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Law Enforcement Mental Wellness

Understanding Posttraumatic Stress (PTS)

An informational and educational booklet on how to recognize signs and symptoms of PTS, build resilience, and improve well-being to enhance our personal and professional relationships.

> ***“There is no shame in a normal biological response.”***
>
> —Dr. Michael Genovese

There Is No Shame in Posttraumatic Stress (PTS)

By Dr. Michael Genovese, M.D., J.D., Chief Medical Officer, Acadia Healthcare

As first responders and law enforcement, you see more trauma on the job in one month than some people will see in a lifetime. These events can happen in one traumatic instance, or as a steady stream of high-stress situations. These moments, while looked at by so many brave first responders across our country as just a part of putting on the uniform, can have an impact on your brain and nervous system that should not be overlooked.

Every time you have an experience, your brain and body will store that information, and it will affect the way your body processes other experiences moving forward. If the brain undergoes enough volatile moments, altering the way your mind processes and reacts, your brain has experienced an injury known as posttraumatic stress (PTS).

Since this is an injury that can't be seen, the validity and true impact it has on your body can unfortunately be dismissed. It can sometimes be viewed as weak or cowardly, or as something to just be ignored. However, it is important that we understand that PTS is a normal biological response to abnormal, volatile events.

There is no shame in a normal biological response.

This understanding, I believe, will help to remove the shame and stigma surrounding mental health, enhancing the tenacity with which first responders are able to approach their duty. We must see the effects the job can have on our bodies and be prepared to handle it with resilience and within a culture of wellness. Resilient first responders will benefit not only our communities, but also our families and, of course, ourselves.

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Purpose of This Book

When an officer or dispatcher is suffering from posttraumatic stress, depression, anxiety, or any other mental health concern, that can manifest itself in many ways and greatly affect the life of the first responder. This handbook provides first responders with information to help recognize when the signs and symptoms of posttraumatic stress are pointing to an injury of the brain or leading to maladaptive behaviors such as a substance use disorder or suicidal ideation. This handbook also provides information on the importance of resilience, as well as how to find resources when treatment or counseling may become necessary.

What Is Posttraumatic Stress?

As defined, PTS is severe anxiety that can develop after exposure to one or more events that cause psychological trauma. (Cumulative Career Traumatic Stress, or CCTS, is similar to PTS in its symptoms but is caused by a series of traumatic events over a prolonged time, such as with the career of a first responder. When referring to PTS in this handbook, we imply CCTS as well.) It is an extreme but natural reaction to a traumatic event. It often occurs from an intense situation when you think you or somebody else is going to die or be seriously injured and that you can do nothing to prevent it. It affects approximately 25% of those exposed to a single traumatic incident but, when dealing with CCTS, can be nearly 90% for those repeatedly exposed.

> *The rate of PTS in policework is three to four times that of the general population.*

PTS Is an Injury, Not a Weakness.

PTS is an injury to the brain's normal processing ability to properly process emotional trauma and place it into the right perspective. It can occur weeks or even years afterward and can affect anyone. Delayed PTS symptoms occur at least six months after the event or even later. Approximately 40% of diagnoses fall into this category.

It is estimated that more than 7 million Americans suffer from posttraumatic stress. About 15%–18% of working police officers (about 140,000) have PTS and CCTS symptoms; many tens of thousands more suffer from acute stress disorder. The rate of PTS in policework is three to four times that of the general population.

Each of us has a different level of tolerance for stress that fluctuates based on life circumstances. It is important for us to recognize that just because one person seems to handle stress or the stresses of the job effectively, this does not mean that someone who is having a difficult time handling job-related stress is weak or inferior. This is a highly simplistic view of a complex situation. It is also important to remember that nobody asks to feel overwhelmed. We need to understand work-related stress and life stress from the perspective of the individual experiencing the stress.

We also need to consider the totality of the resources available at any given time, because they do fluctuate for each person. At some points in our lives, there are fewer resources available to us than at other points. As such, there are times when we need to “empty our buckets” and add more resources to support our physical, cognitive, emotional, and behavioral functioning.

Recognizing the Symptoms

Most of us experience stress intermittently in our lives. Stress can originate from several sources, including work, job loss or threatened job loss, finances, divorce, relationships, family issues, the birth of a child, the death or severe illness of a loved one, legal issues, or failing at something. Stress can result from a single extremely traumatic incident or can be cumulative from repeated stressful experiences. Stress is a common human experience.

Fortunately, however, we can learn how to cope with average or even higher stress levels. As such, if we do reach a point of feeling overwhelmed or a feeling of "something doesn't feel right," it is easy to dismiss this feeling and tell ourselves we can handle it. It is hard for us to admit when we need help or cannot handle stress on our own. It is especially hard for first responders to do so. Society has created a stigma surrounding mental health concerns, and that stigma is even greater for first responders or emergency personnel because of the expectations placed on us to be "superhuman." However, the truth is that most of us have felt high levels of stress on multiple occasions throughout our lives, and these resulting in posttraumatic stress can be a common occurrence. That is why it is critical for us to be cognizant of the source of stressors and aware of the signs of posttraumatic stress so that we may seek appropriate interventions.

Signs of Posttraumatic Stress Include:

- Nightmares
- Flashbacks (feeling as though you are reliving the traumatic event)
- Problems remembering the event, or unwillingness to discuss it
- Thoughts of death or suicide
- Changing your behavior to avoid people or situations that remind you of the event
- Being easily startled
- Feeling as though you are always in danger
- Pulling away from family and friends
- Feeling overwhelmed
- Trouble sleeping or excessive sleeping
- Panic symptoms (e.g., difficulty breathing, rapid heartbeat, lightheadedness, feeling like you are having a heart attack or heart problems)
- Agitation, restlessness, and irritability
- Change in appetite/weight gain or loss
- Difficulty concentrating
- Fatigue and lack of energy
- Hopelessness/helplessness
- Feelings of worthlessness, self-hate, and guilt
- Loss of interest or pleasure in activities that were once enjoyed

Being Cognizant of the Sources of Stress

There are many potential sources of stress associated with work in emergency services. These stressors can be inside or outside of the workplace and can apply to ***all members*** of an emergency services agency.

Sources of Occupational Stress:

- Stress from being in an on-call status, constantly tied to your phone and being worried about missing a call or potential repercussions of not responding
- Stress from being in an on-call status and being worried about having to respond and leave an important family event or pushing your parental responsibilities onto your partner or others
- Cumulative traumatic stress[1] associated with investigating or preparing for the prosecution of horrific crimes and autopsies, delivering death notifications, and/or assisting victims and families dealing with the emotional aftermath of crime (including sex assault cases, particularly involving children as victims)
- Stress from an increasing caseload, feeling overworked, and balancing multiple responsibilities on the job
- Stress from feeling burned out from never getting caught up
- Stress from conflict with coworkers or supervisors
- Stress from traumatic/critical incidents, such as being involved in or witnessing a shooting, being shot at, or other life-threatening incidents

Research indicates that organizational and management stressors can result in higher exposure to overall stress than stressors associated with regular police functions.[2] In addition, exposure to routine work stress by those serving in law enforcement has been shown to increase the risk for experiencing psychological distress and for developing posttraumatic stress following a critical incident.[3]

[1] William, J. P. (2010). Critical Incidents in Law Enforcement: A Phenomenological Analysis of Coping with Traumatic Stress (Doctoral dissertation, Argosy University), 44-52. Retrieved from www.frsn.org/LiteratureRetrieve.aspx?ID=121951

[2] Brown, J. M., & Campbell, E. A. (1990). Sources of occupational stress in the police. Work & Stress, 4(4), 305-318.

[3] Liberman, A. M., Best, S. R., Metzler, T. J., Fagan, J. A., Weiss, D. S., & Marmar, C. R. (2002). Routine occupational stress and psychological distress in police. Policing: An International Journal of Police Strategies & Management, 25(2), 421-441.

Sources of Stress from Outside the Workplace

Stress you may experience can also originate from or be compounded by stressors outside the workplace. Sources and signs of stress from outside the workplace may include:

- Personal life/family stress
- Relationship difficulties/lack of intimacy
- Transition from work to home
- Feeling distanced from the family
- Spouse feeling overwhelmed
- Verbal/physical abuse in the home
- Sexual dysfunction
- Nightmares

Reexperiencing Symptoms

Distressing memories, images, smells, sounds, and feelings of the traumatic event can repeatedly “intrude” in the lives of individuals who have PTS. Sufferers may remain so captured by the memory of past trauma that they have difficulty paying attention to the present. They may have nightmares, sometimes even acting out the dream while still asleep. They experience repeated flashbacks or reliving of the event. This can be accompanied by exaggerated emotional and physical reactions like fear, frustration and anger, sweating, increased heart rate, muscle tension, and a sense of helplessness.

Avoidance Symptoms

Memories and reminders of traumatic events are very distressing. Therefore, people who have PTS often avoid situations, people, or events that may remind them of the trauma. They often try not to think or talk about what happened and attempt to cut themselves off from the painful feelings associated with the memories. However, oftentimes, the more a person tries to suppress the memories and emotional reactions, the more intensely they reexperience these symptoms.

In their attempts to do this, they often withdraw from family, friends, and society and no longer take part in activities they used to enjoy. In this way, first responders or emergency personnel can become “emotionally numb” to their surroundings and do not experience normal everyday emotions such as love and joy, even toward those closest to them.

Such reactions can lead to depression and feelings of isolation. They can also lead to problems with motivation. People who have PTS often find it hard to make decisions and get themselves going.

Environmental reminders (triggers) play a part in these intrusive memories by recalling an image, sound, smell, or feeling that is associated with the original event (for example, a loud noise may be experienced as gunfire or a bomb blast).

Arousal Symptoms

Often, people who have experienced trauma have been confronted with their own mortality and realize that they could have been seriously injured or killed. In the case of a first responder, they may have witnessed horrific scenes multiple times. Their assumptions and beliefs that the world is safe and fair, that other people are basically good, and that "it won't happen to me" may be shattered by these experiences.

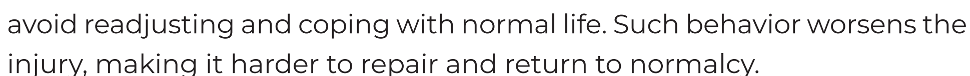
People who have lived on high alert (sometimes described as a hypervigilant roller coaster) may become acutely attuned and hyperresponsive to the environment, constantly scanning for danger, adopting "safe" positions and routes, and displaying an exaggerated startle response to mundane triggers such as a flash of light, a loud noise, or a quick movement near the face.

> *Many PTS sufferers feel let down, abandoned, and judged by others.*

Hypervigilance or being always alert to potential danger is extremely exhausting. Falling asleep or staying asleep becomes difficult, and long-term sleep deprivation further weakens coping mechanisms and adds to depression.

Irritability or angry outbursts often become common, and concentration becomes difficult. Many PTS sufferers feel let down, abandoned, and judged by others. Some express anger verbally, and others become physically aggressive and violent to property or people.

Common behavior among police officers and dispatchers is to deny their injury and seek to stay in or return to the high-risk places and activities that caused their PTS injury. It's where they feel "at home" and they can



avoid readjusting and coping with normal life. Such behavior worsens the injury, making it harder to repair and return to normalcy.

Building Resilience[4]

The Federal Bureau of Investigation National Academy Associates (FBINAA) Officer Safety and Wellness Committee worked with the United States Air Force to adapt their Comprehensive Airman Fitness Master Resilience Training Program for law enforcement. The result was the FBINAA Comprehensive Officer Resilience Program.

Resilience Rationale

A key component of a comprehensively fit officer is resilience. People are not born resilient; they learn to be resilient through life experiences.

Resilience training builds resilience and improves it in those who are already considered to be resilient.

Research by academic forums has established that resilient people are not as negatively impacted by adverse events, and when they do experience an adverse event, they recover faster and are more likely to experience postevent growth.

Even without an adverse event, the positive effects of this training are a win-win; it's just a matter of degree. This training helps reshape your thinking. It helps you look at the world, yourself, and events you experience in a different way — emphasizing the positive and your strengths rather than your weaknesses.

[4]Information in this section comes from the FBI National Academy Associates Comprehensive Officer Resilience Program Student Workbook, Version 1, January 2018. This training program is listed in the Resources section at the end of this handbook.

Domains & Tenets

The four domains of the training are the areas of a person's life that capture the totality of how they experience and relate to others and themselves, and being fit across the four domains will lead to a more resilient individual. These tenets are the key characteristics in an individual that foster resilience.

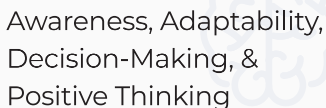
Mental: The ability to effectively cope with unique mental stressors and challenges

Physical: The ability to adopt and sustain healthy behaviors needed to enhance health and well-being

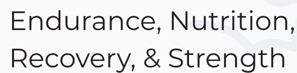
Social: The ability to engage in healthy social networks that promote overall well-being and optimal performance

Spiritual: The ability to strengthen a set of beliefs, principles, or values that sustain an individual's sense of well-being and purpose

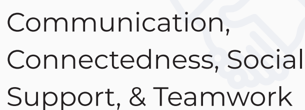
Domain Tenets



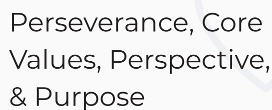
Mental
Awareness, Adaptability, Decision-Making, & Positive Thinking



Physical
Endurance, Nutrition, Recovery, & Strength



Social
Communication, Connectedness, Social Support, & Teamwork



Spiritual
Perseverance, Core Values, Perspective, & Purpose

Preparation & Coping Methods

Preparation is critical to being able to limit the intensity of posttraumatic stress symptoms and to constructively process trauma. Officers and dispatchers need to be both mentally and physically prepared as best as they are able in order to have the best chance of surviving mentally and emotionally.

Posttraumatic stress is a complex mental processing injury in which the affected person's memory, emotional responses, intellectual processes, and nervous system have all been disrupted by one or more traumatic experiences. Its effects can be treated and symptoms can be mitigated with preparation. In the end, police officers are not permanently damaged goods. We're still friends, family members, loved ones, and humans.

The following are effective methods for preparing oneself:

Fitness: Develop and maintain a consistent, effective physical fitness program.

Sleep Management: Develop habits of getting consistent, quality sleep that is essential for maintaining a strong mental and emotional coping capability.

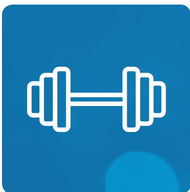
Diet: Develop habits of a good, nutritional, balanced diet without abusing caffeine, energy drinks, or alcohol. (Abuse means suffering any physical withdrawals if the item is not used in 24 hours.)

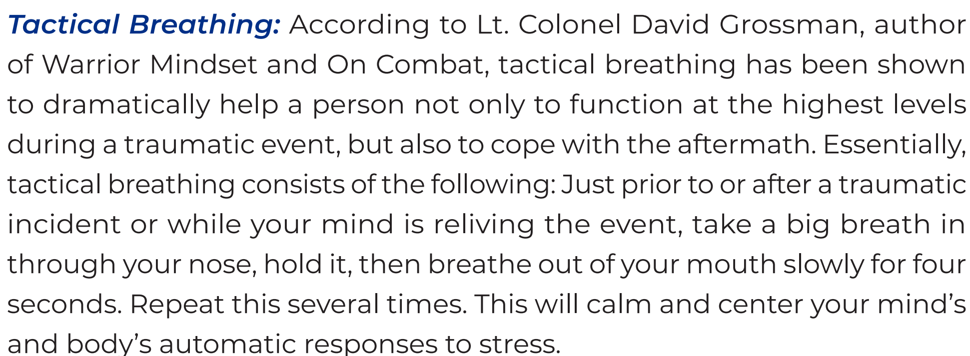
Hydration: Develop the habit of consistently being well-hydrated with water.

Support: Develop a trusted support system of family and friends. Discuss with them what to expect, how you are likely to behave and react after a critical incident, and how they can most effectively help you. Discuss with your friends and family what you will be experiencing either after a traumatic event or due to consistent exposure to significant stress. Give them advice beforehand about how they can best support and help you. Remember, your physical, mental, and emotional health and well-being, as well as the quality of your life, are all dependent on your level of preparedness.

Active: Work at maintaining an active personal life that consists of various activities that lift your spirit and keep you active and not isolated.

Faith, Meditation, & Spiritual Practice: If you are a person of faith, do not neglect it. Use it for your own benefit and to further develop coping skills.





Tactical Breathing: According to Lt. Colonel David Grossman, author of Warrior Mindset and On Combat, tactical breathing has been shown to dramatically help a person not only to function at the highest levels during a traumatic event, but also to cope with the aftermath. Essentially, tactical breathing consists of the following: Just prior to or after a traumatic incident or while your mind is reliving the event, take a big breath in through your nose, hold it, then breathe out of your mouth slowly for four seconds. Repeat this several times. This will calm and center your mind's and body's automatic responses to stress.

Mental Rehearsal: Work at developing the mindset that eventually you will experience a significant traumatic incident, but you will survive. Mentally rehearse how you will handle such an experience and what will be helpful for you to process the trauma and place it into its proper perspective.

Help: Seek assistance from a psychologist or therapist who has experience in traumatic events shortly after the incident. Peer support can provide references. Treatments for mental wellness concerns can be relatively short-term and extremely effective, especially if sought shortly after an incident.

Talk About the Incident: Find understanding people to talk with who will listen without judgment. Peers who have experienced traumatic events offer an invaluable resource for officers and dispatchers to talk with to begin to process the trauma.

Critical Incidents

You have experienced an event that may cause you to have unusually strong emotional reactions. This event has the potential to interfere with your ability to function now or in the future. We call these events critical incidents. Although you may feel that the event is over and you're OK at the moment, it is very common — in fact, quite normal — for people to experience emotional ***aftershocks*** when they have gone through a horrible event.

The emotional aftershocks (or stress reactions) may appear immediately after the traumatic event. Sometimes, they may appear a few hours or a few days later, and, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months, and occasionally longer depending on the severity of the traumatic event. With the understanding and support of loved ones, the stress reactions usually pass more quickly. Occasionally, the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply that you have "lost it" or are weak. It simply indicates that the particular event was just too powerful for you to manage by yourself.

Keep in mind, the stress reactions listed on the next page are normal and are part of the healing process. There is not a lot anyone can do to prevent them from occurring. There are, however, some things you can do that may help you deal with your reactions so that they pass more quickly.

Common Signs & Signals of a Stress Reaction:

Physical

- Chills
- Thirst
- Fatigue
- Nausea
- Fainting
- Twitches
- Vomiting
- Dizziness
- Weakness
- Chest pain
- Headaches

Cognitive

- Confusion
- Nightmares
- Uncertainty
- Hypervigilance
- Suspiciousness
- Intrusive images
- Poor attention
- Poor memory
- Blaming someone
- Poor problem-solving
- Poor abstract thinking

Emotional

- Fear
- Guilt
- Grief
- Panic
- Denial
- Anxiety
- Agitation
- Irritability
- Intense anger
- Apprehension
- Emotional shock

Behavioral

- Withdrawal
- Hyperalert to environment
- Loss of or increase in appetite
- Intensified pacing
- Erratic movements
- Change in social activity
- Change in speech patterns
- Inability to rest
- Antisocial acts
- Increased alcohol consumption
- Change in usual communications

Things to Try

For Yourself

+ Within the first 24–48 hours, periods of strenuous physical exercise alternated with relaxation and rest will alleviate some of the physical reactions.
+ Structure your time — keep busy. Maintain as "close to a normal schedule" as possible.
+ You're normal and having normal reactions. Don't label yourself as being crazy.
+ Talk to other people about what you're feeling.
+ Spend time with others. Do not isolate yourself. Reach out to others involved in the event.
+ Eat well-balanced meals on as regular a schedule as possible. Try to cut back on the amount of fatty foods and your use of products such as coffee, tea, chocolate, and soft drinks, which are high in caffeine content. Supplement your diet with multivitamin tablets.
+ Don't complicate things with the overindulgence of alcohol. You need to have a clear mind to work through some of your reactions. Alcohol clouds your ability to think clearly and may prolong your discomfort.
+ Make as many normal daily decisions as possible to give yourself a sense of being in control of your life. Keep your life as normal as possible. Do not make any big life changes or decisions.
+ Recurring thoughts, dreams, and flashbacks are normal and will pass with time. Do not attempt to fight them. They will eventually decrease.
+ Do the things that feel good to you. Give yourself a break. Do something you have been meaning to do.
+ Realize that those around you are also under stress. Help your fellow first responders as much as possible by sharing feelings and checking on how they're doing.

For Partners & Other First Responders

- Listen carefully. You don't have to say anything. Just be there for them!
- Spend time with this important person who has been involved in a traumatic event.
- Offer your assistance, but don't try to "overdo" things for them.
- Reassure them. Don't tell them that it could have been worse.
- Allow them to have some private time, but don't abandon them altogether.
- Don't take their anger or feelings personally. They may be experiencing the effects of critical incident stress as the result of this horrible event.
- Tell them that you are sorry for how they feel, and be supportive and caring during this time.

Changing the Culture: Mental Health Stigma, Suicide, & First Responders

Sadly, there is a long history of mental health stigma in the emergency services field. Traditionally, first responders and emergency personnel have been held to a higher standard than other professions, despite the fact that the job itself has a much higher level of exposure to trauma and stress than most other professions. This is counterintuitive. We expect our first responders to have superhuman powers in handling stressful circumstances. But we are indeed human, and the things we see and do are not normal human experiences.

Historically in emergency services, when first responders feel stressed, they withdraw and try to hide it. They are often ashamed or embarrassed. Reaching out for help is incredibly difficult. They may fear being treated indecently. They may fear being made to feel weak or inferior. They may fear being subjected to having their guns taken away and referred for a fitness for duty evaluation.

> *...we are indeed human, and the things we see and do are not normal human experiences.*

Part of the problem across the country seems to be a lack of understanding on the part of both emergency services agencies and first responders in how to best address such matters. As such, many times, agencies overreact.

It is important that you understand your ***rights*** and seek union representation. It is also important to understand the agency policies regarding fitness for duty evaluations. Some general information is provided in a later chapter to assist with a basic understanding.

Suicide: Risk Factors, Protective Factors, Myths, & Interventions[5]

"Officers of the law are twice as likely to put a gun to their heads as be killed by someone else, and yet they are trained as if exactly the opposite were true." *—Michael Turvey, Ph.D., University of Connecticut*

Suicide is a leading cause of death for law enforcement officers across the country. The suicide rate for the general population is approximately 11 per 100,000, but it is 17 per 100,000 for police officers. It is important for us to understand that given the right set of circumstances, any one of us could attempt or complete suicide. It is also vital to know that there are many options to consider if feeling suicidal.

Suicide is rarely a rational act. Instead, because of extreme levels of stress, causing insomnia, anxiety, and depression, our ability to think rationally and critically becomes compromised. As such, we begin to reason from an emotional level instead of a cognitive level. Suicide becomes a solution for ridding ourselves of the immense pain we are feeling. Often, suicidal individuals feel trapped, like there is no other way out of a situation. This again is emotional reasoning.

There is ***always*** a way out of the situation. It is important to recognize that since the act of suicide is rarely a rational decision and, conversely, is based on emotional reasoning, a more rational option is to delay the decision to end your life and evaluate this option when in a rational state of mind.

[5] Source: National Police Suicide Foundation, Inc., The Bridge, Volume 19, Issue 1, March 2016.

Risk Factors for Suicide[6]

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (belief that suicide is the noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Recent loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance use disorders or to suicidal thoughts

Unfortunately, anyone can die by suicide. These are just statistical predictors.

Protective Factors for Suicide[7]

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors is, however, equally as important as researching risk factors.

Protective Factors:

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for seeking help
- Family and community support (connectedness)
- Support from ongoing medical and mental healthcare relationships
- Skills in problem-solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

[6]Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html.

[7]Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html; United States Public Health Service 1999.

Myths About Suicide[8]

1. People who talk about suicide do not die by suicide.
2. Suicide happens without warning.
3. Suicidal persons are fully intent on dying or feel that there is no turning back.
4. Once a person is suicidal, they are suicidal forever.
5. Improvement following a suicidal crisis means that the suicidal risk is over.
6. Suicide strikes much more often among the rich or, conversely, it occurs almost exclusively among the poor.
7. All suicidal individuals are mentally ill, and/or suicide is always the act of a psychotic or chronically depressed person.
8. Suicidal persons rarely want or seek professional help.
9. If you ask an individual directly, "Do you feel like killing yourself?" then this would lead the individual to make a suicide attempt.
10. There is very little correlation between alcohol/drug abuse and suicidal behavior.
11. Suicidal behavior is always impulsive and poorly thought-out.

Suicide Interventions

First, it is critical to remove the stigma associated with suicidal thoughts. It is highly understandable that someone might consider this option when faced with significant stress and emotional pain. Yet, it is our hope that anyone who reads this handbook understands that help and support are available, and that there are many resources to provide intervention and coping mechanisms for stress. It's important to understand that overwhelmed, stressed, and suicidal are not career-ending problems in themselves. They are human problems, and first responders are human too. Finally, it is our hope that you share your suicidal thoughts, and it is our pledge that you will be embraced and supported by your brothers and sisters in emergency services.

All of us must take responsibility for one another. There are several models for how to do so on the next page.

[8]Source: National Police Suicide Foundation, Inc., The Bridge, Volume 19, Issue 1, March 2016.

QPR (Question, Persuade, Refer)[9]

Question: Question the person about suicide. Don't be afraid to ask if they have thoughts of killing themselves. Do they have a plan? If in doubt, ***ask!***

Persuade: Persuade the person to get help. Listen carefully, then say, "Let me help." Have resources handy, or stay with the person while you find the resources.

Refer: Refer for help. Utilize the Cop2Cop Program **(1-866-267-2267)**, your EAP (Employee Assistance Program), the union, the local emergency room, a chaplain, or the person's insurance carrier.[10]

A.I.D. L.I.F.E.[11]

Ask

Intervene

Don't Keep It a Secret

Locate Help

Involve Command (if person is imminently suicidal, get help to save their life)

Find Someone to Stay with the Person Now (don't leave them alone)

Expedite

[9] Rutgers University Behavioral Healthcare, Cop-2-Cop.
[10] Multiple resources with contact information are listed in the back of this handbook.
[11] Department of the Navy, United States of America.

Fitness for Duty Evaluations[12]

While each agency will have its own policies and procedures for a fitness for duty evaluation (FFDE), a great source of information on understanding these evaluations is the Psychological Fitness for Duty Evaluation Guidelines published by the International Association of Chiefs of Police (IACP) Psychological Services Section in 2013.

According to IACP guidelines and Americans with Disabilities Act (ADA), a psychological FFDE occurs when there is:

1. Objective evidence that the employee may be unable to safely or effectively perform a defined job, and;
2. A reasonable basis for believing that the cause may be due to a psychological condition or impairment. Can be based on direct observation, a credible third-party report, or other reliable evidence.

[12]Information in this section comes from the International Association of Chiefs of Police (IACP) and from Jennifer Kelly, Ph.D., ABPP, referenced in the beginning of this handbook.

FFDE Information

+ Medical exam under the ADA, NJLAD, and ADAAA
+ Performed on current employees who are sworn or civilian personnel
+ Cannot be used as a disciplinary tactic
+ IACP has established guidelines that reflect commonly accepted practice
+ Question or examination must be "job-related and consistent with business necessity"
+ "Ability to perform essential job functions will be impaired by a medical condition"
+ "Will pose a direct threat due to a medical condition"
+ ADA does not require an FFDE — can terminate without one in the case of gross misconduct, etc.

Your Rights

If you need psychological services/counseling, you have a right to treatment and counseling without fear of any negative impact on your employment.

Self-referral for stress-related problems should not trigger a fitness for duty evaluation:

- Seek union representation to work collaboratively with the administration
- Seek legal advice/representation for further clarification and support

Other Steps You Can Take

If you are feeling overwhelmed by your specific job duties and responsibilities, you can request a transfer to a different unit. Although the employer has no obligation to fulfill your request, it may offer a solution to reducing job stress and being able to remain a productive member of the organization.

> *...you have a right to treatment and counseling without fear of any negative impact...*

Proactive Approaches to Mental Health & First Responders

It is imperative for us, as employees and union members, to work together with our agency to develop proactive approaches to improving mental health functioning and decreasing stress in the workplace. Some ways in which we can be proactive with mental health wellness include condition or impairment. Can be based on direct observation, a credible third-party report, or other reliable evidence.

Focus on Mental Health Wellness & Rehabilitation

+ Develop a culture of concern for employees experiencing mental health conditions, stress, etc.
+ Develop and provide a comprehensive resource manual
+ Work with the agency on developing related SOPs or an agency training curriculum
+ Promote the philosophy that self-referral for stress-related problems should be encouraged and not over-pathologized, and should not trigger an FFDE

Mental Health Wellness & Resilience Training

+ Seeking out wellness programs that teach resilience
+ Resilience is "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress"[13]

Requests for Transfer/Specific Accommodations Based on Stress

+ Work with agency to develop a policy for transfer or specific accommodation requests based on stress

Develop a Culture of Understanding the Stresses Within the Various Units of the Organization

+ Assessment of stress and anxiety in the position, on an annual basis or at least every other year

Understanding of the Interaction of Stress at Work/Stress at Home

Annual Mental Health Checks

+ First responders visit a psychologist at least once per year on a confidential basis

+ Provides the first responder or emergency personnel with an opportunity to vent about the pressures of the job and find new ways of handling cumulative trauma

Focus on Improving Job Satisfaction

+ Anonymous job satisfaction surveys with recommendations for improving job satisfaction by sharing results with agency administration

+ Implement changes to increase job satisfaction

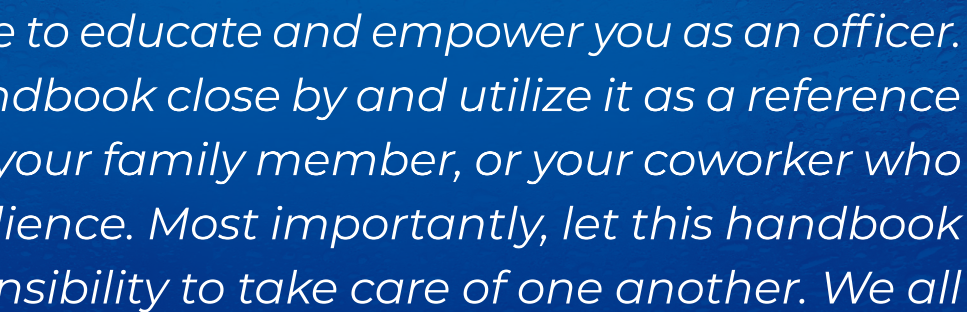
Look to Other Agencies That Have Effective Models

+ Los Angeles Police Department
    - Encourages seeking help
    - Has an excellent peer support program
    - Police psychologists available
        - Remove stigma from suicide
        - Acknowledge a suicide, discuss it, be open about the cause of death, and learn from it
    - Policy efforts
        - Limits are placed on the time one can spend in certain units

[13]Retrieved from: www.apa.org/helpcenter/road-resilience.aspx, on June 29, 2017.

Closing Statements

We are hopeful that this handbook will serve
We further hope that you will keep this han
manual for yourself, your brother or sister, y
may need mental health services and resil
serve as a reminder of our collective respo
owe this to our friend, brother, and sister.



e to educate and empower you as an officer. ndbook close by and utilize it as a reference your family member, or your coworker who lience. Most importantly, let this handbook nsibility to take care of one another. We all

Resources: Suicide Prevention, Crisis Services, & Peer Support

National Suicide Prevention Lifeline

1-800-273-TALK [1-800-273-8255]

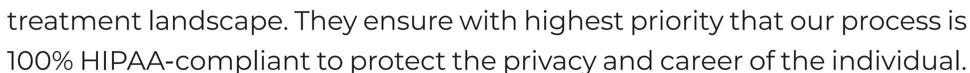
www.suicidepreventionlifeline.org

Live Chat Available Online

Treatment Placement Specialists® (TPS)

Treatment Placement Specialists® is an initiative of Acadia Healthcare, serving law enforcement and first responders as a resource for accessing treatment options that are best suited to their circumstances. The team is made up of law enforcement veterans, clinicians, and behavioral health professionals who are trained in and have a strong understanding of the needs of first responders. Strategically placed across the country, the team is available to unions, EAPs, peer support groups, and individuals who are seeking mental health and substance use treatment options.

Confidentiality is important in any case of mental health concerns or substance use. This is particularly true of those in the law enforcement and first responders community. The TPS team works solely with the individual in need, as well as their family, should they choose, to help navigate the



treatment landscape. They ensure with highest priority that our process is 100% HIPAA-compliant to protect the privacy and career of the individual.

Treatment Placement Specialists® work with a wide network of providers who offer programming options and treatment services for the following categories:

- Substance use and addictions
- Mood and anxiety disorders
- Behavioral disorders
- Eating disorders
- Neurocognitive disorders
- Trauma-related disorders
- Residential care
- Medical stabilization
- Complex pain
- Medical detox
- Neuropsychological testing

Treatment Placement Specialists® consider an individual's clinical needs, demographics, and financial considerations in finding treatment solutions. The services offered by the TPS team are delivered at absolutely ***no cost*** to the client or to the referring professional.

ACADIA
HEALTHCARE

Treatment
Placement
Specialists®