



EMOTIONAL ARMOR:

PREPARING OFFICERS FOR THE IMPACTS OF SUSTAINED, LOW-LEVEL STRESS

Written by: WZ Speaker Joe Wolf, CFI

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On December 19, 2018, Hillsborough County, Florida, Deputy Sheriff Terry Shawn called into dispatch and said that he had harmed his family. Deputy Shawn told the dispatcher that financial and health problems had taken a toll, and he intended to kill himself near the local high school.¹

Dispatchers attempted to diffuse the situation over the phone while officers searched for Shawn. Deputies shortly located Shawn, but, despite his fellow officers' best efforts, he fatally shot himself at the scene. Investigators subsequently discovered that Shawn earlier had killed his wife, daughter, and granddaughter.²

Shockingly, this was the second time a Hillsborough County deputy was involved in a murder-suicide in less than three months. On September 24, 2018, Deputy Kirk Keithley killed his wife before fatally turning his gun on himself.³

These tragedies are certainly not ill reflections on the Hillsborough County Sheriff's Office. Rather, they illustrate the increasing incidents of law enforcement officer suicides. These tragic events are certainly not limited to Hillsborough County—in 2017, at least 140 U.S. law enforcement officers committed suicide, up from 108 in 2016. The data show that in 2017 more officers died from suicide than were killed in the line of duty.⁴

The physical dangers of law enforcement work are widely known and frequently discussed. Over the past two decades, there has been increasing attention paid to the psychological and emotional toll that transpires in the wake of experiencing critical incidents and daily stressors of the profession. This extends to the challenges officers face in maintaining a healthy work-life balance when off the job.⁵

It is widely understood that participation in critical incidents can be a primary causative factor in mental health concerns for law enforcement officers. However, less understood is the toll taken by sustained exposure to lower-level stressors. Officers are regularly confronted by dissatisfied and disgruntled people, death, and repeated moments of fear of personal violence. When coupled with the worrying load of everyday life (e.g., kids, debt, relationships), these stressors can lead to cumulative trauma.⁶

One research paper described the steady drip of stressors in this way:

Incidents may be filed away, but they are not forgotten. In fact, one day, the slide show of incidents will begin to take its toll on the person, rendering him worse for wear. Think of it like this: a giant redwood tree stands strong in the forest. Every single day, for twenty years, someone takes one swing at it with an axe. After every single blow to the tree's foundation, it becomes weaker, until one day, the final blow occurs, and the tree succumbs to the cumulative blows, falling to the ground.⁷

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Arguably, all first responders face the hazards described; they are not unique to law enforcement officers. However, the upward trend of suicides by officers is outpacing the data for all public safety communities of practice. Research indicates that public safety professional suicides are widely underreported.⁸ Nonetheless, there is no denying that the statistics are alarming.

A recent study described the most common barriers that prevent police officers from seeking the assistance of mental health professionals. One key factor is the high premium on images of bravery and toughness within police culture. Officers might have significant fears of shame and stigma attached to seeking help for mental and emotional distress. However, little public attention is paid to these issues, and suicide rates among public safety professionals are rarely reported in popular media.⁹ One researcher expressed it this way: "They are scared of losing their guns if they speak openly about their mental illness, and that fear is not unfounded."¹⁰

The father of an officer in crisis, himself a public safety professional, put it another way:

*The problem with us as first responders is that we don't take care of ourselves very well. We take care of others, but we don't want to be other people's problem. We want to be that brave person. We want to be the one that is standing tall.*¹¹

Police leaders have long recognized that mental health care is important for the continued well-being of the workforce. Yet of the 18,000 law enforcement agencies in the United States, only 3–5 percent have suicide prevention training programs.¹²

It's not difficult to understand the value of a sustainable mental health care and support program. There are, however, limitations to reactive mental health care. The limitations can be categorized in three key ways:

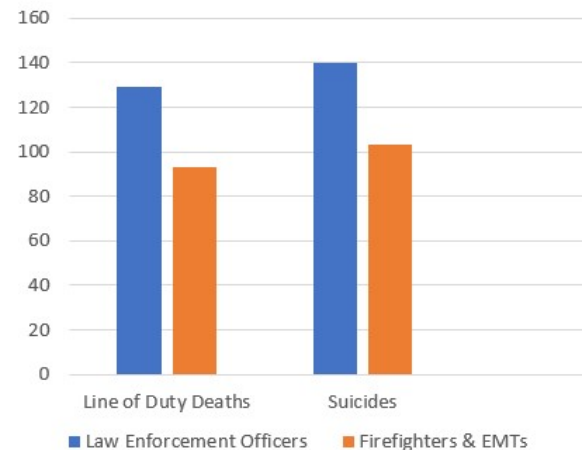
- 1. Accessibility.** Many agencies simply cannot afford to put mental health programs into action. This may be due to budgetary constraints, absence of mental health professionals in the region, or the continuing stigma associated with seeking mental and emotional health care.
- 2. Timeliness.** The effectiveness of reactive mental health care may be severely diminished if the officer is already in crisis or at the point where the agency's leadership feels compelled to order a clinical assessment.
- 3. Resistance.** Even if officers recognize that they are struggling with their emotional load, they might be reluctant to come forward to share their problems. Privacy concerns, fear of ridicule, and shame contribute to this resistance. The notion of appearing weak or fearful to peers and supervisors is a powerful disincentive to seek aid.

It's not enough to provide care once an officer is already struggling or in crisis. The answer lies in better preparing officers for the inevitable strains and emotional wear and tear that they will face in a career of police work. There are a number of strategies that agencies can implement to take a more proactive approach to mental health care.

Encourage Small-Group Discussion During Academy Training

Peer support is widely recognized as an effective way to assist officers facing disturbing or traumatic events. By exposing officers to the restorative power of peer support early in their careers, they will be better disposed to access this power when they are in or approaching crisis.¹³

First Responder Deaths
2017



Entry-level trainees can be tasked with small-group discussion exercises that will provide insights about protecting their individual mental health. These exercises will provide the opportunity for new officers to

- discuss personal life stressors in a judgement-free environment,
- accustom them to sharing daily life concerns and issues with others, and
- demonstrate the power of talking about personal problems with people they trust.

The agenda for each discussion session would be set in advance by a veteran officer, acting as instructor or mentor. Topics for early sessions could include nonthreatening subjects that are unlikely to raise defensive or withdrawing behaviors.

Effective starting topics would include

- reasons for becoming an officer,
- family response to the law enforcement career choice,
- past life successes, and
- plans for the future.

Once a comfortable and trusting environment is established, instructors or mentors can gradually introduce more emotional topics such as past life stressors, concerns about entering the law enforcement profession, and the daily strains of academy life.

Develop a Cadre of “Master Police Coaches”

Police psychologist Marla Friedman proposes that departments create a team of master police coaches. She identifies these officers as field training officers who have demonstrated exceptional skills in interpersonal relationships as well as traditional police expertise. These officers would be trained in identifying potential mental health problems before a critical point is reached.¹⁴

These master police coaches would not merely serve as mental health referring resources. They should be trained to use powerful and persuasive mentally healthy language and methods in guiding new officers. The program’s intent is not to create an army of police robots. Rather, it’s designed to allow officers to form healthy reactions to the things they experience and formulate appropriate responses. This training philosophy, according to Friedman, will result in fewer maladaptive behaviors, negative emotional states, and instances of faulty thinking.

A master police coach program could be launched at most agencies for a low cost. Even the smallest agencies should be able to identify exceptional FTOs suited to this role. Local educational institutions and mental health providers could serve as learning resources to prepare the master police coaches for the job.

Leveraging the Power of Emotional Intelligence

Simply stated, emotional intelligence is the ability to manage the impact of emotions on our relationships with others. It involves using superior interpersonal skills to create positive relationships, communicate more effectively, and resolve disputes with better outcomes.¹⁵

In addition to improving performance, emotional intelligence has proven benefits in providing protection from stress, anxiety, and depression.¹⁶ Psychological well-being has a direct link to emotional intelligence. Officers can be trained to access the power of their emotional intelligence by periodically performing a psychological wellness self-checkup. Using a self-monitoring system developed by psychologist Carol Ryff, officers can perform this check by privately assessing their responses to a few simple statements:

Autonomy: I have confidence in my opinions, even if they are contrary to consensus.

Environment: In general, I feel I am in charge of the situation in which I live.

Personal Growth: I think it is important to have new experiences that challenge how you think about yourself and the world.

Positive Relationships with Others: People would describe me as a giving person, willing to share my time, but not a pushover.

Purpose in Life: Some people wander aimlessly through life, but I am not one of them.

Self-Acceptance: I like most aspects of my personality.¹⁷

Officers experiencing concerns with any of these key areas should be encouraged to discuss them with a mental health professional, a peer, a supervisor, or a trusted friend or adviser. The goal is to identify any potential issues early, before a crisis takes over.

Encourage Officers to Have Periodic Mental Health Checkups

Agencies with limited budgets might not be in a financial position to afford full access to mental health professionals on a routine basis. However, virtually all departments have access to medical care for their personnel. To the extent that periodic medical checkups are required, “mental health checkups” could be included as part of the periodic care package.

If the agency openly encourages these mental health checkups and confidentiality is strictly maintained, officers will feel encouraged to speak about things that may be troubling to them. Similarly, if all officers have the opportunity to discreetly interview with a mental health provider, the stigma attached to such sessions will diminish.¹⁸

Conclusion

In the last three decades, extraordinary strides have been made in officer safety and survival solutions. Advances in less-lethal weapons system, better ballistic protection, and technology-based crime-fighting tools provide officers with measures of safety, effectiveness, and efficiency unimaginable 30 years ago. Improvements in providing post-crisis mental health care for officers are likewise steadily being made.

Law enforcement leaders must make a commitment to preventive actions designed to prepare officers for the eventual mental health strains that accompany a career in the public safety profession. Committing to do so has the added benefit of preventing the development of maladaptive coping behaviors for those dealing with what might become an unmanageable stress load.

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