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Working Together in this Time of Change

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Psychological Survival

by Paul M. Smith, MSW, APSW



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Paul Smith

Officer survival training within the law enforcement community tends to be thought of as the training and skills needed for the physical survival of officers who are confronted with situations that are likely to cause death or great bodily harm. Countless hours during pre-service and in-service trainings are spent providing officers with the latest techniques that will help them to return home to their loved ones at the end of their shift: DAAT training, firearms training, Taser training, EVOC training, etc. Practice and repetition are stressed so that officers become proficient in these skills and will develop them to be second-nature in the event that they are needed. Little argument or resistance is raised to this training, everyone having seen or heard about numerous incidents when these skills saved an officers life.

It is interesting to note, however, how little time is spent during training on skills related to the psychological survival of officers. If we were to compare the number of hours and dollars spent on physical survival training vs. psychological survival training in law enforcement, it would surely be a very lopsided comparison. Yet, when examining the available data, it becomes evident that the vast majority of officers who are killed die by their own hand, and most officers who retire early do so because of psychological stressors. Research studies have shown that law enforcement officers are two to three times more likely to kill themselves than to be killed by a suspect. Additionally, one study showed that

kill themselves than to be killed by a suspect. Additionally, one study showed that over two-thirds of officers who retire early from law enforcement retire due to psychological health reasons (Miller, 1996). FBI data has shown that as many as 90 percent

of officers in the U.S. who

were involved in fatal officer-involved shootings retired within five years of the incident. Furthermore, law enforcement personnel have been reported to have three times the rate of suicide, increased alcohol use and cardiovascular diseases, and twice the rate of divorce compared to the general population (Marmar et al., 2007; McCaslin et al., 2007).

These events have an enormous impact, both psychologically and financially, on family, department, and community. In addition to the grave psychological toll that suicide and early retirement have on a department, there is significant financial cost as well. According to Sgt. Dave Arndt of the Milwaukee Police Department, the estimated cost of a completed police suicide is \$433,000 to \$4,131,000 per officer, depending on potential years of life service. The retention of personnel is also critical to the financial success of a police department. It costs as much as \$500,000 to train and \$93,300 per year to employ just one police officer (Department of Justice, Bureau of Justice Statistics), making it very costly for an officer to leave the job earlier than anticipated. Additionally, the agency loses a valuable, experienced officer whom they have spent a great amount of time and money to train.

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Dr. Christie Jackson

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Why, then, when confronted with these figures do department training bureaus not place as much emphasis on the psychological survival skills of their personnel? Certainly, if a national study came out identifying a particular firearms issue that was leading to officer deaths, we would have training officers throughout the country spending vast amounts of time, energy, and money designing and implementing new firearms skills for the law enforcement community in an effort to prevent officer deaths and injuries. Tactical issues would be addressed and changes would be made to policy and procedure. Why the difference in attitude, then? Surely, law enforcement officers look out for their own, risk life and limb to aid a fellow officer in the field? Perhaps there is still a stigma about mental health care. Maybe because shooting guns and practicing DAAT skills is a heck of a lot more fun than practicing positive coping skills. Or, officers see themselves as the strong-minded helpers who view mental health issues are just for the weak or the touchy-feely people. Regardless of the reason, far too little effort is being put forth to provide psychological survival skills to law enforce-

ment officers.

In the early 1990s I was unfortunate enough to be involved in two fatal officer-involved shooting incidents. These incidents happened within a 22-month time span. Thankfully, all officers involved in these two incidents walked away in one piece and were able to serve their community another day. But there

were some injuries. Injuries that were unseen and unknown to me. Injuries that, ultimately, were just as devastating and career-ending as any physical injury I could have sustained.

I coped poorly. I drank a lot and let my physical health decline. I became angry at the world and blamed others for my problems. Depression and self-hatred set in and I found myself, on more than one occasion, sitting with a loaded weapon in my lap, actually contemplating suicide. To me, I may have well just died during one of those encounters. Dead inside felt the same as death itself. Eventually, I was diagnosed with Posttraumatic Stress Disorder, something I knew nothing about, and received a duty-disability retirement from the police department. I grieved, mourning the loss of my career, my calling, my identity. I had diligently prepared myself for the physical survival of any life-threatening incident in the field. With all credit and thanks to the training staff, I trained and trained and trained, physically and mentally, preparing for those two days. But, that's where the preparation ended. I had not trained to survive the aftermath. I did not know what normal psychological reactions were following events like these. I did not know what to expect and had not trained with coping skills so that they would become "automatic," like the physical skills I had trained to be "automatic."

Eventually, with the help of a psychologist, the support of my family, and the realization that even I could accept help from others, I began to turn things around and manage my life better. I still missed my old profession, but now had hope for the future. I returned to graduate school, hoping to obtain a Masters degree in Clinical Social Work so that I

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could, one day, provide counseling services

to law enforcement personnel. During the course of my studies I was fortunate enough to cross paths with Dr. Christie Jackson while attending a conference on traumatic stress in Baltimore. Dr. Jackson is a clinical psychologist from New York City who has worked a great deal with law enforcement officers, especially following the WTC attacks on 9/11. She also has a brother who is a police officer in North

Carolina. Dr. Jackson and I share the same vision. We both question why we wait until **after** an officer has experienced a critical incident to provide intensive psycho-education about post-trauma effects and positive coping skills. We know that law enforcement officers are a population whose members will be exposed to traumatic events; therefore, we should be addressing these issues **before** they are exposed to these events. Wouldn't you feel less anxious if you knew ahead of time what normal reactions you could expect following a major traumatic event?

As a result of this fortunate meeting, Dr. Jackson and I developed a training curriculum that would We incorporated W.E.L.L. Training (Wellness Education and Lifeskills for Law Enforcement, www.welltraining. org) to provide officers with the skills necessary to face traumatic events, as well as organizational and everyday life stressors. provide law enforcement officers with the knowledge, tools, and skills to help them survive the stressors inherent in their profession. We incorporated W.E.L.L. Training (Wellness Education and Lifeskills for Law Enforcement, www.welltraining.org) to provide officers with the skills necessary to face traumatic events, as well as organizational and everyday life stressors. Research actually suggests that organizational and management stressors are more likely sources of adverse psychological reactions than exposure to routine front-line duties. Because of this, we strongly believe training of this nature should be required for all department personnel, top to bottom, regardless of job assignment. Interventions that promote resilience in policing could prevent the difficulties that contribute to early retirement, impaired job performance, and even police suicide (Gersons & Carlier, 1994).

This will more than likely require a shift in many departmental cultures, from chief or sheriff, down to the new recruit. It means that training officers will need to stress psychological survival just as attentively as physical survival. It is time to wise up and recognize that the "pull yourself up by your bootstraps" and "let's just go get a drink" method of coping has never worked. Sadly, some of the biggest, strongest cops become alcohol abusers, destroy their personal lives, damage their careers, and even take their own lives, all while holding onto the belief that all of that "tree-hugger stuff" was for weak cops. Dr. Jackson and I are determined to ensure that every officer receives the training and skills necessary for psychological survival, to prepare every officer so that they will not find themselves in that dark place or feel that they need to leave the job that they love.

Paul M. Smith is Vice-President and Co-Founder of WELL Training, Inc., a company committed to pre-incident mental health training for law enforcement officers. He is a former law enforcement officer with the Los Angeles County Sheriff's Department and the Madison Police Department. Paul has since received his Master's Degree in Social Work and works as a clinical therapist for military combat veterans at the Green Bay Vet Center.

Christie Jackson, Ph.D. is a licensed clinical psychologist and Clinical Assistant Professor at the NYU School of Medicine Department of Psychiatry. She currently serves as Suicide Prevention Coordinator for the Manhattan Veterans Administration Medical Center. Dr. Jackson also provides counseling to law enforcement personnel in her private practice in New York City. Prior to joining the Manhattan VA, Dr. Jackson worked at the New York University Trauma and Resilience Research Program and the Columbia University Anxiety and Traumatic Stress (CATS) Program. Through CATS, she provided treatment and conducted outreach programming for NYPD and FBI employees who were affected by the September 11th World Trade Center Attacks.

Dates to Remember 2011...



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