The Bill Blackwood Law Enforcement Management Institute of Texas

Beyond the Cuff: Understanding Cumulative Stress Overload

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ABSTRACT

In 2017, the amount of police officer suicides outnumbered the line of duty deaths, 140 to 129 (Heyman, Dill, & Douglas, 2018). Mental health and behavioral health issues are a sensitive topic for law enforcement personnel. The terms mental and behavioral create a negative barrier for officers. Many officers believe that if they seek out help, they will be shunned or "black balled" from the law enforcement world. In July of 2017, the International Association of Fire Chiefs published a document called, "The Yellow Ribbon Report, Under the Helmet: Performing an Internal Size-Up." This report suggests the use of a new term "Cumulative Stress Overload." Cumulative Stress Overload is what happens when first responders, who start with the same everyday stressors as the rest of the world, add to their day an additional layer of extreme stress experienced in the line of duty (there are exceptions, of course: mass shootings, bombings, terrorist attacks, etc.). Agencies need to provide debriefings for high stress incidents. Supervisors need to be familiar with their subordinates and should be able to determine if their actions require attention. Agencies should provide an effective program to their officers to assist in preventing mental/behavioral issues that occur from on the job stressors.

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INTRODUCTION

Mental and emotional health issues effecting law enforcement personnel has been an issue for decades. Suicide is ultimately the biggest failure one supervisor can experience. The online Merriam-Webster Dictionary (n.d.) defines suicide as, "the act or an instance in taking one's own life voluntary and intentionally." According to the Regional Community Policing Institute at St. Petersburg College, "a peace officer is more likely to be a victim of suicide than homicide. More than twice as many deaths are by suicide than line-of-duty deaths" (Bureau of Justice Assistance, n.d.a., p. 1).

Agencies should provide their sworn and non-sworn employees an effective program that address how to handle emotional/behavioral health issues. Police officers need to have an avenue to express concerns without having punitive actions taken against them. The one "black hole" is that officers fail to communicate because they don't want any negative psychological information in their records. There are many organizations that can assist in training/implementation of programs to agencies. Supervisors need to build the relationships with their subordinates to assist in the early detection.

Budgetary constraints are always at the forefront to implementing any program.

Agencies need to consider their greatest asset to be their employees. Employees and salaries consume a large part of a budget, however the well-being of the officers should be the number one priority.

Suicide and suicidal thoughts may be just a symptom of bigger issues. Agencies are supporting personnel in prevention and education against alcoholism, drug use, depression, and other social issues that could lead to suicide. The goal is to become

aware of these issues to prevent personal disgrace, professional humiliation, or allow the issues to become unmanageable. (Rufo, 2015).

POSITION

Firefighters and police officer's respond to different types of emergencies, however, the mental health impact is similar in each profession. A study was completed in which a survey was conducted on 193 active officers in a Midwestern state. 7.8% agreed with the statement, "Found the idea of taking your own life kept coming into your mind" (Chopko, Palmieri, & Facemire, 2014, p. 5). One difference between firefighters and police officers is that the tool of trade for officers is a firearm. Police officers are given easy access and a front row to disaster if agencies turn their backs on mental/behavioral wellness. Firearms are the most frequently means of suicide for police officer's (Bureau of Justice Assistance, n.d.a.).

Statistics through Blue H.E.L.P. (Honor. Educate. Lead. Prevent)

(www.bluehelp.org) indicate that in 2018, 160 suicides were reported. The same number was reported in 2017 and 140 were reported in 2016. The Officer Down Memorial Page (www.odmp.org) reported 150 line of duty deaths in 2018, 152 in 2017, and 171 in 2016. According to Badge of Life (www.badgeoflife.org), a mandatory reporting system needs to be put in place to better vet the statistics. Blue H.E.L.P. has a reporting form that can be completed by the agency or family. This is not a complete accurate number, however it is numbers that have been reported through their website.

The International Association of Chiefs of Police (IACP) has recognized the need for implementation of suicide prevention programs in law enforcement. There is a webpage on their site that provides many resources that can be helpful to agencies

(IACP, n.d.). The IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence report offers actionable strategies designed and a road map for police departments seeking to include officer mental wellness as a core element in officer safety and well-being and to mitigate the threat of officer by suicide (IACP, n.d.).

The one barrier for agencies to overcome to effectively implement a program is change the culture of officers fearing to lose status by expressing their emotions. In 2012, John Violanti published a landmark study that determined there were various contributing factors to serious physical and mental health concerns by law enforcement officers. Shift work, long hours, unpredictable schedules, critical incidents, public attention and criticism, high rate of on the job injuries, and physical demands are some of the factors determined in the study. Some of Violanti's major concerns are high blood pressure, anxiety, posttraumatic stress disorder (PTSD), and suicide. Legally and ethically mandated, law enforcement officers need to maintain good physical and mental health. Verification and monitoring of the officer's emotional stability rest with the employer. The officer's department or chain of command will scrutinize any signs of behavior that are in question (Redman, 2018).

In an article by NBC news reporter Dan Corey, Officer Omar Delgado was one of the first officers to arrive on scene at the 2016 Pulse nightclub shooting (2017). Fortynine people were killed with dozens injured. At the time, it was the deadliest mass shooting in modern U.S. history. Delgado returned to patrol for a few months after the shooting, but decided to stop and seek assistance. For eight months, he has been working a desk job completing administrative functions. City Council unanimously voted

to pay Delgado sick time and designate December 31 his last day of work (Corey, 2017). Agencies should provide an assistance program that is non-punitive. Promotion of officers' mental health within law enforcement agencies can be incentive based. Completing voluntary stress management courses while off duty, participating in stress reduction activities such as yoga, and participating in exercise programs are examples of the incentives. Agencies engaging in incentives for wellness programs can cause budgetary and administrative constraints. These incentives will assist in reducing officer burnout and frequent absences (Sadulski, 2018).

It is imperative that supervisors develop relationships with their subordinates and obtain additional training to assist in the early detection of emotional health issues. Field supervisors need to recognize adverse stress reactions and signs of chronic stress in order to identify trauma or stress-related challenges in their subordinates. They can provide affected officers with resources and support, such as change in assigned zone, time off to resolve an acute stressor, or more formal support including professional counseling (Sadulski, 2018).

Supervisors should remain flexible when managing someone with PTSD. It is important to keep the lines of communication open. People with PTSD may feel embarrassed to ask for help. Supervisors should take the initiative and ask them how they can be supported. Supervisors can also look for difficulty concentrating, poor memory, stress, anxiety, and absenteeism. It is important for the supervisors to handle the problems promptly ("How to manage," n.d., para. 16 - 17).

Officers and command staff should be trained in learning how to be active listeners and approachable to those wishing to reach out for help. These leaders also

need to know what to do when someone asks for help, how to talk to the person, and how to ensure that the individual receives the proper care according to the department's protocols (IAFC, 2017). It is of critical importance that the command staff and officers demonstrate their commitment to changing the culture through their own behavior and be a role model. The best plan may be developed, but it will never be successfully implanted without demonstration of commitment from the top. (IAFC, 2017)

COUNTER ARGUMENTS

It was found that many documented sources used statistics from Badge of Life. Starting in 2018, the Badge of Life quit collecting the information due to the amount of non-reported suicides which created inaccurate projections. In an article published by Blakingerking (2018), a majority of the agencies questioned fewer than a dozen provided official numbers. The article quotes, Robert Douglas, executive director of the National Police Suicide Foundation, "We could be losing 300 to 400 officers a year to suicide but that is only my professional opinion because we don't really know" (Blakingerking 2018, para. 38). The rate of police suicides is significant when you compare it to the line of duty deaths. This is so significant, that the police suicide has been labeled "the other line of duty death" (Roufa, 2019, para. 6).

It is agreed by experts that the number of reported suicides is exceptionally low. Families feel shame which prevents them from disclosing or accepting the suicide of a loved one. Some departments will not bury officers who die from suicide with honor. The names of officers who die by suicide are not permitted on the National Law Enforcement Memorial in Washington, D.C. As a result, approximately 17% of police

suicides are misclassified as accidents or undermined deaths (Heyman, Dill, & Douglas, 2018).

All agencies are tasked each year with operating within the budgets provided to them by their governmental bodies. These budgets include normal operating functions such as salaries, benefits, training, equipment, fuel cost, marketing, supplies, and other necessary items to operate their departments. Elected officials in county and city governments want to be good stewards to the tax payer and be fair in how tax funds are spent. When budget cuts are made, alternate sources of funding may need to be sought out. Millions of dollars each year are available to law enforcement agencies through grants. There are local, state, federal, and private organizations with funds allocated for grant assistance. In addition, the National Institute of Justice provides funding for both new and surplus law enforcement equipment. The U.S. Department of Justice has other grants available to law enforcement agencies (Gasior, 2017).

Only about 3 to 5 percent of law enforcement agencies across the country have suicide prevention training programs. In 2017, Congress passed a Law Enforcement Mental Health and Wellness Act to help create new grants for peer support programs, fund studies examining the efficacy of crisis hotlines and develop resources to help departments address mental health challenges (Blakinger, 2018).

The people (employees/police officers) should be every agencies number one asset. Agencies invest a large amount of dollars into the hiring, developing, and success of all its employees. If an employee fails, the leadership and department have failed. The cost to train, equip, and pay a police officer is approximately \$62,725 before benefits (Banker, 2016).

There is a wide variety of law enforcement agencies in the United States that allows for there to be diversity in current approaches to suicide prevention. With decentralization of law enforcement, the dissemination practices are challenging. Out of 16,000 state and local law enforcement agencies in the United States, 70% are municipal police departments, 17% are sheriff offices (presiding over counties and independent cities with frequent responsibility for overseeing jails and prisons), 50% are state police departments, and the remainder are special jurisdiction and Texas constable offices. Agencies employing 10 or fewer sworn officers make up 49% of all agencies. Most officers' work for larger agencies with 100 or more sworn officers (Ramchand et al., 2019).

The greatest barrier to overcome is the involvement of the police officer. A study was conducted that involved 248 police officers who shared their view point of mental illness, and how they believed their colleagues perceived mental illness. The police officers indicated that their colleagues were unaccepting of mental illness, and yet those same colleagues were less judgmental than their colleagues assumed them to be (Karaffa & Koch, 2016). From this same survey, it was determined that officers who assumed their colleagues were judgmental about mental health issues were less likely than other officers to request or seek mental health services for themselves (Heyman, Dill, & Douglas, 2018).

Police Departments do not discuss mental health as frequent as they should.

The lack of discussion or interest within the police departments can create a silent killer.

Self-made barriers created by first responders will prevent them from accessing potentially life-saving mental health services (Heyman, Dill, & Douglas, 2018).

The law enforcement community needs to go through a great culture change to allow and encourage every police officer to remove the cape and seek help when needed. This also includes the training for supervisors to detect issues before the ultimate sacrifice is made.

RECOMMENDATION

Law enforcement agencies should provide their officers/employees the awareness and an effective program that addresses how to handle emotional/behavioral health (cumulative stress overload) issues in order to lower the number of reported suicides. There are a few solutions and recommendations that law enforcement executives can review when deciding what program to use.

In 2019, the Montgomery County Sheriff's Office in Montgomery County, Texas implemented a new chaplain program to improve the well-being of their employees. This program consists of adding Chaplains and a peer support group which is called "The Crisis Intervention Response Team." The chaplaincy program consists of 17 volunteer, ordained chaplains from various faiths who are assigned to all divisions within the department. These chaplains will provide employee support, but will be available to respond to emergency situations in support of the community in a time of crisis. The chaplain concept can be effective because they offer a more informal and confidential source of support for employees (Montgomery County Sheriff's Office, 2019).

Fire departments in Harris County adopted a concept in the early 2000's in which they utilize a third-party non-profit chaplaincy program, Emergency Chaplain Group (www.emergencychaplain.org). This service comes with a minimal donation at the departments' expense, however the cost outweighs the results. The non-profit has a

chaplain on-call 24 hours a day and respond to emergency scenes at the request of the department. The group provides annual training, continuing education, and regularly attends department functions and meetings. One of the requirements to become a chaplain is that they have had to "worn the badge." All the chaplains have at some point in their career been a firefighter, police officer, or EMS professional. The group does not just cater to fire department personnel. The group services many law enforcement agencies within Harris County (www.emergencychaplin.org).

The Chicago Police Department (CPD) developed a program after seeing an increase in officer suicides. CPD has an in-depth policy that defines the type of calls and the notification process of their "Professional Counseling Division." It is mandatory for the officer involved in the incident to contact and report to the Traumatic Incident Stress Management Program. The supervisors are responsible for ensuring the compliance and the needs of the officer are met during this process. These services are not only available during work hours, but are available to on-duty, off-duty, and retired members for any matter including their families (Chicago Police Department, 2019)

The Yellow Ribbon Report suggest using a "sandwich" approach when implementing a program (IAFC, 2017). Initiatives should be implemented from the top down so that leadership can demonstrate commitment to the importance of the issue, as well as allocate resources from program development and implementation. At the same time, these initiatives need to be led at the grassroots or bottom-up level so that every member of the organization is involved and has buy-in. Top-down initiatives

without simultaneous bottom-up involvement have a long history of failure in corporate America (IAFC, 2017).

The Law Enforcement Mental Health and Wellness Act of 2017 (LEMHWA) was signed into law in January of 2018. The goal of the act is providing the support to law enforcement agencies efforts to protect the mental health and wellbeing of the employees. The act allowed for grant funds to be used by agency's for mental health and wellness causes through the Community Oriented Policing Services of the U.S. Department of Justice. LEMHWA funds projects that are following topics of peer mentoring training and support, recommendations for implementation, and peer support implantation projects. There is up to 2 million dollars allocated for fiscal year 2019 (Community Oriented Policing Services, n.d.).

In addition to the Law Enforcement Mental Health and Wellness Act, a mandatory and more efficient avenue for reporting police officer suicide needs to be implemented. Leadership needs to include this when implementing a program for their agencies.

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