

Police Stress Interventions

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In the aftermath of several high impact and high profile events within the city of Newark and the Newark Police Department, a request was made by Newark Police and a program was initiated to provide educational preventive interventions and an anonymous hotline that would afford police officers access to immediate mental health referrals and services. The program was funded by the Violence Institute of New Jersey at the University of Medicine and Dentistry of New Jersey and supported by the administration of the police department. The lectures and content of the program were well received by the police officers, reflected in their attendance and involvement in each of the program segments. During and following the presentation of the programs, a significant increase in the use of the dedicated hotline provided for the officers of the Newark Police Department was observed. Based on the favorable results of this project, a follow-up program is currently proposed to add this content to the training of recruits at the police academy, and to add another component of training in critical incident stress management. [*Brief Treatment and Crisis Intervention* 3:47–53 (2003)]

KEY WORDS: police stress, critical incident stress management, crisis intervention, preventive educational interventions, police anonymous hotline use.

Recently, law enforcement institutions throughout the nation have been held under intense scrutiny in response to community allegations of suspected abuse of power (October 22 Coalition, 1999). Some of these events have gained national attention and contributed to increasingly negative attitudes toward police officers. Violence inflicted upon the community, although important, is not the only concern. Intradepartmental violence between officers is of grave concern for most police agencies and has the potential to affect the working environment significantly. Finally, the incidence of suicide

among law enforcement officers mirrors that of the general population but may be growing.

Although most of the statistics of violence among or perpetrated by law enforcement corresponds with those of the general population, their risk of uncontrollable violent behavior is greatly increased by their possession of firearms (Glasser, 1999). Evidence in major studies appears to point to the availability of firearms as a potent risk factor for suicide (Violanti, 1996). Although it is difficult to compile accurate statistics on police suicide, recent evidence suggests that self-inflicted deaths within the law

enforcement profession are continuing on an upward trend. A current study of 2,611 officers between 1980–1990 found approximately a 1.5-fold increase in the frequency of suicides over previous decades (Violanti, 1996).

Police officers are exposed to many stresses in the line of duty including violent incidents (e.g., shootings, hostage crises) and traumatic incidents (i.e., injured victims, child victims, corpses). In addition to these often life-threatening critical incidents, there are a variety of stresses that are specific to the police profession.

According to James T. Reese, PhD (2000, personal communication), stresses in police work occur because of the nature of the work experience itself. Further stress is a function of police organizations and the traditional subculture and “politics” of every police department, everywhere. Another source of stress is attributable to the legal system and the role of the courts as they affect police work, including the perception that the courts are too lenient on criminals and court rulings that make their work more difficult because of restrictions on police powers. Also making their jobs more complicated is the perceived lack of public support for police in every community.

A variety of other personal stresses typically affect members of this profession. Police officers are viewed as authority figures, even when they are not on duty and their position often separates them from others in society (*Utah Peace Officer Magazine*, as cited in *Street Survival*,

2002). Becoming an officer is often a lifestyle choice rather than just a career and the role as an officer often dictates how personal time is spent as well.

Another source of stress in this field affects police personnel at home and in their families. Most officers work in shifts. The changing work schedule can upset routine patterns needed in a marriage and family, which causes stress on the officer as well as the family (*Utah Peace Officer Magazine*, as cited in *Street Survival*, 2002). As part of the role, a police officer needs to be in constant emotional control and not show any feelings, even in the most highly charged emotional circumstances. This emotional detachment can be a valuable advantage at work, but may not be the best way of functioning privately or in the family. These are just some examples of the many factors that affect officers on a more personal level.

Law enforcement personnel are in an environment where the “at work” world is very negative. What they see, hear about, and encounter every day includes the worst of humanity in every community. It is common that such experiences influence changes in the personality of anyone who has to function in such a world. Police officers become more pessimistic, more cynical, and more suspicious in their everyday lives and in their attitudes toward life. They often develop a negative attitude and a dislike of people in general. Within the first 18 months on duty, police officers become more detached and hardened because of experiences specific to their profession (Robinson, Sigman, & Wilson, 1997).

In 1992, the Executive Director of the ACLU, Ira Glasser, stated: “Police work is multifaceted, stressful, difficult and dangerous. Moreover, constant confrontation with the human face of our country’s most severe social problems almost inevitably engenders in some officers such a dim view of the public they are supposed to serve that they eschew completely the role of the ‘servant’ for that of the ‘warrior.’” Violent situations and those that deem force necessary

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are among the most stressful. But “cops” are expected to “handle the stress,” to “handle the pressure.” This theme is pervasive within the “police subculture” in turn influenced highly by the police role in society. The central feature of this social role is the assigned right to use or threaten to use force (Adlam, 1982). It is this capacity to overcome resistance with force that separates law enforcement from any other profession.

The need, ability, and right to use force to resolve conflict, in part, defines the police officer’s personality. The police personality is also shaped by the officer’s close contact with dangerous situations. Danger contributes to the officer’s attentiveness toward potential violent or law-breaking behavior, what can be termed as “learned suspicion.” Learned suspicion becomes a valuable tool in the line of duty. Because the officer deals on a regular basis with dishonesty, it is probable for that officer to become more cynical, distrustful, and skeptical of those around him or her (Adlam, 1982). Nonetheless, these qualities, too, help for better performance as a “cop.” It becomes problematic when these qualities transcend the immediate police work and enter into other aspects of the officer’s personal life.

Often a problem within a high stress occupation where there is little to no opportunity to manage stress effectively, individuals often resort to using self-defeating coping tactics. Such maladaptive tactics include self-medication through alcohol or drug use, anger, violence, or social withdrawal. The long-term effects of maladaptive coping will create problems beyond the job stress alone (Mitchell & Everly, 1997).

It is critically important that programs within police departments be developed which promote the psychological and emotional wellness of law enforcement personnel. In recent years, it has become increasingly clear that the constant exposure to traumatic incidents in the daily tour of duty is an important factor in the development of violence and other psychiatric prob-

lems among police officers (Carlier, Lamberts, & Gersons, 1996).

The effect of multiple exposures to such occurrences compound the emotional, mental, and physical exhaustion often felt by officers. The tendency to suppress emotional distress can partly be explained by the restraint of emotional expression within the police culture (Carlier, Lamberts, & Gersons, 1997). This suppression of emotion can result in avoidance and dissociation, further contributing to a chronic state of post-traumatic stress disorder (PTSD). Law enforcement workers suffering from PTSD may experience feelings of uncontrolled anxiety, stress, fear, and helplessness (Brewin, Andrews, Rose, & Kirk, 1999). These feelings can lead to excitability, aggressiveness, anger, and violence in situations where they feel safe to exert a heightened sense of power and control (e.g., the home, the community).

As highlighted in Title XX, Subtitle B, Law Enforcement Family Support, 1994 Violent Crime Control and Law Enforcement Act, adequate training programs must be implemented on a state and local level to educate officers as to stresses associated with their profession, and more importantly, of ways in which to cope with these stresses. Appropriate prevention, intervention, and treatment of stress associated with police work are essential to preventing psychosocial impairments that contribute to misconduct.

Intervention

On February 17, 1999, a tragic homicide/suicide incident occurred within the ranks of the Newark Police Department (NPD). This event involved the murder of a young female recruit, in her first year of service, by a senior officer who then tragically killed himself. A series of debriefing sessions were conducted in the aftermath of that incident, since it was a very complex emotional event for many of the officers

who responded to the scene, as well as many other members of the police department who knew and worked with each of the officers involved.

Another incident, occurring in 2001, involved a murder/hostage situation. In this case, 14 NPD police officers responded and were directly involved in the negotiations and rescue efforts required to stabilize this incident. Again, the impact on the officers of the police department was dramatic and powerful. These events have underscored the need to develop appropriate, necessary crisis intervention, and critical incident stress management services with qualified clinicians after complex and tragic incidents within the NPD.

This, however, is not the only consequence of the high level of stress inherent in the day-to-day function of this group of professionals. There is increasing awareness of the high incidence of domestic violence, alcoholism, substance abuse, depression, and other psychological sequelae of stress among members of this special population. In spite of the availability of treatment services in the police department (i.e., Employee Assistance Program) there is often great resistance to their use. This can be explained in part by the perceived lack of confidentiality and the stigma associated with mental health or psychiatric treatment within the field of law enforcement.

Seed Grant

In August of 1999, New Jersey Medical School, Department of Psychiatry received a seed grant from the Violence Institute of New Jersey at the University of Medicine and Dentistry of New Jersey. In cooperation with the NPD, Ernesto A. Amaranto, MD, Principal Investigator, and Cherie Castellano, Coprincipal Investigator, launched the grant project entitled, "Violence Prevention for Law Enforcement Officers in Newark, New Jersey." The tragic incident that

occurred on February 17, 1999, provided the necessary impetus for both the New Jersey Medical School and NPD to work collaboratively on this project. This project had the full support and cooperation of Joseph Santiago, then Director of NPD; Thomas O'Reilly, former Chief of Police NPD; Anthony Ambrose, Chief of Police NPD, currently the Acting Director NPD; Thomas Brennan, former Deputy Chief of Police NPD; and Steve Yablonski, Lieutenant NPD, along with the concerted efforts of many other members of the department.

This project was established to identify the most effective ways to address the sensitive and urgent mental health needs of its law enforcement population. This was done through two programs. First was the introduction of a primary prevention/educational program providing information to officers regarding the major sources of stress that uniquely affects their lives. Second, a confidential facilitated referral system was established providing a dedicated 800 number, a 24-hour hotline service that provided access to the entire NPD force for their outpatient psychiatric needs during this project.

Educational/Primary Prevention Program

The prevention program began with a two-day seminar on November 10–11, 1999, titled "Striving for Wellness: A Challenge for the New Millennium," presented by James T. Reese, PhD, former FBI agent and renowned authority on stress and violence in the workplace and especially the police department. A series of lectures/workshops to augment the initial program followed and were conducted at the Newark Police Academy. In order to better assess the needs of the police officers, the assigned lecturers of the project participated in ride-alongs, which allowed the opportunity to work a shift in a patrol car with Newark police officers to provide better insight into the day-to-day

stressors and experiences of the police officer on the job.

Topics for the primary prevention lectures included: stress management, domestic violence, PTSD, critical incident stress management, and substance abuse. Workplace stress management was addressed in all five lectures, emphasizing risk factors associated with stress as well as behaviors and skills useful to manage stress more effectively.

The module on stress management introduced a comprehensive definition of the different types of stress, including those specific to law enforcement. The discussion focused on the human stress response, the impact of stress on different areas of functioning, as well as a multi-pronged approach to stress management with practical techniques to help reduce the negative impact of stress on officers.

The module on domestic violence introduced the problems of domestic violence in the law enforcement family with a focus on police work and family issues. It was important to recognize that police training, experience, and needs for control and authority play out in an incidence of domestic violence within police families. Specific content was provided on the dynamics of the problem, and domestic violence education. Also provided were specific resources for counseling and professional intervention as well as community-based programs for victims and abusers. It is important for police officers to be aware of the legal aspects and career implications of domestic violence complaints in their homes.

Another module offered information on PTSD, the specific symptoms of PTSD, and elements of predisposing vulnerability that might increase the risk factors involved in onset of trauma. Specialized management and treatment options were discussed and skills for prevention were described.

The section on critical incident stress described the nature, the types of events, and the impact of critical incidents typical for the work-

ing police officer. Critical incident stress management strategies and skills were described with a focus on developing the preventive resources necessary to manage the inevitable exposure of these events in the law enforcement field.

The last topic addressed police substance abuse issues. The focus in this area was on the classification of psychotropic drugs and their effects on the brain, issues of dependency, and the health consequences of using drugs. Further consideration of the mental health effects, the impact on work function, legal considerations, and intervention options available were also discussed. Recognizing the stressful professional demands made on the typical police officer and the use of substances to self-medicate for the effects of this stress, that is, using stimulants (even as simple as caffeine, nicotine, and sugar) to overcome depression or depressants (such as alcohol) to manage anxiety are among the most common habits in police departments.

Each of the topics was considered essential information for anyone in the law enforcement field. The focal point was on providing information regarding the problems, common manifestations to normalize the experience and strategies for management along with treatment options available through the hotline number provided for the officers in the NPD.

Results

The confidential facilitated referral system consisted of a dedicated 800 hotline that provided to the entire NPD force access to outpatient psychiatric service needs before and during the program. Results indicate that the number of calls made to the hotline increased significantly during the intervention period. The obtained rate of hotline calls (1.91) was much higher than predicted (0.2396 ± 0.01218) indicating that there was a substantial increase in the number of calls between November 1999 and June 2000 when the interventions were offered.

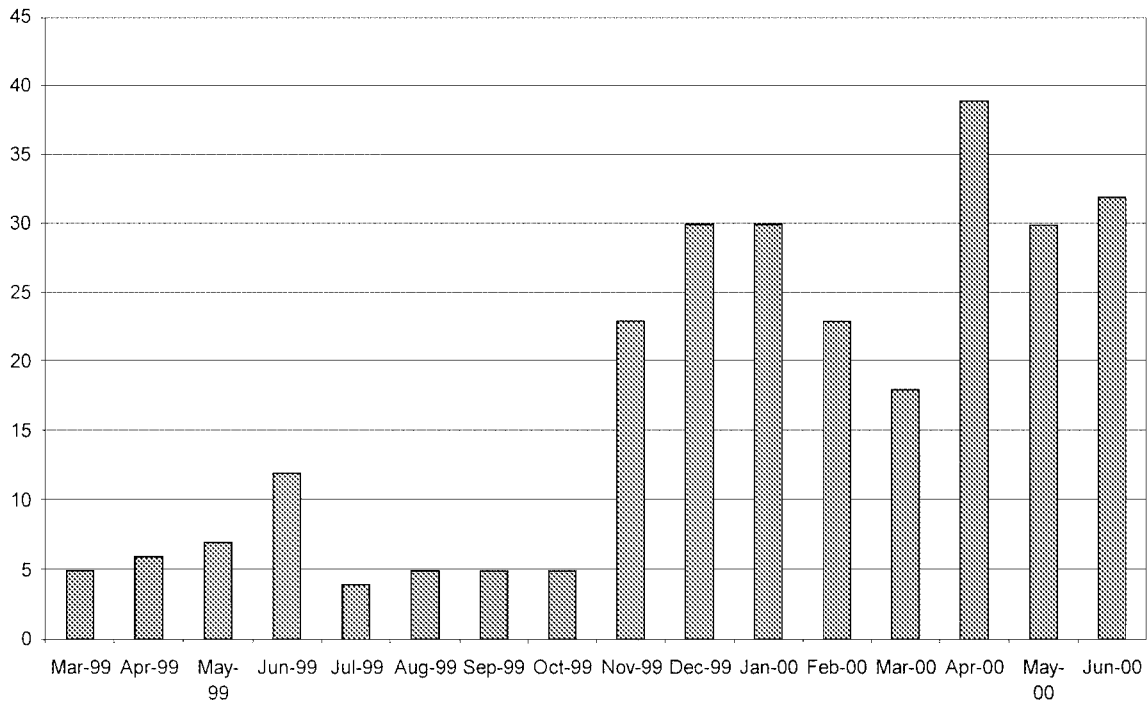


FIGURE 1
Total number of monthly calls made between February 1999 and June 2000 to the confidential facilitated referral system hotline.

Following the series of lectures, we examined the number of calls that came into the hotline number. Information about the total number of first time calls made to the hotline number since the project’s inception on August 1, 1999, until June 2000 was gathered (see Figure 1).

Subjective Observations

The following is a summary of the observations made by lecturers and the research assistant during interactions with participating officers:

1. There was strong cooperation for the project by the entire NPD.
2. There was enthusiastic response by the officers who attended the seminar and lecture series. Attendance was strong for all of the topic presentations.

3. There was an emphatic recommendation to maintain this type of program in addition to the inclusion of training in crisis intervention for interested officers.
4. Rank and file officers identified the following sources of direct stress: (a) being “second-guessed” in fieldwork, (b) punishment for “minor” infractions, (c) lack of rewards for jobs well done, (d) fear of being “de-gunned” (official removal of an officer’s service revolver as well as any personal weapons) for stress or personal problems, and (e) low morale (as a result of the above).

Discussion

The availability of an anonymous hotline number is a needed resource that law enforcement professionals do utilize. It is possible that the

stress management interventions and debriefing sessions following the murder/suicide and the murder/hostage incidents have increased awareness among officers about the stress they experience and the use of the hotline as a resource. However, no direct relationship can be made because of limits in the statistical power of this study. Therefore, there is a need for a carefully designed study to identify the cause and effect relationship between interventional education and utilization of mental health resources.

Nevertheless, the research team and the collaborators from the NPD are encouraged by the results of this project. Based on the positive subjective results of the initial intervention, qualified by the increase of calls to the 800 hotline, additional educational programs are being developed to provide ongoing support to the NPD. Critical incident stress management training and internal team building for the prevention and mitigation of traumatic stress are also currently in the process of proposal and development. These efforts offer an organized approach, effective in reducing and controlling harmful aspects of stress in law enforcement.

Providing these interventions and mental health support will help keep officers more competent, effective in performing their jobs, and managing the stress of their environment better, and may also enhance job satisfaction.

In wake of the September 11 tragedy, when there was an overall increase in the awareness of the unique stressors experienced by emergency responders, and police in particular, so the concern for maintaining the physical and mental health of law enforcement personnel is of greater importance (Fraser, 1991). With additional research and program development, this primary prevention and education model could be utilized for other police departments and modified according to their specific needs. It is critical throughout the state and country to protect and preserve those officers dedicated to serving the public.

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