

Officer Wellness: Proactive Steps towards Taking Care of Our Own

Lieutenant Benjamin Verby, Dakota County Sheriff's Office
Sergeant Brandon Silgjord, St. Louis Sheriff's Office
Captain Joe Bosman, Minnehaha County Sheriff's Office
Lieutenant Jon Turk, Rochester Police Department
Commander Paul Lenzmeier, Anoka County Sheriff's Office

Team Cobras

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Abstract

Policing has long been seen as a stressful profession. However, apparent spikes in suicide and post-traumatic stress disorder diagnosis among American law enforcement officers, calls for a closer examination of our practices to prevent and address these issues. Although the suicide rate for law enforcement has risen to become only slightly higher than the national average, when taken into account that officers undergo significant background investigations and psychological assessments, this increase is alarming. Enough so it has driven a nationwide movement to bring law enforcement PTSD to the forefront of not only agency policy, but also legislation. Minnesota, as an example, has enacted laws to support officers who suffer from PTSD while seeking to label that condition as an occupational disease. While these topics are issues that could be addressed individually, they speak directly to the overall issue of mental well-being for our law enforcement officers. While we agree that officer wellness as a broad topic incorporates both physical and mental wellness, this paper will focus on the mental and emotional issues and illnesses that affect our officers. These psychological issues are driven by both the perceived and real barriers that officers face when coming forward to address their mental health. Through the presentation of research, leadership concepts, and professional experiences we will examine the topics of causation, prevention, and consequences of officer mental health issues.

Officer Wellness; Proactive Steps towards Taking Care of Our Own

Post-traumatic stress disorder, also known by the acronym PTSD, can develop when individuals are exposed to traumatic events. According to Beshears (2017), cumulative PTSD can be even more dangerous than PTSD caused by a single traumatic event. This is largely because cumulative PTSD is more likely to go unnoticed and untreated. Cumulative PTSD builds over time through a career of stressful events in law enforcement. Daily, law enforcement responds to calls of traumatic and stressful incidents where their lives and the lives of others are in danger. Patterson (2001) reported that police officers experience, on average, over three traumatic events for every six months of service. In addition to these incidents, other factors exist that also contribute to cumulative PTSD, such as a twenty-four-hour shift work schedule and dealing with people in distress who are verbally assaultive. The unknown dangers in calls for service also create a heightened state of awareness which creates stress. Kirschman (2017) sets out the specific data that there are approximately 900,000 sworn officers in the United States, of which up to 19% (approximately 170,000) may be suffering from PTSD. Other studies suggest that approximately 34% suffer symptoms associated with PTSD but do not meet the standards for the full diagnosis. Lumb (2016) asserts that PTSD is illustrated by high morbidity, divorce, and suicide that is twice the rate of average citizens.

Not all law enforcement officers experience PTSD or cumulative PTSD. Some officers have individual habits that help them cope with the stresses of traumatic events. These habits include faith, coping strategies, physical activities, and positive stress release habits. For many officers at risk of developing PTSD, there are many factors that contribute to them not receiving the preventative or current care they need for PTSD. This includes a sense of weakness for

officers who seek help with their feelings. Lumb (2016) affirms that inside the walls of police culture it is deemed a weakness for officers to express the need for assistance. This assertion is driven by the belief that any mental illness or issue that an officer experiences can be controlled and self-manageable.

PTSD is gaining recognition throughout our country. Not only is PTSD a significant concern in our military, it is also a significant concern for our local heroes in law enforcement. This recognition is evident as we now have a National PTSD Awareness day of June 26th. PTSD affects the lives of law enforcement professionally and personally. Agencies are slowly creating peer support groups and mental health evaluations to combat this, but each day that these resources are delayed, lives of many are negatively impacted by PTSD. In 2018, the State of Minnesota passed a bill to aid officers in seeking help when they are suffering from PTSD (Schmidt, 2019). The Minnesota House and Senate recently passed legislation that added a work-related injury presumption to the workers' compensation statutes for public employees who are diagnosed with post-traumatic stress disorder (PTSD). The positions for which the PTSD presumption applies include: licensed police officer, deputy, Minnesota State Patrol, firefighter, paramedic, emergency medical technician, public safety dispatcher, corrections officer, and any licensed nurse who provides emergency medical services outside of a medical facility.

As younger generations of officers enter into the law enforcement workforce, they may advocate for improved resources for emotional wellness and a culture where open feelings are not suppressed or discouraged. Fostering this new culture may be challenging for older generation officers, but agency leadership needs to recognize the importance of this shift as it relates to officer recruitment and retention. Although applying innovative approaches to addressing mental health issues may be slow and difficult, police officers deserve the change,

and the outcome is worth the investment. The positive change will increase the prospect of having a stronger, healthier, and more productive police force (International Association of Chiefs of Police, 2014). The status of an officer's mental health will also carry over to their home life, and if the officer is suffering, it can negatively impact their relationship with their spouse or family. This can lead to officers leaving the law enforcement profession early due to continued stresses in the home environment.

New and younger officers often embrace technology and may respond better to online training and resources for mental health support. Online self-assessment tools, Skype therapy, text support, and national hotlines are just a few examples of how technology can be incorporated as a tool for getting officers help. These options need to maintain the confidentiality of participants, and agencies should be aware that the importance of human contact cannot be undervalued. Using social media to humanize the badge can help build support from the public by showing how stressful and difficult the law enforcement profession can be. There is hope that a push for community understanding that officers are just as human as everyone else will lessen the pressure on officers to deliver perfection in their duties. Another method of bringing mental health awareness to officers is by the use of posters, brochures, and wallet cards that outline the signs of stress and PTSD, while listing available resources for support.

Reporting and documenting law enforcement officer suicides is not currently standardized, thus hindering our ability to comprehensively analyze the issue as a whole. There are some online sites that report such statistics, but they rely on voluntary contributions, social media, personal communications, and monitoring of news. The FBI releases the Law Enforcement Officer Killed and Assaulted report (LEOKA), but this report does not include officers killed by intentional self-inflicted causes. One recent suggestion from the International

Association of Chiefs of Police is that a mechanism to capture data pertaining to current and retired officer suicides should be implemented. Loosely tracked data from multiple areas suggest that the current suicide rate for law enforcement hovers just over the national average of the American populous as a whole (Richter, 2019).

Challenges and implications resulting from officer wellness issues and suicide are concerns that are not only isolated to larger police organizations. Even though the majority of police officer suicide studies have focused on larger police departments Violanti, Mnatsakanova, Burchfiel, Hartley, and Andrew (2012) compared suicide rates between small and larger police departments. Asserted by their research they documented that 49% of police departments in the U.S. employ less than 10 full time police officers, but when compared to larger departments, smaller police departments have reported a significantly higher annual suicide rate. This is important considering that an officer suicide in a small agency may have a greater impact on the department as a whole when compared to the impact on larger agencies. Possible reasoning for why smaller police departments have a higher suicide rate includes a lack of available mental health assistance, increased workload, and community visibility. When combined with limited budgets and lack of Employee Assistance Programs (EAPs), the availability of support options are further diminished. It may be difficult for smaller agencies to maintain confidentiality when providing assistance to an officer because of the propensity of intimate details of people's lives being known by many in a small community. To help alleviate these challenges faced by smaller departments, relationships should be built with local hospitals or mental health providers to utilize services through volunteer agreements. Some small and rural departments can also work together to share services and resources as a regional effort. This responsibility falls on the leaders of an organization, and is dependent on their ability to exercise positive emotional

intelligence. Robinson (2017) describes emotional intelligence as a leader's ability to identify, assess, and control the emotions of ourselves and others.

Law Enforcement agencies are recognizing that emotional health is a key human factor for maintaining resilient employees and organizations which improve safety for the officer and the community (Harrington, 2019a). In 2016, the US Department of Justice, Office of Community Policing Services convened a working group to discuss officer safety and wellness. Lessons and recommendations from the meeting identified five pillars of resilience for officers. Emotional health was recognized as a pillar critical to resilience. Recently, organizations have recognized the need to further develop effective emotional health programs but have found that current programs are underutilized for fear of embarrassment or retaliation (Spence, 2016).

There are several programs and recommendations for providing emotional support for officers, all of which hinge on trust as an overriding theme for their success. It should be the goal of emotional support programs to offer the opportunity for rehabilitation without fear of being stigmatized. Resources often developed for employees include employee assistance and peer support programs. Often, EAP's are broadly developed by a city or county human resource departments to fit the entire organization and not the specific needs of law enforcement. Agencies need to develop credible EAP's which have the support of union leaders, officer groups, and command staff to gain buy-in. Effective EAP's for law enforcement should incorporate the retention of counselors who have an understanding of police officers and their work (Spence, 2016). It has been suggested that long term mentoring might be an effective model for emotional resilience. Often, peer support is implemented after a critical event; however, it may be more effective to have long term monitoring where long term relationships allow for the development of trust and confidentiality.

The success of emotional wellness and resiliency begins with leadership embracing the four cornerstones and ten core values of the moral compass (Snyder, 2017). That success depends on the willingness of the organization to create a culture of safety. The leadership needs to be intentional in regards to wellness and should be part of organizational values. Leadership needs to lead by example, demonstrating the importance of safety, health, and wellness through training; enforcing safety practices; and providing resources. Stephens, Fiedler, and Edwards (2012) affirm that in order to remove the stigma of officers seeking help, organizations should provide officers with annual fitness and emotional evaluations. These evaluations should conclude with information on the health risks to individual officers (Spence, 2016). Leadership can leverage the development of PTSD and emotional resilient programs by leveraging risk management principals. Progressive leaders should seek out strategies to eliminate or mitigate risk that could come from unaddressed emotional distress. Leadership needs to promote and foster a culture that encourages and expects all personnel to recognize when emotional issues are affecting performance (Harrington, 2019b). This would allow everyone in the organization to be confident with early intervention and self-reporting to receive support services. Another key to resilience is having strong protective factors such as networks of family and friends. Resilient agencies empower officers to take ownership of their own health and wellness. Agencies can support this by developing officer safety and wellness tool kits, which should include resources to cover issues such as long-term effects on law enforcement and how to counteract those effects (Spence, 2016).

Professional Experiences

The effects of suicide within the law enforcement community have touched many of us personally in one way or another. For the purpose of this paper we will lay out the details of a

suicide that occurred within our Minnesota law enforcement family. Recently, our officers within the metro region of Minnesota experienced the unfortunate and tragic event of a sergeant taking his own life. This occurred while on duty, in the parking lot of a jail facility. Not only was it a distressing and dynamic scene, but the impact on staff will last a lifetime. Although there were many great examples of positive leadership that supported officer resiliency, unfortunately there were also examples of poor leadership that had the opposite effect. We will discuss these examples below.

Sergeant Christopher Steel was a well-respected member of the law enforcement and criminal justice community as well as the Dakota County Sheriff's Office. As a leader, he embodied the virtues of integrity, honor, nobility, humility and respect. Hoina (2017) asserts that these are some of the core values of what it means to be a magnanimous leader. Chris was consistently a top performer and was involved in many assignments and teams in the office. He was also a top performer on elite teams such as the Dakota County Honor Guard, Special Response Team, and the Use of Force cadre. He was happy, energetic and willing to help anyone that needed it, which equated to him being well liked both professionally and personally. Ultimately, he made an impulsive decision and chose to end his life. He went to the employee parking lot and turned his gun on himself. That choice changed the lives of many people forever. The impact on the shift that was working was deeper than can be described with words. They were left with the responsibility and obligation to find him, see him, and manage the scene until support could arrive. The second sergeant on duty when the incident occurred showed great signs of being an authentic leader. Normore (2017) describes an authentic leader as one that leads intentionally and whose actions are always in accordance with their values. This sergeant did just that and set the bar for the other leaders on scene. She was able to triage the situation

quickly, get support to those that needed it the most, and manage the scene in a way that followed policy and procedure. This was more than anyone could expect to be followed given the chaos of the situation and the shock of the staff. Later, there were signs of inauthentic leadership as command staff showed up and proved their lack of credibility to our staff. While most showed great leadership, were helpful, and empathic others failed to provide strong leadership the situation required. The ineffective and inauthentic leaders were detrimental to the coping of our staff. They were viewed as cold and incompetent. The Dakota County Sheriff's Office chose to investigate and process the incident instead of an independent agency being brought in. This caused major strain on the investigators as they had personal and emotional ties to Chris. One issue that complicates the response to an internal critical incident is that someone must answer the calls for service that are still coming in. Dakota County mitigated this by reaching out to neighboring agencies to assist. In retrospect, the decision to investigate the incident internally may not have been in the best interest of the wellness of the Dakota County staff, though the intention was good. The sheriff's office also wanted to make sure each staff member was notified by leadership and were able to ask questions if they needed, which spoke to the abilities of the effective leaders who responded. The Dakota County Chaplain and a chaplain from a neighboring agency were on scene very quickly. In the days following, they remained available which proved to be a great resource for several who were involved and cared for Chris.

After the scene was processed and staff had all been notified, what is to be done next? While life goes on and we must report to work, manage our daily duties, and keep level heads, the impact does not change. In order to allow staff a chance to process this tragedy, the Sheriff's Office brought in a local critical incident management team called CISM. The group specializes in situations like this and was made available for the first responders and the employees of

Dakota County. Staff were not forced to attend, but were highly encouraged to. In order to foster an open dialog that allowed staff to feel free to share openly, management was not allowed to attend. This meeting concept is a reflection of the open systems model as defined by Associates & The Department of Behavioral Sciences and Leadership United States Military Academy West Point (1988),

Throughout this incident and the aftermath, informal leaders emerged and were able to prove that they had great levels of influence amongst their peers and the agency. Many staff felt responsible for this as they were well trained in identifying signs of mental health and suicidal ideation. These staff members were also hurt and frustrated with Chris for not reaching out for help as they felt he would have known it was available to him. Those questions still haunt the Dakota County Sheriff's Office and those who were closest to Chris to this day. As the agency processed the death of a friend and co-worker, they asked themselves what they had missed. Because law enforcement officers are educated in mental health and suicidal ideation symptoms, does this make them better at hiding or masking the symptoms of mental illness?

In order to address the well-being of the staff, Dakota County created opportunities within the office for peer to peer support, professional counseling resources specific to law enforcement, as well as increased training. There is sincere hope by the Dakota County Administration that this can reduce the stress and negative impact of mental health issues with their law enforcement officers, so that incidents like this are prevented or identified before it's too late. While we can't know that any amount of resources or support will change the mind of someone feeling what Chris might have that day, as members of the law enforcement community, we can certainly remove some of the stigmas that law enforcement must be tough

and stoic. Building resiliency and having an emphasis on officer wellness aides us in that process.

Conclusion

The issue of officer wellness and specifically officer mental health is one that will continue to worsen unless we, as law enforcement leaders, take a proactive approach to mitigation of its causes and effects. The commitment to a high level of service for our communities depends on it, as does the legitimacy of our profession. Whether we look at this issue from the standpoint of positive leadership models, risk management, or both, we come to the same conclusion. That conclusion is a need for updated policies, culture changes, and practices for recognizing and responding to mental health issues within our profession. We must remain vigilant in stopping the narrative in our profession that seeking help for a mental illness equates to weakness of character and mind. While we embrace the guardian mindset in the execution of our duties to the public, we must also formally adopt the same mentality when approaching the issues of taking care of our own.

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