decrease in the number of days that personnel are absent this year compared with the number for the previous year). Staff also need to identify where the needed data may be found and negotiate obtaining them (e.g., gain access to the department's personnel records for data on absenteeism). Listed below are several outcome measures that staff can use to assess the program's impact on clients. The measures are divided into two sets according to where the data will come from: (1) personnel records and (2) specially designed survey questionnaires. Both types of outcome measures have their limitations. Personnel records, for example, may be incomplete or inconsistently filled out, while specially designed surveys can be ignored by the people who need to fill them out, questions that are phrased improperly can yield inaccurate data, and baseline data are needed for before-and-after comparisons (see the box "Writing Evaluation Questions"). As a result, the most useful evaluations employ both types of measures.

Data from Personnel Records

When available, personnel records can provide valuable information about program effectiveness, such as data for

- absenteeism and tardiness (e.g., total number of days on sick leave, total number of unexplained absences from detail, tardiness to roll call or detail),

- number of on-the-job accidents,

- job performance (e.g., failure to respond, failure to use good police procedure, violation of department rules and regulations),

- civilian grievances or complaints (e.g., inappropriate brandishing of weapons, excessive force, civil rights violations),

- disciplinary actions (e.g., suspensions, fines, job terminations), and

- premature retirements or disability pensions.

Specially Designed Questionnaires

While treatment records already in use can provide some information that can indicate program effectiveness, program staff must often develop and administer questionnaires to obtain truly useful information, such as data on

- medical examination results (e.g., height, weight, body fat, blood pressure, heart rate, and number and type of physical complaints),

- present levels of alcohol and drug use,

- reported level of job satisfaction (including morale and satisfaction with supervision and hierarchical and cross-functional communication),

- reported level of job-related stress and frustration (e.g., ratings of stress generated by certain types of situations encountered on and off the job),

- supervisor ratings of job performance, and

- reported level of family-related stress.

Anecdotal Evidence Can Sometimes Be Useful

While always suspect, some types of anecdotal evidence can be suggestive of program impact, especially when they involve a pre/post comparison or a matched group comparison. For example, a Bureau of Alcohol, Tobacco, and Firearms (ATF) agent involved with both the Waco conflagration and the Oklahoma City bombing told of how his family never talked about the Waco events at home until after they had participated with an ATF peer support group in Oklahoma City. Until that time, he reported, "It was not okay to talk about or even feel anything about these incidents." Furthermore, the peer support group visited the school this agent's children attended. As a result, the children, who previously had considerable anxiety about going back to school, became more comfortable returning. This anecdote is indicative of the program's effectiveness because it suggests that the improvements in the agent's family were probably due to the intervention of the peer supporters (although something else in the family's life could conceivably have been the cause). By contrast, when officers credit the program with having enabled them to remain on the job, there is no way of knowing whether they would have actually quit had they not participated.

Questions devised for these instruments must be phrased in a balanced way that permits accurate measurement of respondents' true opinions (see the box "Writing Evaluation Questions").

Selecting a Research Design

A useful impact evaluation involves much more than recording changes in clients' work performance, job satisfaction, or general health. Knowing that changes occurred is important, but insufficient. Beyond that, there must be a demonstration that the program was the *cause* of those changes. Such a demonstration requires a comparison between those clients and another sample of similar police officers who did not receive program services.

With limited staff, time, money, and expertise, few programs can conduct the type of experiment that can unequivocally prove program impact—randomly assigning some officers and family members in need of counseling to a "control" group that is refused program services so that this group can be compared with clients who did receive services. Furthermore, most program staff would consider it unethical to deny services to any officer or family member who seeks help. In addition, many of the individuals assigned to the control group might seek counseling elsewhere, with the result that they could no longer be considered "controls."

As a result, most program directors settle for what are called "quasi-experimental" research designs (see the box "Two Acceptable Research Designs"). While not perfect, quasi-experimental research designs can still yield extremely useful information if their findings are approached and evaluated with caution. The studies reviewed below are examples of this type of research.

• Nancy Bohl, Director of San Bernardino's Counseling Team, compared a group of 40 male officers from several police departments who had received a 1-1/2-hour group debriefing after a critical incident with a group of 31 officers in departments that received no

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Writing Evaluation Questions

The manner in which a question is worded may affect how the respondent uses the rating scale. Consider this example: "To what extent do you find the department's handling of officers involved in a critical incident to be a source of stress?" Clearly, this phrasing strongly suggests that the respondent should agree that the typical handing of a critical incident is a stressful experience. This alternative wording would be better: "Do you find the way your department handles officers involved in a critical incident to be stressful?"

The response alternatives provided on a rating scale must be balanced, as well. This example fails to achieve that balance: "On the whole, how would you rate your satisfaction with your job—very satisfied, satisfied, not at all satisfied?" This set of response alternatives would be better: "very satisfied, mostly satisfied, neither satisfied or dissatisfied, mostly dissatisfied, very dissatisfied."

Questions must also be worded in a way that avoids potential "social desirability" effects. Respondents are often motivated to avoid looking foolish and will give what they think are socially desirable responses. Consider this example: "Have you made a sincere effort in the past several months to improve your relationship with your immediate supervisor?" Regardless of what effort they have in fact made, some officers will indicate that they have done so. Similarly, even if ironclad confidentiality can be guaranteed, many officers will be reluctant to admit to wrongdoing (e.g., alcohol abuse, violation of department regulations).

Respondents may also provide answers they think the questioner wants or expects to hear. Consider the following question: "Since your involvement with the stress program began, has your level of job satisfaction increased, decreased, or stayed the same?" If the questioner is on the stress program staff, some respondents may be reluctant to admit that their satisfaction has actually decreased or remained the same, not increased. To avoid this bias, questions must be phrased in a way that does not betray the questioner's real motivation in posing them.

Since these kinds of biases can be introduced in subtle ways, project staff inexperienced in designing and administering questionnaires may want to ask a professional researcher to review both the phrasing of all questions and the project's plans for their administration.

Two Acceptable Research Designs

One Group Pre-Test/Post-Test Design

With this design for measuring the impact of a stress program, outcome measures are taken for program participants both before and after treatment, but there is no comparison group. Because it can be implemented easily at low cost, this design is the most commonly used—the Philadelphia Police Department study reviewed in the text is an example of this type of research design. The objection to this design is that other events that occur while the officers are in treatment may be the actual causes of any observed changes, rather than the program itself. For example, department rules and regulations or their enforcement may change; a supervisor who has never been liked or respected by line officers may retire; labor-management relations may improve. Without information from a comparison group, the contribution of these other factors cannot be completely excluded.

Nonequivalent Control Group Design

This design involves choosing a group of officers or family members who, for whatever reason, did not participate in counseling or training sessions and comparing their experiences with those of officers and family members who did receive these services. The San Bernardino study summarized in the text is an example of this type of research design. This design makes it easier to determine whether some external change is responsible for improvement in the treated officers and family members (such as a change in command staff) because, if so, the matched group should show improvement, too. The limitation of this design is that the officers or family members who do not seek counseling may differ in some important respects from those who do. The problem of noncomparable groups can be reduced if it is possible to select officers and family members for the matched comparison group who are as similar as possible to the counseled group, for example, in terms of years of service, gender, marital status, rank, and type of stress-related problem. The only way to eliminate this problem completely, however, would be to assign officers and family members *seeking* counseling or training randomly to one group that gets counseling and one that does not, which programs obviously cannot do.

debriefing. Written data were collected from the 71 officers three months after their critical incidents. The results showed no difference between the groups in terms of the measure of anxiety. However, the officers who participated in the debriefing were significantly (statistically) less depressed and angry, and had significantly fewer stress-related symptoms, than the untreated officers.[7]

• A study of a Philadelphia Police Department program for alcoholic officers found that the typical officer in inpatient treatment cut his or her sick leave days from nearly 21 to under 10 days per year, reduced injury days from just over 4 to just over 2 days per year, and reduced suspension days from over 2 to just over 1 day per year.[8]

This study cannot prove with certainty that it was the program that produced the favorable results; perhaps many of these officers would have improved without inpatient care. Nevertheless, the evaluation illustrates how three key measures of program effectiveness (sick leave, injury, and suspension days) can be used to *suggest* strongly that a program is effective. The results also illustrate another important feature of doing a process or impact evaluation: the desirability of converting the benefits into dollars so that department administrators see that their expenditure of agency funds for the stress program pays off—literally.

Perhaps the most useful information an impact evaluation can yield, in addition to suggesting the need for program

improvements, is that the program is cost-effective. This means that the program saves the department more money than it costs to run it.

- The Philadelphia study described above enabled the department to conclude that it had more than recovered the costs of running the program in the three years of the program's operation. The department expected to save over $50,000 per year in the future because of the program's activities.

- Two of 27 inspectors in the Postal Inspection Service who had sought counseling in 1993 with police psychologists under contract to the agency reported that the program was an alternative to their taking disability leave. The average salary and benefits for an inspector total about $85,000 per year. Typically, disability leaves are taken for at least a year, and it is not uncommon for inspectors to resign or take disability retirement. The total cost to the Inspection Service for paying psychologists to counsel the 27 inspectors was $13,070. Had even one inspector taken disability leave (let alone early retirement), there would have been additional medical bills associated with the disability. Based on these data alone, the counseling program appears to have been very cost-effective.

The checklist on the following page summarizes the steps involved in implementing an impact or process evaluation regardless of the design chosen. For additional information about different evaluation designs and the evaluation process, program staff can consult two standard works in the field:

- T.D., Cook, and D.T., Campbell, *Quasi-Experimental Design and Analysis: Issues for Field Settings*. Rand McNally, 1979.

- P.H., Rossi, and H.E., Freeman, *Evaluation: A Systematic Approach*. Third Edition. Beverly Hills, California: Sage, 1985.

However, even with these aids as guides, most programs should engage the help of outside research specialists in conducting any type of impact evaluation both to ensure objectivity in the findings (and, equally important, the appearance of objectivity in the findings) and to bring the necessary expertise to bear on the technical issues involved in this type of assessment.

Endnotes

1. Goolkasian, G.A., R.W. Geddes, and W. DeJong, *Coping with Police Stress*, Issues and Practices, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, June 1985.

2. Gentz, D., "Benefits of Program Evaluation for Law Enforcement Psychological Services," Unpublished paper presented to the Consortium of Policy Psychologists, Miami, Florida, 1986.

3. Hurrell, J.J. Jr., and W.H. Kroes, "Stress Awareness," in *Job Stress and the Police Officer: Identifying Stress Reduction Techniques*, ed. W.H. Kroes and J.J, Hurrell, Washington, D.C.: Government Printing Office, 1975: 234.

4. See, for example, the forms provided in Gentz, D., "A System for the Delivery of Psychological Services for Police Personnel," in *Psychological Servies for Law Enforcement*, ed. J.T. Reese and H.A. Goldstein, Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investingation, 1986: 257–282.

5. Gentz, "Benefits of Program Evaluation."

6. Kirschman, E., E. Scrivner, K. Ellison, and C. Marcy, "Work and Well-Being: Lessons from Law Enforcement," in *Stress and Well-Being: Assessments and Interventions for Occupational Mental Health*, ed. J.C. Quick, L.R. Murphy, and J.J. Hurrell, Hillsdale, New Jersey: Lawrence Erlebaum, 1995: 178–192.

7. Bohl, N. "The Effectiveness of Brief Psychological Interventions in Police Officers after Critical Incidents," in *Critical Incidents in Policing*, revised, ed. J.T. Reese, J.M. Horn, and C. Dunning, Washington, D.C.: Department of Justice, Federal Bureau of Investigation, 1991: 31–38. See also, Bohl, N., "Professionally Administered Critical Incident Debriefing for Police Officers," in Police Psychology Into the 21st Century, ed. M.I. Kurke and E.M. Scrivner, Hillsdale, New Jersey: Lawrence Erlebaum, 1996: 169–188.

8. Unkovic, C.M., and W.R. Brown, "The Drunken Cop," *The Police Chief*, 45 (1978): 18–20.

Checklist of Steps for Evaluating a Program or a Program Activity

1. **Decide on the evaluation's goals—why it is being conducted***

2. **Identify the evaluation's audience(s)**

   ◊ program staff
   ◊ department
   ◊ union or association
   ◊ general public
   ◊ other

3. **Decide who will conduct the evaluation**

   ◊ program staff?
   ◊ outside consultant?
   ◊ both collaborate?

4. **Decide on type of evaluation***

   ◊ process evaluation?
   ◊ impact evaluation?
   ◊ select research design
     (e.g., quasi-experimental)

5. **Select measures of program performance and effectiveness, based on program goals and objectives***

   ◊ direct observation of behavior?
   ◊ objective indicators of behavior change?
   ◊ both?
   ◊ quantitative?
   ◊ qualitative?

6. **Select types of respondents**

   ◊ line officers
   ◊ administrators and managers
   ◊ civilian staff
   ◊ family members

7. **Select measurement methods***

   ◊ survey?
   ◊ records analysis?
   ◊ interviews?

8. **Develop data collection instruments and establish methods of administration***

9. **Decide how many respondents to contact or events to observe**

   ◊ all eligible respondents (universe)
   ◊ random sample
   ◊ non-random sample

10. **Decide when to collect the data***

    ◊ collect data prior to program participation (baseline)?
    ◊ collect data after program participation (post-intervention)?

11. **Collect the data**

    ◊ take steps to obtain a high response rate
    ◊ ensure respondents' anonymity
    ◊ use trained data collectors

12. **Analyze the data***

    ◊ use descriptive statistics (e.g., what percent of eligible officers participated in the program?)
    ◊ use inferential statistics (e.g., were officers who participated in program training less likely to require disability leave due to stress-related problems?)

13. **Interpret and report the results**

    ◊ clarify the evaluation's limitations
    ◊ tailor the report or reports to the intended readership
    ◊ conclude with recommendations

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* See text for more detailed information about these steps.

Chapter 13
Managing Program Costs and Funding

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Key Points

- Stress programs and consulting mental health professionals need to estimate the costs of their services. This estimation involves identifying cost elements, such as personnel and rent, and calculating unit costs, such as cost per client or counseling hour.

- Clinicians have found a variety of ways of saving money, including

  — securing in-kind contributions,
  — increasing their use of relatively inexpensive staff,
  — referring some clients to outside sources of help,
  — devoting less time to high-cost services,
  — serving other agencies, such as correctional departments,
  — putting in uncompensated overtime.

- Programs and independent consultants have been able to tap a variety of funding sources besides the law enforcement agency, including

  — officer unions and associations,
  — State and local governments,
  — private funding sources.

- Program staff increase their chances of securing or increasing funding from the department if they increase police chiefs' motivation to provide funds by

  — offering to improve the department's image,
  — showing how the department can save money,
  — offering to improve the department's efficiency and morale,
  — documenting stress among department personnel.

- Managed care plans may limit programs' and individual counselors' ability to provide services because of screening requirements and restrictions in mental health coverage.

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Due to fiscal constraints, law enforcement executives are reluctant to fund department activities, especially non-line law enforcement services such as stress programs, that lack visibility in the community. For this and other reasons, new law enforcement stress programs tend to have difficulty obtaining funding, while existing programs usually remain underfunded. These realities heighten the need for programs to keep costs to a minimum and for program staff and independent mental health professionals to present strong justification for initial and continued funding. This chapter discusses the basic elements of program costs, options for reducing or containing costs, possible outside sources of supplemental funding, and strategies for convincing management to support the program adequately.

Estimating Program Costs

Most programs have incomplete cost information because of the difficulty of estimating their expenses. Separate budget line items for the operation of in-house programs generally do not exist; staff, office space, and equipment may be shared with other department units; and in-kind contributions of space, supplies, and personnel are often used.

Identifying Cost Elements

Many programs, however, share certain cost elements:

- personnel, including staff salaries and benefits, which account for the bulk of total costs in programs with paid staff;

- consultants, who may be used in addition to or in place of in-house staff;

- rent and utilities;

- vehicles (or mileage reimbursement if personal cars are used) for responding to emergencies and meeting clients away from the program's offices;

- equipment and supplies, such as beepers, paper, books and periodicals, business cards, program brochures, training materials, and coffee;

- telephone, fax, and postage; and

- travel, for example to conferences and training seminars.

In addition, programs that are just starting will incur some one-time start-up costs that staff of established programs typically need not consider, such as the purchase of office furniture, computers, and duplicating machines, and possibly the development of a peer support component.

Independent mental health professionals who consult to law enforcement agencies may also have difficulty estimating their costs because officers may constitute only a part of their practice, reimbursement will vary according a given officer's insurance coverage, and the practitioners may provide significant *pro bono* services to the departments they serve in the way of free counseling, crisis intervention, and training.

Calculating Unit Costs

Calculating unit costs can be useful for monitoring costs over time, identifying increases or decreases in program or individual counselor efficiency, and showing funding sources how inexpensive the program is on the basis of some unit of service delivered. The most common measures are likely to be cost per officer or family member counseled, cost per counseling session, and cost per participant in training sessions. These figures can be calculated easily by dividing total program costs by the total number of clients, counseling hours, or training participants. Of course, this calculation cannot be validly made by programs or counselors that perform several activities—for example, counseling, supervision of a peer support component, and stress management training—unless staff keep track of the number of hours they devote to each activity. If they do keep such a record, they can determine the percentage of time they spend on each activity, multiply that percentage by their total expenses, and divide the resulting figure by the per-unit measure. For example, assume a counselor spends 40 percent of her time counseling officers and has bottom-line expenses of $100,000 per year for all the services she provides the department. This means that approximately 40 percent of her $100,000 in expenses, or $40,000, are devoted to client counseling. If she treats 20 officers and family members in the year, her cost per client is $2,000.

By estimating the number of officers and family members likely to need counseling, and the number of sessions they could be expected to need on average, the director of Erie County's Law Enforcement Employee Assistance Program negotiated contracts with each participating agency according to which the agency pays $14 per officer or nonsworn employee in its department per year. Of course, this amount of money could be inadequate or excessive depending on actual program utilization. Furthermore, the harder program staff work to recruit clients, the lower the program's per-client reimbursement will be. The director of Tulsa's Psychological Services tries to solve this dilemma by negotiating a total budget with the police and fire departments that slightly exceeds anticipated program usage and then reverting any unused funds to the city. As a result, between $4,074 and $22,273 has reverted to the city each year, or between 2 and 15 percent of the program's budgeted amount.

Ways of Saving Money

Program staff and independent practitioners have found a variety of strategies for minimizing costs.

Secure In-Kind Contributions

Some programs receive in-kind contributions of space or supplies, such as rent-free or less-than-market-rate office space. In Boston, the police stress program at one time occupied offices rent-free on city-owned hospital grounds. For over a decade, the Catholic Archdiocese has provided the San Francisco Police Department's stress unit with free office space at a seaman's mission owned by the church.

Devise Alternative Staffing Configurations

There is the potential for considerable cost savings in the area of program staff, since salaries and fringe benefits typically account for most program costs. The use of consultants, volunteers, student interns, and peer supporters, instead of regular paid staff, can sharply reduce program costs. "It is assumed that mental injuries require the services of highly paid mental health professionals," one observer writes, but the same observer concludes that "in the few studies that exist regarding effective coping skills, peer support appears to provide the treatment of choice for traumatic sequelae [after-effects]."[1] However, staff need to weigh carefully the savings gained by this approach against the benefits of hiring licensed professionals and in-house staff. See chapter 4, "Choosing Among Staffing Options," for a discussion of the benefits of hiring licensed professionals as well as the advantages and disadvantages of using volunteers, interns, and peer supporters.

Network

Programs may be able to save money by referring some or even all officers and family members to independent mental health professionals, group practices, and agencies, and by limiting the number served by in-house clinicians. Another option, used by several programs, is for program staff to conduct only short-term counseling (for example, for up to a year) and to refer long-term clients to outside practitioners. Chapter 5, "Establishing a Referral Network," discusses the advantages and drawbacks to using consultants to provide some program services.

Change Services Mix

Program directors and independent practitioners who are considering or are already providing different types of services can consider reducing or eliminating one or more of these activities in order to save money or to devote additional resources to the remaining types of services. For example, Tulsa's Psychological Services, which provides counseling, consultation to department supervisors, education and training, and research and development, has steadily reduced the percentage of staff hours devoted to providing consultation to police managers and has increased the percentage of hours devoted to counseling officers and family members. Whereas 7 percent of staff time was spent on consultative services in 1987 and 79 percent on counseling, by 1994 the percentages were 1 and 86 percent, respectively.

Serve Other Agencies

Programs can sometimes achieve economies of scale if they increase the number of agencies they serve. For example, Tulsa's Psychological Services serves the city's fire department as well as its police department. The Rhode Island Centurion Program and San Bernardino's Counseling Team contract with correctional facilities as well as law enforcement agencies.

Put In Overtime

Staff in most programs contribute uncompensated overtime in order to get the job done, conducting trainings or treating some clients for free or at reduced rates. The director of the Counseling Team in San Bernardino is able to make up partly for the way her *pro bono* treatment of clients lowers her average hourly counseling fee by requiring full compensation for the training she conducts around the country.

Sources of Funding

Many programs are funded entirely by a single law enforcement agency. However, even if the department provides complete or core program funding, supplemental funding from other sources may still be needed. In addition, small law enforcement agencies, which constitute the vast majority of police and sheriffs' departments in the country, can rarely afford in-house stress programs. Mental health professionals who serve these departments have to supplement their in-

come with some combination of private clients, teaching, or contracts with a number of law enforcement or correctional agencies.

> *The Adams County, Colorado, Sheriff's Department secured a $26,000 annual grant from a local victim/witness assistance and law enforcement board to hire a psychologist in part by explaining that the stressful nature of the work makes police personnel "victims" of crime.*

The following are funding sources that programs, group practices, and independent practitioners can try to tap:

- *Unions and associations*. For many years, the San Francisco police officers' association contributed as much as $2,000 each year (obtained from membership dues) to the department's stress unit. The association still pays the unit's telephone bills. The Teamsters Union, which represents Erie County sheriff's deputies, covers the cost of the beeper used by the director of the Erie County Law Enforcement EAP. The Metro-Dade police officers' association sometimes provides financial assistance to officers who do not have insurance coverage that covers mental health treatment. The Dade County Chiefs of Police Association established a Police Officers Assistance Trust to help defray the costs of counseling and other needs associated with catastrophic events such as an officer's or family member's death. Money is raised through fundraising events like golf tournaments and stock car races. Fraternal Order of Police fundraisers provide modest support for the Rhode Island Centurion Program; however, John Carr, the program director, warns that "because taking union money may lead management to regard the program as being in bed with labor, it is best to try to secure financial or administrative support, with clear policy guidelines, from both labor and management."

- *State and local governments*. The county provides the Metro-Dade program with second-dollar funding through the Law Enforcement Trust Fund, made up of money and proceeds from the sale of goods confiscated during drug seizures. The Psychological Services Division of the Prince Georges County (Maryland) Police Department, established in 1979, was maintained until 1988 with grants from the Governor's Commission on Law Enforcement.[2] Some departments obtain funds from their State's Peace Officer Standards and Training

(POST) agency, for example, by securing reimbursement to pay POST-certified instructors for providing stress-related training to personnel or peer supporters. The Adams County, Colorado, Sheriff's Department secured a $26,000 annual grant from a local victim/witness assistance and law enforcement board to hire a psychologist. The department won the grant by explaining that officers and nonsworn personnel, because of the stressful nature of their work, were themselves "victims" of crime.[3]

- *Private funding sources*, such as community-based organizations and foundations. As noted, the local Catholic Archdiocese provides the San Francisco stress unit with free office space. Such sources can be useful not only for underwriting program costs but also for helping to pay for treatment for officers who require outside assistance that their insurance does not cover. For example, the director of the Erie County program was able to convince an inpatient facility to treat an alcoholic officer for free. Interphase 911, a treatment center for law enforcement officers in Florida, has also occasionally offered "scholarships" for officers who lack financial resources. (Such a strategy can work to the advantage of the treatment center if it later obtains referrals of insured officers.)

Program staff who have secured grants stress the importance of writing detailed, comprehensive proposals that include a statement of objectives, an explanation of the specific ways the money will be used, and a detailed line-item budget.

Strategies for Securing Funds

Chapter 9, "Reducing Organizational Stress," suggests a number of approaches to motivating top administrators to change the way their department is run in order to reduce stress among personnel. As discussed below, with slight variations several of these strategies can also be used to obtain funding, or additional funding, for the stress program.

Offer To Improve the Department's Image

Program staff and independent practitioners can suggest how establishing or expanding services designed to reduce officer stress can simultaneously improve the department's image. It was eight officer suicides in five years, three of them in 1994, that prompted the Philadelphia police department to create the agency's first stress manager position.[4]

Show How the Department Can Save Money

Early identification of critical incident stress and prompt intervention can result in significant department savings in reduced disability and early retirement claims, absenteeism, trauma-related medical costs, and litigation when officers mistreat citizens.

- The Barrington Psychiatric Center in Los Angeles estimated that the average cost of intervention and relief with cases in which post-traumatic stress disorder was detected soon after the event totaled $8,300 per victim, whereas the average cost of cases in which detection and treatment were delayed amounted to almost $46,000. In addition, employees who received prompt treatment averaged 12 weeks of recovery before returning to work compared with 46 weeks in the delayed treatment group. "Clearly, the expense of a few sessions for all involved, especially if conducted as a group, would be significantly less than long-term treatment and/or disability leave of a significantly involved few."[5]

- There were fewer stress-related disability claims by San Diego officers after the San Ysidro McDonald's massacre in 1988, when immediate intervention programs were implemented, than stress-related retirements following the Pacific Southwest Airline crash in 1978.[6]

- A cost-benefit study of a program for alcoholic officers in the Philadelphia Police Department found that by cutting down on the officers' sick leave days, injury days, and suspension days, the department more than recovered its costs three years after the program began.

The department estimated that it would save $50,094 each subsequent year.[7]

- The police psychologist for the Palo Alto Police Department estimates that the stress program cost is absorbed many times over with the prevention of one stress-related disability retirement.[8] Before the Palo Alto stress program began in 1980, there had been a dozen recent stress-related retirements; between 1980 and 1996 there was only one.

- The San Bernardino Sheriff's Department estimated that over a six-year period it reduced its psychological stress retirements from eight to zero at a saving of $1,500,000 for each officer, or $12 million total, in retirement funds alone.[9]

Quantifying the benefits of a stress program can serve as a convincing tool for budget planning and justification. Approaches for conducting program evaluations that can yield cost-effectiveness data are discussed in chapter 12, "Monitoring and Evaluating the Program."

"A dollar in psychological services now can save us hundreds of thousands down the road."

— Robert Peppler, Assistant Sheriff, San Bernardino Sheriff's Department

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Document Stress Among Department Personnel

Program planners and independent practitioners can summarize the literature cited in chapter 1 of this report to use as

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Other Ways To Motivate Police Executives To Provide Funding

- Alter the planned or existing program's service mix to include more visible types of services, such as training and critical incident debriefings that, unlike individual counseling, which goes largely unseen, may help the chief conclude that the program is doing something tangible.

- Work with legislators to have dedicated funding or added funding introduced into the law enforcement budget.

- Obtain a professional legal opinion regarding the possibility that administrators who ignore the psychological aftereffects of critical incidents among their personnel risk suits alleging negligent officer supervision, retention, or training if mental injuries contribute to work actions that injure citizens.[10]

evidence to help convince police administrators of the need for establishing or expanding stress services. Chapter 2, "Planning the Program," suggests how program planners and staff can conduct a needs assessment that will document the particular stresses and their severity in an individual law enforcement agency. These agency-specific findings may be more persuasive than the results of studies reported in the literature about other jurisdictions.

"Clearly, the expense of a few [critical incident debriefing] sessions for all involved, especially if conducted as a group, would be significantly less than long-term treatment and/or disability leave of a significantly involved few." [11]

Medical Insurance Issues

The nature of mental health services coverage available in the medical insurance policies of law enforcement officers and nonsworn personnel, and their families, can have an enormous impact on the extent to which these individuals use stress programs. At one extreme, Michigan State Police officers and family members pay nothing and need no insurance coverage to receive treatment with the department's

Behavioral Science Section. At the other extreme are officers in hundreds of small law enforcement agencies that have no in-house stress program and whose medical insurance— if they have any at all—provides no outpatient mental health benefits. Most plans offer something in between these extremes. One preferred provider organization (PPO) allows seven free visits without prior approval if the counselor is on the organization's list of approved providers, and then a total of 20 visits after case manager approval. Another PPO reimburses only three visits and only for group therapy. After one free session, if an officer's or family member's insurance does not cover treatment or runs out, Rhode Island's Centurion Program accepts direct payment or, if necessary, offers a sliding scale of payment or even free service.

Before authorizing payments for mental health services, many managed care plans require insured individuals to have an independent screening to determine eligibility. Some health maintenance organizations (HMOs) and PPOs require two screenings: first by an internist and then by a case manager. Counselors and officers alike report that many potential clients are unwilling to be screened because of the inconvenience and their concerns about confidentiality. One counselor talked about an unnamed officer who paid out of pocket for several visits rather than go through an assessment screen; the officer would have—and, according to the coun-

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Insurance Limitations Can Change a Program's Plans

Washington, D.C.'s, Metropolitan Police Employee Assistance Program (MPEAP) "provides short-term supportive counseling/crisis intervention. Most clients' needs fall into this category. Sometimes, such as in the case of death, divorce, critical incidents, post-shooting stress or other situational life crises, long-term therapy is not needed. However, in some cases individuals' problems are very deep-rooted, as in cases of child abuse/ neglect, childhood trauma, clinical depression, etc. These situations may interfere so greatly with an individual's ability to function that long-term therapy is necessary. In these extreme cases, referrals are made to an outside therapist."

"Although our initial plan for counseling was less than or up to six months, that plan has been abandoned. In fact, many of our clients have been with us for over a year. Why the change? The cost for counseling nowadays averages $80.00 per session. The recommended treatment is usually one session per week. Unfortunately, most police officers do not have insurance coverage to pick up this cost or they have HMOs that may pay little or nothing towards the cost of treatment. Therefore, the chances that an officer/family member will follow up on a referral are very poor due to the financial burden posed by weekly therapy on the outside."

— Beverly J. Anderson, Clinical Director/Program Administrator, and Officer Jeffrey A. King, Peer Counselor Coordinator, Washington, D.C., Metropolitan Police Employee Assistance Program. [12]

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selor, should have—remained in treatment but had to stop coming because of the expense. Another counselor treated an officer who remained in therapy for many months, paying $90 a session out of pocket rather than accept screening that would allow the hundreds of employees at his insurance company—and perhaps his supervisor—to find out he was in therapy.

In addition, managed care providers may not cover certain conditions for which officers need counseling. Because one officer's preferred provider organization did not provide benefits for marriage counseling, he came for counseling by himself for depression for two sessions but then stopped coming because continued treatment seemed pointless if his wife could not join him.

Finally, HMOs and PPOs limit the officer's options for choosing a counselor because the therapist has to be a member of the provider organization. As a result, many officers are prevented from selecting a therapist with an understanding of law enforcement and its stresses, since few mental health workers associated with HMOs and PPOs have this type of background.

When collective bargaining is not involved in selecting health insurance coverage, the department, or the county or city budget director, may seek to purchase the least expensive policy. However, if insurance is a bargaining issue, unions can negotiate for policies that provide good mental health coverage, perhaps even reallocating some coverage (e.g., for eyeglasses or dental care) to psychological services. In addition, unions can try to obtain an indemnity plan, not a managed care plan.

Despite increasing retrenchments among city and county funding sources and greater restrictions in insurance coverage for mental health conditions, stress program staff and individual mental health practitioners are finding ways to begin, maintain, or even increase services to law enforcement agencies. Doing so, however, requires constant vigilance, good record keeping and program assessment, and periodic knocking on doors to solicit additional money.

Endnotes

1. Dunning, C., "Mitigating the Impact of Work Trauma: Administrative Issues Concerning Intervention," in *Critical Incidents in Policing*, revised, ed. J.T. Reese, J.M. Horn, and C. Dunning, Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investigation, 1991: 73–82.

2. Kirschman, E., E. Scrivner, K. Ellison, and C. Marcy, "Work and Well-Being: Lessons from Law Enforcement," in *Stress and Well-Being at Work: Assessments and interventions for Occupational Mental Health*, ed. J.C. Quick, L.R. Murphy, and J.J. Hurrell, Hillsdale, New Jersey: Lawrence Erlebaum, 1995: 178–192.

3. Fuller, R.A., "An Overview of the Process of Peer Support Team Development," *Critical Incidents in Policing*, 99–104.

4. "Tired? Stressed? Burned Out? Panel Seeks Answers for Philadelphia Police Officers," *Law Enforcement News*, 22 (1995): 1, 10.

5. Dunning, "Mitigating the Impact of Work Trauma," 78.

6. Ibid.

7. Unkovic, C.M., and W.R. Brown, "The Drunken Cop," *The Police Chief*, 45 (1978): 18–20.

8. Kirschman et al., "Work and Well-Being," 190.

9. Nunn, J., "One Department's Experience," Unpublished Report, San Bernardino County Sheriff's Department and Seventh Member, Board of Retirement for San Bernardino County.

10. Dunning, "Mitigating the Impact of Work Trauma," 79.

11. Ibid., 78.

12. "On the Front Lines: Police Stress and Family Well-Being," Testimony by B.J. Anderson and J.A. King, Hearing Before the Select Committee on Children, Youth, and Families, House of Representatives, 102nd Congress, 1st Session, May 20, 1991, Washington, D.C.: U.S. Government Printing Office, 1991: 66.

Chapter 14
Tapping Other Resources

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Key Points

Information regarding law enforcement stress and stress programs is available from

- agencies and organizations,
- publications and videos,
- program materials, and
- individuals with experience in law enforcement stress programming.

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This chapter presents several resources for information about law enforcement stress programming. The list is based on a limited search and is therefore not comprehensive.

Agencies and Organizations

American Psychological Association (APA)
Division of Psychology and Public Services
Police and Public Safety Section
750 First Street, NE
Washington, DC 20002
(202) 336–5500 or (800) 374–2721
(202) 336–5502 (fax for order department)

The APA's Police and Public Safety Section consists of approximately 300 psychologists who can provide expertise on a variety of police psychology issues. Also, at the APA's national convention each year, the section sponsors a one-day "mini-convention" on police psychology. Audiotapes of presentations made at the conventions are available. Call the APA's 800 number and ask the Continuing Education Department for an audiotape catalog.

Scott W. Allen, chair of the section, can be contacted at:
Health Services Section
Metro-Dade Police Department
8525 Northwest 53rd Terrace
Suite 215
Miami, FL 33166
(305) 591–1106

Concerns of Police Survivors (COPS)
P.O. Box 3199
North Highway 5
Camdenton, MO 65020
(314) 346–4911
(314) 346–1414 (fax)

COPS is a national support organization, with many local chapters, for families of law enforcement officers who have died in the line of duty. Members provide peer support and practical assistance to newly bereaved surviving families, conduct national counseling and training programs for survivors, and help law enforcement agencies develop a plan for dealing effectively with line-of-duty deaths. The organization distributes a number of free publications on support for surviving families.

Federal Bureau of Investigation (FBI)
Behavioral Science Services Unit
FBI Academy
Quantico, VA 22135
(703) 640–6131
(703) 640–1354 (fax)

The FBI Behavioral Science Services Unit has sponsored a number of conferences on law enforcement stress and police psychology, several of which have been compiled into publications (see "Publications and Videos," below). For additional information about the unit or to inquire about the opportunity for attending the next FBI police psychology conference, contact Tony Pinizzotto, Program Manager for Police Psychology, at the above address, or call (703) 640–1710.

International Association of Chiefs of Police (IACP)
Police Psychological Services Section
515 North Washington Street
Alexandria, VA 22314-2357
(703) 836–6767 or (800) THE–IACP
(703) 836–4543 (fax)

The Police Psychological Services Section, established in 1985, is made up of approximately 70 police psychologists who contribute articles to the IACP's *The Police Chief* magazine, present training programs at the annual conferences, and schedule in-service training for police psychologists at each annual conference. The section has also been instrumental in the development of guidelines regarding peer support, fitness-for-duty evaluations, dealing with officers involved in on-duty shooting situations, and preemployment psychological evaluation services. Membership in the section is open to any active or associate member of the IACP.

In addition to the section's activities, the IACP has developed "model policies" related to post-shooting incident procedures and employee mental health services, as well as brief "training keys" on job stress in police work, frustrations with and adjustment to police work, coping with stress, alcoholism in law enforcement, post-shooting service, police work and family life, and post-traumatic stress disorder. The training keys provide an overview of the topic, a discussion guide, and suggested readings. The organization also offers training courses to law enforcement agencies on critical incident management. Descriptions of these and other training courses, as well as where and when the courses are offered, are presented in the IACP's annual training catalog. Agencies can also contract with the IACP to have instructors come to their jurisdictions to provide training.

Stephen F. Curran, chair of the section, can be contacted at:
Greenside Psychological Associates
660 Kenilworth Drive
Suite 101
Towson, MD 21204
(410) 823–0555
(410) 823–2677 (fax)

International Critical Incident Stress Foundation, Inc.
5018 Dorsey Hall Drive
Suite 104
Ellicott City, MD 21042
(410) 730–4311
(410) 730–4313 (fax)

Foundation staff travel around the country offering an intensive course on emotional trauma and how to respond effectively to individuals who have experienced a critical incident. One- to two-day courses cover such topics as "Peer Counseling Techniques," "Advanced Critical Incident Stress," "The Family Factor," and "Traumatic Stress Management." Chevron Publishing Corporation, a publisher affiliated with the foundation, offers a number of training guides, books, videotapes, and other materials about preventing and treating stress among emergency services personnel.

National Association of Police Organizations (NAPO)
750 First Street, N.E.
Suite 1020
Washington, D.C. 20002–4241
(202) 842–4420
(202) 842–4396 (fax)

NAPO is a coalition of 3,500 police unions and associations from across the United States organized for the purpose of advancing the interest of America's law enforcement officers through legislative advocacy, political action, and education. Police Research Education Project (PREP), NAPO'S research and educational arm, is currently conducting a research study on support programs for law enforcement officers. The National Law Enforcement Officers Rights Center was established under PREP to protect officers' legal and constitutional rights. The Rights Center filed an *amicus curiae* brief in the U.S. Supreme Court supporting the confidentiality of statements made by a police officer to a licensed mental health practitioner (see chapter 6, "Dealing With Confidentiality," for a discussion of the case).

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849–6000
(800) 851–3420
(301) 251–5212 (fax)
askncjrs@ncjrs.aspensys.com

NCJRS is a reference service provided by the National Institute of Justice, the research arm of the U.S. Department of Justice. Information specialists conduct literature searches on subjects related to law enforcement, including law enforcement stress. The reference service distributes many Federal Government documents free of charge and sells or obtains others through interlibrary loan.

Publications and Videos

Ayres, R. M. *Preventing Law Enforcement Stress: The Organization's Role.* Washington, D.C.: U.S. Department of Justice, Bureau of Justice Assistance, 1990.

In contrast to the "person-centered" approach to occupational stress, this book examines law enforcement stress using the "organizational health model." It reviews organizational sources of stress, the implications of higher education on law enforcement stress, and management strategies for developing a healthy law enforcement workplace.

Contact the National Criminal Justice Reference Service, described above in "Agencies and Organizations."

Blau, T. *Psychological Services for Law Enforcement.* New York: John Wiley and Sons, Inc., 1994.

Written by a police psychologist and former president of the American Psychological Association, this book provides a comprehensive review of police psychological services, including crisis intervention, critical incident counseling, the prevention of stress, individual and family counseling, management consultation, and training. An extensive bibliography is included.

Contact John Wiley and Sons, Inc., in New York City, at (212) 850–6000.

Goolkasian, G.A., Geddes, R.W., and DeJong, W. *Coping with Police Stress*. Issues and Practices. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, June 1985.

This book is part of the Issues and Practices in Criminal Justice publication series of the National Institute of Justice. Based on a review of the literature and interviews with law enforcement stress program staff, the book provides an overview of law enforcement stress and guidance on the development of a stress program, including planning, organization, services, training, and monitoring and evaluation.

Contact the National Criminal Justice Reference Service, described above in "Agencies and Organizations."

Niederhoffer, A., and Niederhoffer, E. *The Police Family: From Station House to Ranch House*. Lexington, Massachusetts: Lexington Books, 1978.

This book's examination of the law enforcement family contains information still relevant today. The book includes a discussion of sources of stress for officers and their family members, including children, and descriptions of some departments' efforts to address stress-related problems among officers and their families. The book is out of print but may be available in a local library.

On the Front Lines: Police Stress and Family Well-Being. Hearing Before the Select Committee on Children, Youth, and Families, House of Representatives, 102nd Congress, 1st Session, Washington, D.C., May 20, 1991. Washington, D.C.: U.S. Government Printing Office, 1991.

This publication provides transcripts of testimony presented to a congressional hearing on law enforcement stress for officers and their families. The statements of psychologists, other experts, and officers and family members are included.

The publication can be purchased on microfiche for $15.80 or on paper for $35.10 from the Congressional Information Service in Bethesda, Maryland, at (800) 227–2477. The publication's order number is 1992–H961–7. The publication also may be available through interlibrary loan.

Reese, J.T., and Goldstein, H.A., eds. *Psychological Services for Law Enforcement*. Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investigation, 1986.

This is a 543-page collection of papers presented at the FBI's 1984 National Symposium on Police Psychological Services. The papers are grouped into: (1) police officer selection and assessment; (2) counseling: issues and practices; (3) organizational issues; (4) psychological services; (5) critical incident reactions; and (6) stress and stress management.

Contact the FBI Employee Assistance Unit at the address and phone number below or the National Criminal Justice Reference Service, described below in "Agencies and Organizations."

Reese, J.T.; Horn, J.M.; and Dunning, C., eds. *Critical Incidents in Policing*. Revised. Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investigation, 1991.

This is a collection of papers presented at a conference sponsored by the FBI Behavioral Science Services Unit.

Papers address the nature of critical incident trauma, efforts by stress programs to address the emotional effects of critical incidents, and approaches to providing debriefings and counseling.

Contact the FBI Employee Assistance Unit
J. Edgar Hoover Building
10th and Pennsylvania Avenue, NW
Washington, DC 20535
(202) 324–5244

Reese, J.T., and Scrivner, E., eds. *Law Enforcement Families: Issues and Answers.* Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investigation, 1994.

This publication consists of papers presented at an FBI conference, grouped into the following categories: (1) law enforcement's impact on families, (2) family problems, (3) factors unique to law enforcement and their effect on families, (4) trauma in the law enforcement family, (5) organizational culture and the family, (6) counseling issues, and (7) professional issues.

Contact the FBI Employee Assistance Unit at the address and phone number above or the National Criminal Justice Reference Service, described above in "Agencies and Organizations."

Scrivner, E. and Kurke, M., eds. *Police Psychology Into the 21st Century*. Hillsdale, New Jersey: Lawrence Erlbaum, Inc., 1995.

This book includes chapters on "Employee Assistance Programs in Police Organizations," "Professionally Administered Critical Incident Debriefing for Police Officers," "Law Enforcement Families," "Counseling Issues and Police Diversity," and "Organizational Management of Stress and Human Reliability."

Contact Lawrence Erlbaum, Inc.
20 Industrial Avenue
Mahwah, NJ 07430
(201) 236–9500

Stress Management for the Law Enforcement Family
California Peace Officers Standards and Training (POST)

This 90-minute video provides comprehensive information on law enforcement stress for both officers and their families. Police psychologists, officers, spouses, and children are interviewed.

Available for $79.95 from the
California Commission on POST
1601 Alhambra Boulevard
Sacramento, CA 95816–7083
(916) 227–4889

By Their Own Hand: Suicide and the Police Officer: Getting Help Before It's Too Late
New York City Police Department and the New York City Police Foundation

This package, consisting of a 40-minute video and accompanying 23-page trainer's guide, requires one-and-one-half hours to present. Through interviews with officers and family members, the video presents the histories of three New York City police officers, two of whom seriously considered committing suicide, and one who of whom did commit suicide. The trainer's guide presents lecture material and discussion topics, as well as reviews the key points in the video. The package's objectives are to enable officers to identify common risk factors and warning signs that indicate someone may be thinking about suicide, get help when having life problems, recognize when other officers may be having life problems and intervene to help get them assistance, and identify community and departmental resources available to the officer who needs help with both major and minor emotional problems. A before-and-after evaluation of the package conducted by the Columbia University Graduate School of Social Work with over 4,000 New York City police officers found that six months after the session there were increases in use of the department's Psychological Services and Counseling, the likelihood of officers seeking help for themselves and others, and awareness of their own and others' major and minor emotional problems.

Available for $75 from the
New York City Police Foundation
345 Park Avenue
New York, NY 10154
(212) 751–8170

Program Materials

"Dynamics of Fear"
Michigan State Police Department Behavioral Science Section

In this 35-minute video, produced by the Michigan State Police Department's Behavioral Science Section, six offic-

ers describe critical incidents in which they were involved, illustrating six separate phases of fear that police psychologist Roger Solomon has found officers often pass through during the incident. The video suggests how officers can prepare for dealing with fear. A training manual accompanies the video. Available for $15.

Michigan State Police Behavioral Science Section
2510 Kerry Street
Suite 106
Lansing, MI 48912
(517) 334–7745

Peer Support Training Manual
The Counseling Team

Prepared by The Counseling Team in San Bernardino, California, this 160-page manual provides extensive information on peer supporter services, basic support methods, listening skills, critical incident stress, grief and bereavement, assessment and referral, and suicide. The Counseling Team distributes the manual free of charge.

The Counseling Team
1881 Business Center Drive
Suite 11
San Bernardino, CA 92408
(909) 884–0133

"Stress Management for Supervisors" Training Curriculum
Rochester Police Department Stress Management Unit

This 11-hour training curriculum has been used and revised for 20 years at the Rochester Police Department and other police departments in New York State. It reviews topics such as drug and alcohol use, dealing with problem employees, stress and managers, and post traumatic stress syndrome.

Available from the Rochester Police Department Stress Management Unit
Civic Center Plaza
150 South Plymouth Avenue
Rochester, NY 14614
(716) 428–7540

Individuals With Experience in Law Enforcement Stress Programming

The following individuals have agreed to respond to telephone calls for technical assistance with law enforcement stress programs. The individuals are members of the project advisory board, program staff who were interviewed in the preparation of this report, or both.

Name	Title or Position	Address	Telephone and Fax Numbers	Areas of Experience
Atkins, Jeffrey	Counselor	Behavioral Science Section Michigan Department of State Police 2510 Kerry Street Suite 106 Lansing, MI 48912	(517) 334–7748 (517) 334–6684 fax	• peer support • alcohol abuse • statewide program
Bohl, Nancy	Director	The Counseling Team 1881 Business Center Drive, Suite 11 San Bernardino, CA 92408	(909) 884–0133 (909) 384–0734 fax	• services for small departments • peer support • organizational change • critical incident debriefing • peer training

Name	Title or Position	Address	Telephone and Fax Numbers	Areas of Experience
Carr, John	Executive Director	Family Service Society (Rhode Island Centurion Program) 33 Summer Street Pawtucket, RI 02860	(401) 723–2124 (401) 729–0098 fax	• services to small departments • peer training and supervision • critical incident debriefing
Conner, Yvonne A.	Administrator	Drug Enforcement Administration Employee Assistance Program 600 Army Navy Drive Arlington, VA 22202	(202) 307–8158 (202) 307–4705 fax	• Federal program • coordination of nationwide program • needs assessment
Delprino, Robert P.	Assistant Professor, Department of Psychology	Buffalo State College 1300 Elmwood Avenue Buffalo, NY 14222–1095	(716) 878–6669 (716) 878–6228 fax	• needs assessment • family issues • organizational/ personnel psychology • critical incident debriefing
Firman, John	Coordinator for Research and Analysis	International Association of Chiefs of Police 515 North Washington Street Alexandria, VA 22314–2357	(703) 836–6767 (703) 836–4543 fax	• research and evaluation • model policies • psychological committee of the IACP • training curricula
Garrison, William	Sergeant/Supervisor, Health Sciences Section	Metro-Dade Police Department 8525 Northwest 53rd Terrace Suite 215 Miami, FL 33166	(305) 591–1106 (305) 597–7812 fax	• funding sources • legal issues • dealing with environmental and other disasters
Gentz, Douglas	Chief Psychologist and President, Psychological Services	Open World Garden 5515 South Lewis Tulsa, OK 74105	(918) 749–0034 (918) 749–5179 fax	• needs assessment • program organization • critical incident response groups

Name	Title or Position	Address	Telephone and Fax Numbers	Areas of Experience
Goss, Cindy	Director	Erie County Law Enforcement Employee Assistance Program Erie County Office Building 95 Franklin Street Buffalo, NY 14202	(716) 858–7714 (716) 858–8072 fax	• serving several departments • referral network • critical incident debriefing • training • peer support
Johnson, William J.	General Counsel	National Association of Police Organizations 750 First Street, N.E. Suite 1020 Washington, D.C. 20002–4241	(202) 842–4420 (202) 842–4396 fax	• legal issues (labor, criminal, critical incidents) • labor issues • legislative issues • stress manage-ment education
Kaufmann, Gary	Director	Behavioral Science Section Michigan Department of State Police 2510 Kerry Street Suite 106 Lansing, MI 48912	(517) 334–7745 (517) 334–6684 fax	• organizational change • critical incident debriefing • statewide program
Kirschman, Ellen	Coordinator	Health Resources Coordinator Program Palo Alto Police Department 275 Forrest Avenue Palo Alto, CA 94301	(510) 530–3072 (415) 329–2551 (510) 530–3071 fax	• family issues • organizational change
Langston, Elizabeth	Executive Director	Center for Criminal Justice Studies Fraternal Order of Police 309 Massachusetts Avenue, NE Washington, DC 20002	(202) 547–8191 (202) 547–8190 fax	• union issues • suicide • domestic abuse among law enforcement officers
Mastin, Peter B.	Ombudsman	Bureau of Alcohol, Tobacco, and Firearms Room 8430 650 Massachusetts Avenue, NW Washington, DC 20026	(202) 927-8023 (202) 927-7943 fax	• Federal program • critical incident debriefing

Name	Title or Position	Address	Telephone and Fax Numbers	Areas of Experience
Prietsch, Christine	Deputy Director	Employee Assistance Program Justice Management Division U.S. Department of Justice Pennsylvania Avenue and 10th Street, NW Room 1262 Washington, DC 20530	(202) 616–5519 (202) 514–8797 fax	• Federal program • peer support
Scrivner, Ellen	Deputy Director for Training and Technical Assistance	Office of Community Oriented Policing Services U.S. Department of Justice 1100 Vermont Avenue, NW, 11th Floor Washington, DC 20005	(202) 514–9002 (202) 616–9613 fax	• family issues • peer training • critical incident debriefing • training of police psycholo-gists • community policing • program planning
Scully, Robert	Executive Director	National Association of Police Organizations 750 First Street, N.E. Suite 1020 Washington, DC 20002–4241	(202) 842–4420 (202) 842–4396 fax	• union issues • legislative issues
Wildman, Len	Counselor	Stress Management Unit Rochester Police Department Civic Center Plaza Rochester, NY 14614	(716) 428-7540 (716) 428–6565 fax	• training for line officers and mid-level managers

Appendix A
Peer Support Counseling Guidelines
San Bernadino County Sheriff's
Department Program Guidelines

Introduction

Almost everyone has experienced, or will experience, a stressful situation in his/her lifetime. It is during these times that family and friends come to the rescue. They are able to provide needed support and understanding that help overcome life's problems. The Peer Support Program is one of those "friends" who is available to every San Bernardino County Sheriff's Department employee.

This handbook has three specific objectives:

- It provides a background for understanding the department's Peer Support Program.

- It provides practical guidelines for management of the program.

- It provides the peer supporters with guidelines for assisting their peers.

This handbook is divided into two sections. Section One contains a description of the program, including the roles of the organizational components. In addition, it contains an outline of the information and a listing of procedures for practical administrations of the program.

Section Two describes the skills and techniques that may be used by a Peer Supporter to assist persons who are faced with stressful situations. Each Peer Supporter must comply with the policies and procedures outlined in this handbook.

As the Peer Support Program matures, policy and procedure changes are inevitable. The program coordinator, advisory board and the peer supporters shall be required to keep open lines of communication to facilitate this maturation process. Effective, honest communication in a caring environment, balanced by the program protocol, will greatly enhance the opportunity for a successful program.

Section I

Peer Support Program

Unit 1

Definition

The Peer Support Program is a program that offers assistance and appropriate support resources to employees when personal or professional problems negatively affect their work performance, family unit or self. This assistance is confidential, providing it does not violate any law or department regulation.

This program is designed to:

- Provide emotional support during and after times of personal or professional crisis to other employees who express a need for assistance.

- Promote trust, allow appropriate anonymity, and preserve confidentiality for persons using Peer Supporters within the guidelines of the program.

- Develop peer supporters who can identify personal conflicts and provide guidance or referral to professional\alternate resources as required.

- Maintain an effective peer supporter training and response program.

- Support those who have had family tragedies.

- Check on status of illnesses and IOD's and provide support where desired and needed.

Mission Statement

The San Bernardino County Sheriff's Department has recognized the value of providing a way for their employees and their family members to deal with personal and\or professional problems. A successful approach to this problem has been to provide a program which offers a non-professional (peer) support program in addition to The Counseling Team. The peer support program is composed of a group of peers who have volunteered to make themselves available to any member of the department. This will provide a way for the San Bernardino County Sheriff's Department employees to talk out personal and\or professional problems confidentially with someone who understands and cares.

The San Bernardino County Sheriff's Department's most valuable resource is its employees. The peer support program's goal is to assist peers with stresses caused by personal and\or professional problems and help them continue to be a productive member of the San Bernardino County Sheriff's Department.

Unit 2

Duties and Responsibilities

Role of peer supporters. The peer supporter provides support and assistance to employees in time of stress and crisis. Peer supporters responsibilities are as follows:

- Convey trust, anonymity, and assure confidentiality within guidelines to employees who seek assistance from the Peer Support Program.

- Attend the Peer Support 3-Day Training Seminar: "Listening and Helping Techniques." Additional training will be required during the maturation of this program.

- Provide assistance and support on a voluntary basis.

- Assist the employee by referring him\her to the appropriate outside resource when necessary.

- Be available to the individual for additional follow-up support.

- Maintain contact with the Program Coordinator regarding program activities.

- Peer Supporter will agree to be contacted and, if practical, respond at any hour.

- Attend annual 8 hours of updated Peer Support Program training provided by The Counseling Team, and attend bi-annual meetings.

The peer supporter *is not exempt* from federal, state, local laws, or the rules and regulations of the Department. When necessary, contact the Peer Support Program Coordinator for assistance and guidance.

Role of the peer support advisory committee. The Peer Support Advisory Committee acts as the policy setting board for the program's operation and future direction, subject to review and approval by the Sheriff. The committee also participates in the selection process of peer supporters.

Members are selected by current peer supporters, except those from The Counseling Team. Three Peer Support Advisory Committee members will be selected by the Peer Supporters. The Peer Support Advisory Committee will be peer supporters who will answer directly to the coordinator who is appointed by the Sheriff.

Membership consists of representatives from:

- The Counseling Team

- Peer Supporters from the San Bernardino County Sheriff's Department

- Program Coordinator who is appointed by the Sheriff

Role of program coordinator. The Peer Support Program Coordinator acts as the primary liaison between the peer supporters, Peer Support Advisory Committee, resource persons, and the department. The Program Coordinator serves as the link to ensure that the Peer Support Program is being managed by the peer supporters in accordance with the goals and objectives established for the program.

Major duties of the Program Coordinator's include:

- Supervising the Program on a daily basis.

- Serving as a member of the Peer Support Advisory Committee.

- Recruiting and coordinating the screening of the Peer Support applicants.

- Coordinating training of peer supporters.

- Developing resources to assist individuals when problem areas are identified.

- Maintaining only statistical data of reported contacts by peer supporters.

- Offering guidance to peer supporters when problems occur.

- Coordinating follow-up response of peer supporters when referrals are made to The Counseling Team.

- Off duty emergencies must be approved through the Program Coordinator or his designee in order to be compensated.

Role of San Bernardino County Sheriff's Department psychological services in the peer support program. The Counseling Team shall:

- Provide a permanent member on the Peer Support Advisory Committee.

- Design peer support training curriculum and teach peer supporters basic and continuing (updated) curriculum.

- Be on-call and available to supervise peer supporters if necessary.

Unit 3

Peer Support Selection Process

All interested employees *who choose to volunteer* as a peer supporter must submit their request through their chain-of-command to the Peer Support Program Coordinator.

Any member of the San Bernardino County Sheriff's Department may also submit the name of a peer to their chain-of-command or to the Peer Support Program Coordinator for consideration as a peer supporter.

Prospective peer supporters must be willing to meet the following criteria:

- Agree to maintain confidentiality within the guidelines provided in this handbook.

- Be empathetic and possess interpersonal and communication skills.

- Be motivated and willing to manage time effectively. This will allow minimal impact on their normal duties.

- Must successfully complete the selection process.

- Must attend and successfully complete the 3-day training program.

- On-going training.

The Peer Support Advisory Committee will recommend candidates suited for appointment as a peer supporter to the Sheriff for final approval.

Any employee may seek support from any of the named supporters and do not have to stay within their work groups.

Peer Support Training Program

The peer support training program will be coordinated by The Counseling Team. The major emphasis will focus on skill development for conducting peer assistance. The main areas covered include:

- Effective listening

- General assessment skills

- Problem-solving skills

- Relationship termination (death, divorce, etc.)

- Referral and follow-up.

Follow-up training and workshops will be scheduled to enhance problem solving skills, provide group sharing, and allow an exchange of experiences. The mandatory 8 hours

of updated Peer Support training will be offered 3 times per year and all Peer Supporters will be required to attend one of the eight hour courses.

Rules and Regulations

Service assignment:

- Peer supporters may voluntarily withdraw from participation at any time. They are, however, required to notify the Program Coordinator.

- Peer supporters will be removed from participation in the program for conduct inconsistent with program policy and objectives.

- All peer supporters serve at the direction and pleasure of the Advisory Committee and can beremoved at any time for any cause.

- Peer supporters will be removed from participation in the program if up-dated training is not attended (annual) at least once per year.

Organization resources. The following guidelines provide the peer supporter's formal authority to obtain certain organizational resources and support he\she needs to assist peer employees:

- Lodging and per diem expenses may be provided for training, workshop attendance, and assignment referrals to a work location outside the peer supporter's currently assigned location. All such activity is subject to prior authorization by the commander.

- The peer supporter is authorized to use department facilities to meet with employees, with appropriate prior approval as necessary.

- The peer supporter is permitted to consult with employees off duty with advance notice to the Program Coordinator and\or Advisory Committee

Members and approval from the peer supporter's immediate supervisor. No names or personal identifiers will be given to the supervisor.

Unit 4

Confidentiality

The acceptance and success of the San Bernardino County Sheriff's Department Peer Support Program will be determined, in part, by observance of confidentiality. It is imperative that each peer supporter maintain strict confidentiality of all information learned about an individual within the guidelines of this program.

The policy of the San Bernardino County Sheriff's Department Peer Support Program is to maintain the confidentiality. Communication between the peer supporter and a person is considered confidential *except* for matters which involve the following:

- Danger to self.

- Danger to others.

- Suspected child abuse.

- Narcotic offenses.

- Domestic violence.

- Factual elderly abuse.

- In cases where law requires divulgence.

- Where divulgence is requested by the peer.

A general principle for peer supporters to follow is inform the person, prior to discussion, what the limitations and exceptions are regarding the information revealed. In those cases where a question or any question regarding confidentiality arises, the peer supporter must immediately contact a member of the Peer Support Advisory Committee and\or The Counseling Team who will take appropriate action or contact the Program Coordinator.

Section II

Field Management of the Peer Support Program

Unit 5

Discipline

Internal investigations. It may occur that a peer supporter is assisting an individual who is or becomes the subject of a disciplinary investigation. The peer supporter should be guided by the confidentiality policy of the Peer Support Program. He should not volunteer any information received in confidence; however, peer supporters may not hamper or impede the actual investigation nor may they attempt to shelter the individual from the department's investigation.

The peer supporter's role in disciplinary situations should be one of support and assisting individuals through the stress they may face during the disciplinary process. If peer supporters have any questions or concerns regarding these situations, they should consult with the Program Coordinator for guidelines and assistance.

Unit 6

Peer Support Program Skills and Techniques

The purpose of this section is to provide the peer supporter with a summary of the guidelines to be followed when dealing with situations under field conditions. These guidelines are the basic tools for providing assistance. Used properly, they will help boost peer supporter confidence and will reduce the risks of mismanaging emotional problems. For more detailed guidelines, the peer supporter should refer to the material contained in the Peer Support Training Manual provided by The Counseling Team.

- *Listening* — Listening techniques are fundamental to the use of all other interviewing skills. The purpose of effective listening include:

- Encouraging self-expression.

- Allowing peer opportunity to direct the interview.

- Giving peers a sense of responsibility for what happens.

- Helping peers relax and be comfortable in the interview.

- Fostering trust of the peer supporter and a sense of security.

- Enabling the peer supporter to draw more accurate inferences about the peer.

- *Assessment*— The process of making a judgement about the information gathered during the interview. Several factors must be considered. They are:

- Assess whether the problem is one with which you can assist the peer or one that should be referred to professional resources.

- Assess whether the problem needs urgent attention.

- *Referral*— The process of directing the peer to the appropriate professional service(s) available.

New Policy Regarding the Peer Support Program

Peer support program. The Department recognizes the need for a Peer Support Program. This is a self-help program designed to assist employees who desire advice or support from a peer. It is designed to assist employees during times of grief, stress or other personal problems.

Scope of the peer support program. Members seeking peer support and peer supporters are not exempt from laws, rules, regulations, directives or orders that govern them. Peer support is, however, intended to be a support system for department personnel and family members seeking their help. The assistance provided and the dialogue between supporter and peer is deemed confidential providing it meets the requirements of this section.

Duties/Responsibilities of the Peer Supporter:

- Advise peers seeking assistance that peer supporters are not exempt from laws, rules, regulations, directives or orders; but any exchange of information not in violation of this statement will be confidential.

- Provide all assistance and support on a volunteer basis.

- Convey trust, anonymity and assure confidentiality to peers who seek assistance from the Peer Support Program.

- Assist peers by referring them to appropriate and viable referral resources when necessary; i.e., Alcoholics Anonymous, The Counseling Team, etc.

- Be available for follow-up support.

- Maintain contact with the program coordinator (Errol Bechtel assigned by the Sheriff) regarding the program and report statistical information.

Duties of the Program Coordinator and Peer Support Advisory Committee. The Peer Support Advisory Committee acts as the policy setting board for the program. It directs the program's operation and provides direction for the future. The program coordinator is responsible for the policy and direction offered by the committee. The program coordinator is Errol Bechtel and the Peer Support Advisory Committee members are Doug Williams, Ed Ripley, Greg Kyritsis, Nancy Bohl and Bonnie Spitzer approved by the Sheriff from volunteers within the Department.

Appendix B
Police Association Peer
Recruitment Notice

Western New York Police Association, Inc.

P.O. BOX 180 • KENMORE, NEW YORK 14223

Edward Ott	James Loga	Michael Thorp
President	Vice President	P.R.O.
Lockport PBA	West Seneca PBA	Town of Tonawanda PBA

Joseph Genco	Anthony Pulci
Secretary	Treasurer
Jamestown PBA	Fredonia PBA

Member Units

Amherst
Batavia
Buffalo
Cheektowaga
Depew
Dunkirk
East Aurora
Evans
Fredonia
Hamburg Town
Hamburg Village
Jamestown
Kenmore
Lackawanna
Lancaster Town
Lancaster Village
Leroy
Lewiston
Lockport
Medina
NFTA
Niagara Town
North Tonawanda
NY State Park Police
Olean
Orchard Park
Silver Creek
Tonawanda City
Tonawanda Town
West Seneca

Legal Counsel
Anthony J. DeMarie

Chaplain
Rev. William Kay

Did you know...

"That 63 percent of officers involved in shootings suffer some significant signs of post shooting trauma?"

"That 20 percent of officers involved in a shooting are divorced within one year?"

"That 70 percent leave law enforcement within 5 years of a shooting incident?"

"That if an officer who has been involved in a shooting is not afforded counseling and he/she is involved in a similar situation, 70 percent will be wounded or killed in the line of duty?"

The Western New York Police Association, Inc., with the assistance of the County Sheriff's Foundation are sponsoring a training conference to discuss the development of a policy to implement a Critical Incident Stress Debriefing Program for the law enforcement personnel working within Western New York.

Through the efforts of the Western New York Stress Reduction Program, Inc., we have just successfully trained and certified over 30 law enforcement officers from various police departments in Western New York as Critical Incident Stress Peer Debriefers. Our goal is to be prepared to respond on a 24 hour emergency basis to any law enforcement officer(s) who may become involved in a critical incident.

We would like to cordially invite you to join us for this special training event scheduled for Friday December 9, 1994 from 8:30 to 4:00 at the Central Police Services Training Academy located at the Erie Community College South Campus, 4140 Southwestern Blvd., Bldg. 3, Orchard Park, New York.
LUNCH WILL BE PROVIDED.

Thank you for you time and efforts on behalf of the law enforcement officers of Western New York. Please R.S.V.P. no later than 12/2/94 to Cindy Goss, Director of the Erie County Employee Assistance Program at 858-7714.

Affiliated with Police Conference of New York • National Association of Police Organizations

Appendix C
Sample Peer Supporter
Application Form

The Counseling Team
1881 Business Center Drive, Suite 11
San Bernardino, CA 92408
(909)884-0133

Becoming a Peer Counselor

1. Why do you want to be a Peer Counselor?

   To let my co-workers know that they can trust me & that I support them.

2. Does your significant other support you volunteering your time?

   yes.

3. Are you aware that there is not any monetary compensation?

   yes.

4. What is your experience in counseling or helping others?

   I have joined family support groups (Alanon) and have found that I understand others & their situations, because of my personal experiences.

5. What do you expect to receive from being a Peer Counselor?

   I have found that when I can assist someone - help, support someone in need, it helps me -

6. Explain what confidentiality means to you?

   It means that I can trust completely, that whatever I have said (or heard) is kept between the parties involved - no fear of being betrayed by that trust.

7. Have you ever volunteered before for anything?

   Yes, as a parent, I have volunteered as Room Mother, held office at PTA, & have become a Scout Leader.

1. Have you ever been involved in a Critical Incident?

    Yes – I have witnessed a shooting.

2. Have you ever talked to anyone who has been involved in a Critical Incident? If yes, explain.

    Yes – I spoke to a Family that lost a member quite suddenly from a hit-and-run.

3. What do you remember most that was emotionally helpful?

    It helps to know that you are not alone in what you are experiencing – there are others who have experienced the same thing

4. Have you, or are you presently being investigated by Internal Affairs? If yes, explain.

    no.

5. Name three qualities that you possess that would most benefit you as a Peer Counselor.

    1) Intuitiveness 2) Sensitivity

    3) Sympathetic.

Appendix D
Peer Supporter Solicitation Memorandum

San Bernardino Counseling Team

Memorandum

TO: All Personnel

FROM: Administrative Services Division

SUBJECT: Peer Support Program

The Department is implementing a Peer Support Program in the very near future. The purpose of the program is to provide all employees with personal, one-to-one support and referral during times of personal or professional difficulty.

Peer supporters are comprised of volunteers, department employees who express an interest, agree to maintain confidentiality regarding peer contacts, are empathetic and possess strong interpersonal and communication skills, and are willing to attend professional training courses.

All Department members are asked to submit up to twenty names who you feel would make a strong peer support committee member regardless of rank or assignment. From these forms will come a list of proposed members who will be contacted for further participation. Please complete the attached list and forward it to:_____.

This program will be coordinated by the Department's Peer Supports Committee comprised of members the employees select. This will be an excellent program that will be of great benefit to all members of our Department.

Nominations for Peer Support Committee

Qualifications

1. Someone you feel you could go to with a problem.
2. Would agree to maintain confidentiality.
3. Is empathetic and possess strong interpersonal skills.

Selections are from all employee groups, assignments, and rank. (Dispatcher, Clerk, Police officer, Lieutenant, etc.) Please nominate as many as you feel would perform well, up to 20.

Name   **Name**
  1. _____   11. _____
  2. _____   12. _____
  3. _____   13. _____
  4. _____   14. _____
  5. _____   15. _____
  6. _____   16. _____
  7. _____   17. _____
  8. _____   18. _____
  9. _____   19. _____
10. _____   20. _____

Appendix E
Sample Peer Supporter Contact Form

San Bernardino Counseling Team

PEER SUPPORTER:																			
CASE #:																			
CONTRACT																			
MALE (M) - FEMALE (F)																			
FAMILY MEMBER																			
CO-WORKER																			

ISSUES:																			
DATING																			
CO-WORKER																			
MARITAL																			
PARENTS																			
STEP-CHILDREN																			
SUPERVISOR\SUBORDINATE																			
BEREAVEMENT																			
CAREER CONCERNS																			
CHILDREN\CHILD CARE																			
CRITICAL INCIDENT\TRAUMA																			
DISABILITY																			
DISCIPLINARY ISSUES																			
FINANCIAL CONCERNS																			
MEDICAL PROBLEMS																			
RETIREMENT CONCERNS																			
SPIRITUAL\RELIGIOUS																			
STRESS ISSUES																			
SUBSTANCE ABUSE																			
SUICIDE																			
PHONE CONTACTS																			
OLD (O) - NEW (N) CASE																			
NUMBER OF REFERRALS																			
NUMBER OF CONTACTS																			
TOTAL HOURS OF CONTACT																			

Appendix F
Sample Peer Supporter Contact Form

Erie County Law Enforcement Employee Assistance Program

Sample Peer Supporter Contact Form

Erie County Law Enforcement
Employee Assistance Program

<u>**OFFICER**</u>   <u>**OFFICER FAMILY**</u>

( ) TELEPHONE   ( ) TELEPHONE
( ) FACE TO FACE INTERVIEW   ( ) FACE TO FACE INTERVIEW
( ) WRITTEN   ( ) WRITTEN

MALE _____ FEMALE _____   MALE _____ FEMALE ___

AGE _____   AGE _____

<u>TYPE OF ASSISTANCE REQUESTED</u>

( ) ALCOHOL   ( ) DRUGS   ( ) ALC/DRUGS   ( ) EMOTIONAL/PSYCH

( ) MARITAL   ( ) FAMILY RELATED ( ) JOB RELATED   ( ) MEDICAL

( ) LEG-GEN   ( ) LEG-JUD   ( ) MEDICAL   ( ) GENERAL INFO

( ) CRISIS INTERVENTION   ( ) CISD DEBRIEFING: HOW MANY? _____

( ) OTHER _____

DID YOU MAKE A REFERRAL(S)? _____ YES   _____ No

IF YES, WHERE? _____

DID OFFICER/OFFICER FAMILY ACCEPT REFERRAL(S)? _____ YES   _____ No

WAS ANYONE ADMITTED FOR INPATIENT ALCOHOL/DRUG RELATED, OR MENTAL HEALTH PROBLEM?

_____ YES   _____ No

IF SO, WHERE? _____

DID THAT PERSON COMPLETE HIS/HER PROGRAM? _____ YES   _____ No

IF NOT, WHY? _____

DID YOU FOLLOW-UP ON ACCEPTED REFERRALS? _____ YES   _____ No

WAS THE OFFICER/OFFICER FAMILY SATISFIED WITH REFERRAL(S) _____ YES _____ No

ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

OFFICER: _____DATE: _____

Appendix G
Program Agreement
With Outside Service Provider

PSYCHOLOGICAL SERVICES INCORPORATED
5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Date

Name of Consultant

Address

Dear_____:

I am writing a letter to follow-up on your earlier indication of interest in providing consultation services that would be referred from Psychological Services (PS). PS is a private non-profit corporation contracted to the City of Tulsa to perform psychological services for the police and fire personnel and their immediate family members. All costs are reimbursed by the city and not borne by the clients. Because of a small in-house staff there will be times when referrals to subspecialists (consultants) will be indicated, and it is therefore necessary to develop agreements with subspecialists in our area. Because of the direct funding of our program by the City of Tulsa, it is necessary that special understandings and agreements be achieved between PS and consultants. We are therefore asking you to agree to the following understanding:

1. You will agree to see PS clients on referral from the Chief Psychologist of PS.

2. The initial appointment between the PS referral and your office will be made by the PS Program Administrator. The referral client should, however, present a Referral Request (see example) to you or your staff upon arrival for the first appointment. This form serves the dual purpose of documenting the referral from PS and also indicating the service we are requesting. If the patient does not have a Referral Form, a phone call should be placed to the offices of PS to see if indeed the office visit has been authorized by our Chief Psychologist.

3. We ask to be consulted prior to proceeding with any evaluation or procedure beyond that which was initially authorized. Testing, if not done prior to the first visit in your office, should be referred back to PS for completion.

4. We ask that you complete a consultation report on each patient that we refer to you and return that note to us for inclusion in our patient records. This report would be due upon completion of authorized services (noted in Referral Request).

5. PS, a community service organization, will pay $60.00 per full treatment hour. We understand that this is just below prevailing office rates. Reimbursement will take approximately thirty days from receipt of your statement in our office.

6. We ask that you submit your statement directly to us. We ask that you do not seek payment at any time from a PS client.

It is important to remember that a PS client must present an appropriate signed referral form to insure payment through PS. If service is rendered to a PS client without the appropriate signed referral form, this should be considered an unauthorized visit, and you should bill the patient directly in that circumstance.

7. You may bill for a no-show appointment (notice not given of cancellation or reschedule less than 24 hours in advance of appointment). After three no-show appointments (the limit you may bill per client) the case should be considered terminated.

8. Your billing statement to PS *must* include the following information for each case:

   a. Client Case Number (as noted on referral form)—*NO BILLING STATEMENT SHOULD CONTAIN CLIENT NAME*
   b. Date of appointments
   c. Number of people seen per appointment (couples, family members, etc.)
   d. Length of appointment (standard 50 minute session would equal 1 hour)

   No-show clients should be noted by date for clients not providing the necessary 24-hour notice of cancellation or reschedule. The bill should conclude with the total number of hours and the rate of $60.00 per hour.

9. You may submit statements on a monthly basis or at the end of the authorized treatment period. Your consultation report would then be included with your final statement.

10. This Letter of Agreement represents an understanding between PS and its consultants and can be severed by providing the other party with written notice.

I sincerely hope that the above Agreement is acceptable to you. It provides us with the mechanism by which we can maintain a cost effective program; provide a high quality of care; and assure our consultants that his/her fee will be paid promptly and in full. There may be parts of the Agreement that are confusing to you, and I would certainly be glad to meet with you upon your request to discuss this personally at any time. If you should have any questions regarding the Agreement, please do not hesitate to give me a telephone call and we will discuss this further. If, however, you find the Agreement acceptable, I would appreciate your signing at the bottom of this letter and returning the original to my office for filing. The copy is for your own records for future reference. We are looking forward to working with you on numerous occasions in the future.

Sincerely,

Chief Psychologist

I hereby agree to the above understanding and will accept referrals from Psychological Services according to the terms as outlined above.

_____
Signature

_____
Date

Appendix H
Stress Counseling Policy Plan

Rochester (New York) Police Department

1. What Information Will Be Deemed To Be Privileged?

The Departmental Advisory Committee views the Stress Project as primarily a training effort. In the area of peer counseling, however, It is the Department's policy to allow the Stress Program to function beyond the reach of the discipline system, because it is our belief that individual officers must be free to express themselves about the job-related problems. The records and recollection of designated peer counselors shall not be admissible in Departmental hearings, and the peer counselor will not be ordered to give information to the Department concerning the content of peer counseling sessions. The Department will not invoke Section 75 of the New York State Civil Service Law in order to procure information as to an officer's involvement in the Stress Counseling Program. In the event that an officer accepts a voluntary referral for outside professional assistance, the same privilege would apply to these records and discussions.

It is the Department's policy to protect the confidence of any employee who voluntarily seeks help from the project in dealing with a stress-related problem that might subject him or her to ridicule or embarrassment. There are, however, two specific exceptions to this policy plan. Nothing in this policy plan or the subsequent special order should be construed as in any way allowing the staff of the project to withhold information as to events in which they themselves are directly involved. Secondly, as required by the Rules and Regulations of the Rochester Police Department, any crime pursuant to the laws of New York State which is reported to the peer counselor shall be reported by the peer counselor to the Rochester Police Department.

Information given by officers participating in the program will, for Department administrative proceedings, be privileged. Records of counseling will be treated by the Department as privileged information, and no information given to counselors can be made available for use in administrative or disciplinary proceedings, except that information given to peer counselors which constitutes the admission of a crime in violation of the laws of New York State.

At no time during the life of this grant shall said policy plan be made mandatory.

2. Program Information

The substances of this policy plan, if acceptable to DCJS, will be part of a special order describing the project. This order will be distributed to all Departmental sworn personnel.

The Locust Club will make the operation of the project an item of discussion at their first scheduled regular meeting after the receipt of the grant award and will forward to the Advisory Committee for discussion and resolution any problems or questions raised at the outset of the project.

3. Project Records

The Director of the Stress Program will keep only those records of participation that are essential to the orderly administration of the program. All records will be anonymous. The Project Director will see that all records and files are kept secure and confidential at all times.

The records kept on the peer counseling component will serve three (3) purposes:
   a. Systematically record the nature and incidence of stress-related problems that come to the attention of the project. This is a necessary descriptive phase of any exploratory project.
   b. To measure the number and type of contacts between project personnel and the type of service or referral offered.
   c. To document the expenditure of both City and LEAA funds for approved grant purposes.

The following personnel will have access to the project records for the above purposes: the Project Director and project staff, the Inside evaluator, and financial and internal audit personnel.

The contact's records will include a case number, date, and location of the peer contact and a short description of the problem or problems discussed and any recommendation or referral that was made. The case number will be substituted for the name of the participant in the project. Records will be maintained by numbers only and at no time will a person's name be part of any record-keeping process.

The Project Director will keep financial records of the time spent by project staff and consultants in a manner that will allow financial audit without violating the confidence of the officers who receive counseling.

_____   _____
Thomas F. Hastings   Date

_____   _____
Robert J. Coyne   Date

Appendix I
Sample Consent to Treatment Form

JOHN ENGLER, GOVERNOR

DEPARTMENT OF STATE POLICE
COL. MICHAEL D. ROBINSON, DIRECTOR

BEHAVIORAL SCIENCE SECTION
2310 KERRY STREET
SUITE 106
LANSING, MICHIGAN 48912
PHONE: 517 334-7745

CONSENT TO TREATMENT

This form is to document that I, _____, give my permission and consent to Gary Kaufmann, Psy.D. or Richard G. Smith, Ed.D., Licensed Psychologists of the Behavioral Science Section, Michigan Department of State Police, to provide psychotherapeutic treatment to me.

While I expect benefits from this treatment, I fully understand that because of factors beyond our control, or other factors, such benefits and particular outcomes cannot be guaranteed.

I understand that because of the counseling or therapy, I may experience emotional strains, feel worse during treatment, and make life changes which could be distressing.

I understand that the psychologist is not providing an emergency service, and I have been informed of whom to call in an emergency or during weekend and evening hours.

I understand that regular attendance will produce the maximum benefits, but that I am free to discontinue treatment at any time. If I decide to do so, I will notify the psychologist at least two weeks in advance so that effective planning for continued care can be implemented.

I understand that conversations with the psychologist will almost always be confidential. I further understand that the psychologist, by law, must report actual or suspected child or elder abuse to the appropriate authorities. In addition, the psychologist has a legal responsibility to protect anyone I may threaten with violence, harmful, or dangerous actions (including those to myself), and may break the confidentiality of our communications if such a situation arises. I understand that the psychologist will make reasonable efforts to resolve these situations before breaking confidentiality.

I acknowledge that the Behavioral Science Section staff will not give testimony, supply records, or participate in disciplinary, criminal, or civil proceedings, unless directed by a subpoena.

I know of no reason I should not undertake this therapy, and I agree to participate fully and voluntarily.

SIGNATURE: _____ **DATE:** _____

A PROUD tradition of SERVICE through EXCELLENCE, INTEGRITY, and COURTESY.

Appendix J
Stress Program Brochure

BEHAVIORAL SCIENCE SECTION

MICHIGAN DEPARTMENT OF STATE POLICE

A Proud Tradition

of Service through

Excellence, Integrity,

and Courtesy.

Staff:

Gary Kaufmann, Psy.D.
Chief Police Psychologist
Behavioral Science Section
Telephone: (517) 334-7745

Richard G. Smith, Ed.D.
Staff Police Psychologist
Behavioral Science Section
Telephone: (517) 334-7747

Trooper Jeffrey L. Atkins
Employee Assistance Counselor
Behavioral Science Section
Telephone: (517) 334-7748

Location:

Behavioral Science Section
Michigan Department of State Police
2510 Kerry Street, Suite 106
Lansing, Michigan 48912

Our Services:

The Behavioral Science Section of the Michigan Department of State Police provides psychological services on a confidential basis to you, as a member of the department, and to your immediate family.

The Behavioral Science Section is ready to help you deal with concerns about your job, marriage, family and other aspects of daily life. Using both individual and family consultation, we can diagnose problems, make recommendations, offer therapy and do follow-up. Our services also include help with smoking withdrawal, weight loss, stress reduction, critical incident debriefing and trauma treatment.

In addition to clinical services, the Behavioral Science Section provides special services to the department as a whole like psychological analysis to help in investigations and criminal behavior profiling. The psychologists function as part of the Emergency Support Team in hostage and barricaded suspect situations. They are involved in personnel recruitment and selection, education and training and management guidance for improving job performance and supervisory skills.

Our Staff:

The Behavioral Science Section staff consists of two licensed psychologists, an employee assistance counselor and a secretary. Both psychologists are fully licensed by the Michigan Department of Licensing and Regulation and have training in clinical, organizational and police psychology. Our employee assistance counselor is a trooper who works with departmental members and their immediate families who have problems with alcohol and substance abuse. He also coordinates the peer support project

Your Privacy:

Because you want privacy and confidentiality, our location is separate from other Department of State Police office facilities. In the event that you have an emergency, the department psychologists and the employee assistance counselor can be reached on a 24-hour basis. All you need to do is call the Special Operations Division of the department at (517) 336-6100 and leave only your phone number. It isn't necessary to give your name.

Clinical material regarding any consultation with the Behavioral Science Section is confidential in accordance with professional standards of practice (American Psychological Association) and statutory requirements (Michigan Act 238, 1975).

Any member of the Department of State Police or their immediate family can consult the Behavioral Science Section staff without going through the chain of command. The routine channels of communication and supervisory approval don't apply when consulting with the Behavioral Science Section.

The use of the Behavioral Science Section's clinical services is strictly voluntary. While a peer or supervisor may recommend consultation, you must arrive at the decision on your own and not as the result of an order. You can use sick leave, annual leave, pass days or make special arrangements with your supervisor for appointments.

Referrals:

If you don't live in the Lansing area, we can still help. For department members living in other parts of the state, we ask that you visit our offices once so that we can evaluate your needs. Since we maintain a list of mental health care sources throughout the state, we can then refer you to a private professional in your area. In these cases, the fees for treatment are reimbursable according to your individual medical benefits.

Your Questions:

If you need help with any kind of problem or have any questions about our services, please don't hesitate to call the Behavioral Science Section at (517) 334-7745. We're here to serve you.

Appendix K
IACP Administraive Guiidelines for Dealing With Officers Involved in On–Duty Shooting Situations

(Police Psychological Services Section—International Association of Chiefs of Police)

Administrative Guidelines for Dealing with Offlicers Involved in On-Duty Shooting Situations

Adopted by the MCP Psychological Services Section at the 1988 Annual Section Meeting

In the past, officers involved in on-duty shootings were often subjected to a harsh administrative/ investigative/ legal aftermath that compounded the stress of using deadly force. A "second injury" can be created by insensitively and impersonally dealing with an officer who has been involved in a critical incident* Due partly to such treatment, many officers have left law enforcement prematurely, as victims.

To minimize emotional problems, the Police Psychological Services Section of IACP has adopted guidelines for dealing with officers involved in a shooting. The guidelines were first submitted to the section by the author in 1987 at the section meeting at the IACP conference in Toronto. After discussion and the making of some changes, the guidelines were preliminarily adopted. At the 1988 section meeting, they were approved as presented below.

The goals of these guidelines is to provide information on how to constructively support the officer(s) involved in a shooting in order to diminish emotional trauma. Extensive field experience has shown that following these guidelines reduces the probability of long-lasting emotional problems resulting from a shooting. However, these guidelines are not meant to be a rigid protocol. It is important to apply these guidelines in a flvdble manner that is appropriate to the situation.

1. At the scene, show concern. Give physical *and* mental first aid.

2. Create a psychological break; get the officer away from the body and some distance from the scene. The officer should remain with a supportive peer or supervisor and return to the scene only if necessary. This break should be of a non-stimulant nature, with discretionary use of drinks with caffeine.

3. Explain to the officer what will happen administratively during the next few hours and why, so he does not take the investigation as a personal attack.

4. If the gun is taken as evidence, replace it immediately or when appropriate (with the officer being told it will be replaced). This guideline can be modified depending on how aggravated the circumstances are and how stressed the officer is, e.g, very depressed, agitated, suicidal, etc.

5. The officer should be advised to consider retaining an attorney to watch out for his personal interests.

6. The officer should have some recovery time before detailed interviewing begins. The officer should be in a secure setting, insulated from the press and curious officers.

7. Totally isolating the officer breeds feelings of resentment and alienation. The officer can be with a supportive friend or a peer who has been through a similar experience. (To avoid legal complications, the situation should not be discussed prior to the preliminary investigation.) It is important to show concern and support to the officer during this time.

8. If the officer is not injured, either he or the department should contact the family with a phone call or personal visit and let them know what happened before rumors from other sources reach them. If the officer is injured, a department member known to the family should pick

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*Roger M. Salomon, "Post-Shooting Trauma," *The Police Chief*, October 1988, pp. 40-44.

them up and drive them to the hospital. Call friends, chaplains, etc., to make sure they have support.

9. Personal concern and support for the officer involved in the shooting, communicated face-to-face from a high-ranking administrator, goes a long way toward alleviating future emotional problems. The administrator does not have to comment on the situation or make any premature statements regarding legal or departmental resolution, but can show concern and empathy for the officer during this very stressful experience.

10. The officer should be given some *administrative leave* (not suspended with pay) to deal with the emotional impact. (Three days, more or less as the situation dictates, is usually sufficient.) Some officers, however, prefer light duty to leave. Depending on the situation and the officer's reactions, it may be best to keep him off the street temporarily and avoid the double-bind situation of the officer's going back to work and facing the possibility of another critical incident before the investigation, grand jury hearing, coroner's inquest, and district attorney's statement have been completed.

   All personnel at the scene (including dispatchers) should be screened for their reactions and given leave or the rest of the shift off, as necessary.

11. To defuse the stigma of seeking counseling, there should be a *mandatory* confidential debriefing with a licensed mental health professional experienced with the law enforcement culture and trauma, prior to returning to duty. This debriefing should be held as soon after the incident as practical Return to duty and/or follow-up sessions should be determined by the mental health professional

   Everybody at the scene, including the dispatcher, should have a debriefing with the mental health professional within 72 hours. While this can be a group session, the officer(s) who did the shooting may or may not want to be included in the group debriefing, as actually doing the shooting creates different emotional issues. Follow-up sessions for other personnel involved in the shooting may be appropriate.

12. Opportunities for family counseling (spouse, children, significant others) should be made available.

13. If the officer's phone number is published, it may be advisable to have a friend or telephone answering machine screen phone calls, since there are sometimes threats to the officer and his family.

14. An administrator should tell the rest of the department (or the supervisor, the rest of the team) what happened so the officer does not get bombarded with questions and rumors are held in check. Screen for "vicarious thrill seekers."

15. Expedite the completion of administrative and criminal investigations and advisement of the outcomes to the officer.

16. Consider the officees interests in preparing the media releases.

17. The option of talking to peers who have had a similar experience can be quite helpful to all personnel at the scene. Peer counselors are an asset in conducting group debriefings, in conjunction with a mental health professional, and in providing follow-up support.

18. Allow a paced return to duty, that is, the officer can ride around with a fellow officer or perhaps work a different beat or shift.

To prevent such incidents in the first place, train all officers in critical incident reactions and what to expect personally, departmentally, and legally.

Appendix L
IACP Model Policy, Post-Shooting Incident Procedures

POST-SHOOTING
INCIDENT PROCEDURES

Model Policy

Effective Date **May 1, 1990**		*Number*	
Subject **Post-Shooting Incident Procedures**			
Reference		*Special Instructions*	
Distribution	*Reevaluation Date* **April 30, 1991**		*No. Pages* **2**

I. PURPOSE

The purpose of this policy is to provide guidelines that shall be uniformly applied following any officer-involved shooting incident that has resulted in death or serious bodily injury, in order to minimize the chances that involved personnel will develop or suffer from post-traumatic stress disorder.

II. POLICY

Law enforcement duties can often expose officers and support personnel to mentally painful and highly stressful situations that cannot be resolved through normal stress coping mechanisms. Unless adequately treated, these situations can cause disabling emotional and physical problems. It has been found that officer-involved shootings resulting in death or serious bodily injury to a citizen or a fellow officer may precipitate such stress disorders. It is the responsibility of this law enforcement agency to provide personnel with information on stress disorders and to guide and assist in their deterrence. Therefore, it shall be the policy of this agency to take immediate action after such incidents to safeguard the continued good mental health of all involved personnel.

III. DEFINITIONS

A. Post-Traumatic Stress Disorder: An anxiety disorder that can result from exposure to short-term severe stress, or the long-term buildup of repetitive and prolonged milder stress.

B. Officer-Involved Shooting Incident: A line-of-duty incident where shooting causes death or serious bodily injury to an officer or other person.

IV. PROCEDURES

A. Handling of Officers at Scene of Shooting Incident

1. A supervisor shall be dispatched to the scene of the incident, and shall assume primary responsibility in caring for involved personnel.

2. The supervisor shall make appropriate arrangements for all necessary medical treatment.

3. During any period where the involved officer is required to remain on the scene, but has no immediate duties to fulfill, the officer should be taken to a quiet area away from the scene of the incident. A peer counselor or other supportive friend or officer should remain with the officers, but should be advised not to discuss details of the incident.

4. The supervisor should arrange for the officers directly involved in the incident to leave the scene as soon as possible, and be taken to a quiet, secure setting.

5. Where possible, the supervisor shall briefly meet with the involved officers.

   a. No caffeine or other stimulants or depressants should be given to the officers unless administered by medical personnel.

   b. Only minimal, preliminary questions should be asked about the incident. The officers should be advised that a more detailed debriefing will be conducted at a later time.

   c. Any standard investigations that will occur concerning the incident should be discussed with the officers.

   d. The officers should be advised that they may seek legal counsel.

   e. The officers should be advised not to discuss the incident with anyone except a personal or agency attorney, union representative, or departmental investigator, until the conclusion of the preliminary investigation.

6. The supervisor shall determine whether the circumstances of the incident require that the officer's duty weapon be taken for laboratory analysis. Where the duty weapon is taken, the supervisor shall:

   a. Take custody of the officer's weapon in a discrete manner; and

   b. Replace it with another weapon, or advise the officer that it will be returned or replaced at a later time, as appropriate.

7. Involved officers should notify their families about the incident as soon as possible. Where an officer is unable to do so, an agency official shall personally notify his family, and arrange for their transportation to the hospital.

8. At all times, when at the scene of the incident, the supervisor should handle the officer and all involved personnel in a manner that

Appendix M
Erie County Employee Assistance
Program Intake Assessment Form

ERIE COUNTY EMPLOYEE ASSISTANCE PROGRAM
INTAKE ASSESSMENT FORM

DATE: _____   COUNSELOR _____

TIME: _____ ❏ AM ❏ PM   ❏ NEW INTAKE   ❏ READMIT

NAME: _____   D.O.B. _____

ADDRESS: _____   SS#: _____

_____   SEX: ❏ MALE   ❏ FEMALE

PHONE: _____

EMPLOYMENT INFORMATION

EMPLOYER: _____   DATE OF HIRE: _____

ADDRESS: _____   JOB TITLE: _____

_____   WORK HOURS: _____

PHONE: _____EXT. _____   ❏ UNION   ❏ NON-UNION

SUPERVISOR: _____   NAME OF UNION: _____

PHONE: _____EXT. _____   PHONE: _____

HEALTH INSURANCE INFORMATION

❏ BC/BS   ❏ IHA   ❏ CHOICE CARE
❏ CB   ❏ APA   ❏ MEDICAID
❏ GHI   ❏ EMPIRE   ❏ MEDICARE
❏ HCP   ❏ HMO   ❏ OTHER: _____

REFERRAL SOURCE

❏ SUPERVISOR   ❏ SELF   ❏ FRIEND
❏ UNION   ❏ FAMILY   ❏ OTHER: _____

REFERRAL NAME: _____

PHONE: _____EXT. _____

TYPE OF PROBLEM

- ☐ ALCOHOL
- ☐ EMOT/PSY
- ☐ JOB REL
- ☐ OTHER: _____

- ☐ DRUGS
- ☐ LEG-GEN
- ☐ MARITAL

- ☐ ALC/DRUGS
- ☐ LEG-JUD
- ☐ FAMILY-EMOT/PSY

- ☐ CD SIG
- ☐ FINANCIAL
- ☐ ABSENTEE

- ☐ CD REMISSION
- ☐ MEDICAL
- ☐ WORK PERFORMANCE

MARITAL/FAMILY

STATUS: ☐ MARRIED ☐ SINGLE ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ OTHER

HOW LONG? _____ RELATIONSHIP IS: ☐ VERY GOOD ☐ GOOD ☐ POOR

NUMBER OF CHILDREN, IF ANY: _____

NAME	SEX	LIVING WITH	HEALTH
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

RACE/ETHNIC BACKGROUND   CREED

- ☐ WHITE
- ☐ BLACK
- ☐ AM. INDIAN

- ☐ HISPANIC - PR
- ☐ HISPANIC - MX
- ☐ HISPANIC - CU

- ☐ CATHOLIC   ☐ PROTESTANT
- ☐ ISLAMIC   ☐ OTHER
- ☐ JEWISH   ☐ NONE

EXPLAIN: _____

MILITARY INFORMATION:

- ☐ YES   BRANCH OF SERVICE: _____
- ☐ NO   ENTRY: _____ DISCHARGE: _____

STATE ANY RELEVANT INFORMATION REGARDING TOUR OF DUTY:

_____

_____

EDUCATION

HIGHEST GRADE COMPLETED: TRAINING SCHOOLS ATTENDED:

	GRADUATED			COMPLETED	
	YES	NO		YES	NO
☐ NONE	☐	☐	☐ NONE	☐	☐
☐ ELEMENTARY THRU _____	☐	☐	☐ VOCATIONAL	☐	☐
☐ HIGH SCHOOL THRU _____	☐	☐	☐ BUSINESS	☐	☐
☐ COLLEGE: _____ YEARS	☐	☐	☐ TECHNICAL	☐	☐
COMPLETED	☐	☐	☐ OTHER	☐	☐

☐ PRESENTLY ATTENDING: _____

MEDICAL

PRIMARY M.D. _____

ANY CURRENT/PAST MEDICAL PROBLEMS: _____

_____

ON ANY MEDICATION: ❏ YES   ❏ NO   IF YES, WHAT? _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

PSYCH/EMOTIONAL

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS? ❏ YES   ❏ NO

    IF YES, DIAGNOSIS _____

    DR./OR THERAPIST:_____

    DATES: _____

ARE YOU CURRENTLY UNDER THEIR CARE?   ❏ YES   ❏ NO

HAVE YOU EVER HAD ANY SUICIDAL/HOMICIDAL THOUGHTS OR IDEATIONS   ❏ YES   ❏ NO

    IF YES, DO YOU HAVE A PLAN?   ❏ YES   ❏ NO

DO YOU PRESENTLY HAVE ANY SUICIDAL/HOMICIDAL THOUGHTS OR IDEATIONS   ❏ YES   ❏ NO

    IF YES, DO YOU HAVE A PLAN?   ❏ YES   ❏ NO

COMMENTS: _____

_____

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_____

LEGAL

HAVE YOU EVER BEEN ARRESTED?   ❏ YES   ❏ NO

YEAR	DESCRIPTION	OUTCOME

IF YES, ARE YOU IN NEED OF LEGAL ASSISTANCE?   ❏ YES   ❏ NO

COMMENTS: _____

FINANCIAL

DO YOU HAVE DIFFICULTY PAYING YOUR BILLS?　☐ YES　☐ NO

DO YOU FEEL YOU WOULD LIKE ASSISTANCE WITH YOUR FINANCES?　☐ YES　☐ NO

COMMENTS: _____

_____

_____

CHEMICAL DEPENDENCY

DO YOU DRINK ALCOHOL?　☐ YES ☐ NO　　HOW MUCH? _____ HOW OFTEN? _____

DOES YOUR SPOUSE OR SIGNIFICANT OTHER DRINK ALCOHOL? ☐ YES ☐ NO

　　　　　　　　　　　　　　　　　　HOW MUCH?_____ HOW OFTEN? _____

DO YOU FEEL YOU OR YOUR SPOUSE MAY HAVE A PROBLEM WITH ALCOHOL?　☐ YES ☐ NO

HAVE YOU EVER TRIED OR PRESENTLY USING ANY OF THE FOLLOWING?　☐ YES ☐ NO

	AGE OF ONSET	AGE OF REGULAR USE	HIGHEST TOLERANCE AMOUNT	PRESENT AMOUNT AND ROUTE	DATE OF LAST USE
ALCOHOL					
COCAINE					
MARIJUANA					
STIMULANTS					
DEPRESSANTS					
OPIATES					
HALLUCINOGENS					
OTHER					

HAVE YOU EVER BEEN TREATED FOR DRUG OR ALCOHOL ABUSE?　☐ YES　☐ NO

IF YES, WHERE: _____

_____

NUMBER OF YEARS SOBRIETY _____

HAVE YOU, ARE YOU, OR DID YOU EVER ATTEND SELF-HELP GROUPS?

　　　　(AA, NA, ALANON, ACOA)　☐ YES　☐ NO

COMMENTS: _____

_____

_____

TREATMENT RECOMMENDATIONS

_____ NO TREATMENT   _____ INPATIENT

_____ DETOX   _____ OUTPATIENT

                                    _____ SELF-HELP SUPPORT GROUP

REFERRED TO: _____

ADDRESS: _____

_____

PHONE: _____

PRIMARY COUNSELOR: _____

PHONE: _____ EXT: _____

START DATE: _____

COMPLETION DATE: _____

SUMMARY:

_____

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Appendix N
Sample Program Statistics

Michigan State Police Department Behavioral Science Section

Total number of new patients for 1994:   93

Total number of new patients (August 1978 -- December 1994):   1,802

Total number of new patients per year:

1978:	37	1982:	99	1986:	103	1990:	145	1994:	93
1979:	118	1983:	112	1987:	127	1991:	123		
1980:	91	1984:	120	1988:	125	1992:	113		
1981:	57	1985:	102	1989:	130	1993:	107		

Total number of patients seen by two or more psychologists: 183

BREAKDOWN   (1978 - 1994):

ENLISTED PERSONNEL:	722	
Recruits:	12	
Troopers:	419	
Sergeants:	169	
Lieutenants:	111	
Inspectors & Higher:	11	
Enlisted - Spouse:	320	
Enlisted - Children:	135	
Enlisted - Retired:	5	1,182
Civ/Uniform Personnel:	52	
Civ/Uniform - Spouse:	12	
Civ/Uniform - Children:	8	
Civ/Uniform - Recruit:	1	
Civ/Uniform - Retired:	1	74
Civilian Personnel:	367	
Civilian - Spouse:	98	
Civilian - Children:	73	
Civilian - Retired:	1	539
Misc./Relatives:	7	

TOTAL: 1,802

Appendix O
Program Staff Hours Spent
by Program Activity

Tulsa Psychological Services

Direct Service Hours each Fiscal Year

Year	Hours
82	86
82/3	1137
83/4	1358
84/5	1404
85/6	1547
86/7	2138
87/8	2341
88/9	2641
89/90	2648
90/1	2949
91/2	3004
92/3	3070
93/4	2849

Education & Training Hours each Fiscal Year

Year	Hours
82	
82/3	444
83/4	204
84/5	104
85/6	122
86/7	368
87/8	188
88/9	248
89/90	318
90/1	225
91/2	215
92/3	240
93/4	274

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Bureau of Justice Assistance

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