INCREASING RESILIENCE IN POLICE AND EMERGENCY PERSONNEL

Strengthening Your Mental Armor

STEPHANIE M. CONN

ROUTLEDGE

"For police and emergency personnel responding to calls for service where human tragedy is often observed firsthand, I can think of no better book than this. In addition to addressing the complex problems associated with observation and participation in critical trauma and highly emotional stress situations, Dr. Conn also provides tools for building individual and personal resilience for police and emergency personnel. Nothing could be more important than safeguarding our first responders in a world too often marred by mass shootings, spree killings, and terrorist attacks. I highly recommend this book. It is a great read for police officers and emergency personnel everywhere!"

Robert W. Taylor, PhD, professor of criminology and public affairs at the University of Texas at Dallas

"Dr. Conn does an excellent job integrating current research with best practices to provide a comprehensive understanding of key factors in professional resilience for police and other first responders."

Jeff Morley, PhD, registered psychologist and retired RCMP officer

Increasing Resilience in Police and Emergency Personnel

Increasing Resilience in Police and Emergency Personnel illuminates the psychological, emotional, behavioral, and spiritual impact of police work on police officers, administrators, emergency communicators, and their families. Author Stephanie Conn, a clinician and researcher as well as a former police officer and dispatcher, debunks myths about weakness and offers practical strategies in plain language for police employees and their families struggling with traumatic stress and burnout. Sections of each chapter also offer guidance for frequently overlooked roles such as police administrators and civilian police employees. Using real-world anecdotes and exercises, this book provides strengths-based guidance to help navigate the many complex and sometimes difficult effects of police and emergency work.

Stephanie M. Conn, PhD, is a former police officer, as well as the daughter and wife of police officers, and currently works as a therapist in private practice, specializing in police stress, trauma, work–life balance, coping, and resilience. She began as a dispatcher/call-taker before becoming an officer with the Fort Worth Police Department and then earning her doctorate in counseling psychology. She has presented widely to emergency responders, sharing wisdom gained from her police experience, research, and therapy practice.

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I would like to dedicate this book to my dad, Donald Fairrel. Dad, you were always an inspiration to me; a symbol of strength and nobility; a model for working hard, making sacrifices, and doing the right thing. I know you sacrificed a lot to try to be the best officer and leader you could while also trying to be the best husband and father. While you weren't always home for dinner, I always felt you were with me in mind and heart. Thank you for your support as a father and your service as a police officer.

Stephie

Contents

Preface

The objective of this book is to identify the psychological, emotional, behavioral, and spiritual impact of police work and to offer guidance to mitigate the detrimental effects by promoting resilience. The book comprises six chapters, with each chapter further divided into sections relating to four key groups: the police officer, the police administrator, the emergency communicator, and the police family member. The chapter topic will be discussed as it relates to each of these groups, with some unavoidable overlaps. You may be tempted to skip sections, reading only the sections for your identified group. I urge you to read these sections as well. There might be something you take away from these sections that would help you understand others. You might even takeaway something for yourself. Each chapter will end with a summary of the key points, or takeaways, for the topic discussed. Think of these as takeaways as tools you can put in your duty bag. You might not need them all the time but, when you need them, you NEED them.

As a cop-turned-psychologist, former emergency communicator, daughter and wife of police officers, I share a multifaceted perspective on the impact of police work. As a positive psychologist and researcher, I'm able to see past the pathology-based themes of other writings to provide proven strategies for mitigating and, in some cases, even preventing the negative impact of police work. Periodically, I will share brief excerpts or stories from my formal and informal research on police stress, coping, and identity processes; from my observations and experiences as a police officer/communicator; and from stories shared with me by other police I personally know.

Acknowledgments

I would like to acknowledge all of the women and men who participated in my research over the years for sharing their wisdom, experience, and insights to help me understand their resiliency processes. Without these insights, this book would not be possible. I also want to acknowledge the contributions of the many people I have worked with over the years in various capacities: fellow officers, dispatchers, call-takers, peer team members, chaplains, mental health professionals, and clients. I have learned so much from the lived experiences of others who have, little by little, added to both my knowledge and admiration of those in this noble profession.

I would also like to acknowledge the support of my husband, Perry. We have been a team since we first met, with you on one side of the radio and me on the other. I could not have done this without your support. You've inspired me, believed in me, and pushed me to push myself. You've been a mirror, reflecting when I've been resilient, and when I've neglected my own resilience. I love you for that and for the wonderful man you are.

> Man is capable of changing the world for the better if possible, and of changing himself for the better if necessary.
>
> (Frankl, 2006, p. 131)

REFERENCE

Frankl, V. E. (2006). *Man's search for meaning.* Boston, MA: Beacon Press.

Chapter 1

Are Police Resilient?

> For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves.
>
> (Frankl, 2006, p. 112)

The preceding quote epitomizes resilience as it reflects acknowledging and accepting our limits as human beings and working within these confines to be our best selves. This optimistic stance on human potential underpins the information offered in this book, with specific suggestions for its application to a variety of life circumstances. This optimism is central to achieving resilience and reducing suffering. But I'm getting ahead of myself. First, let's talk about what we mean by "resilience."

RESILIENCE—A STATE OR A TRAIT?

So, what is resilience? Is it something we have? Something we are born with? Something we develop? If we develop resilience, how do you go about doing that? Why do some develop it while others don't? I think it's important that I acknowledge these questions and make a point to tackle each of them in this book. I invite you to think about your questions and preconceptions about resiliency and consider how your responses might influence your actual resiliency.

First, resilience is the ability to bounce back from adversity. "Back" doesn't mean that things will be restored to exactly as they were before. We can never have back what was, whether it was good or bad. People and situations are constantly evolving, so we have to consider a "bounce back" more in terms of restoration of our ability to function. How well we are able to function is a combination of factors such as how we are doing emotionally, physically, spiritually, and psychologically in various domains of our lives like work, family, and social lives. As you likely know, functioning is a rather complex concept with many moving parts.

Optimal functioning in each of these domains is difficult to achieve. Life is messy. There will be times when you excel in one domain and another one will suffer for it. Other times, one domain will demand more of you, which will cause you to neglect others. A prime example of this in police work is when there is a critical police incident such as a shooting or a non-operational (organizational) stressor like a promotional process. These events will place extra demands and stress on you, limiting the amount of time and mental energy you have to participate in other life roles. Accept this reality and embrace the temporary shift in priorities. If you notice that you are always spending your time on one domain at the expense of others, a change is likely needed. The neglect of other domains may or may not be intentional, but the effect is the same. Focusing too much on work weakens family and health. Focusing too much on family isn't good for one's career. Balance is key to succeeding in all areas of life. Therefore, part of "bouncing back" following an event means re-establishing balance in your life.

This, of course, assumes that there was a balance to begin with. It assumes that, prior to an event, you were in a state of optimal wellness. This is sometimes not the case. I have worked with individuals who have cited workplace "emergencies" as consuming all of their family time, only to discover that they were this way with every job they ever had, leading me to believe that this is a way of life, not an environmental reality. This way of life might be due to the individual's addiction to work, addiction to drama, struggle to plan ahead because they are constantly putting out fires, or struggling to say "no" to others. These are some of the lifestyle patterns that contribute to suffering, making individuals *more* vulnerable to negative reactions to critical incidents and organizational stressors than those who have maintained a healthy lifestyle.

Other times, the chronicity of imbalance between life roles is due to being compromised in some way. Balance, like resilience, takes mental and physical energy, planning, and awareness. For those struggling with mental health issues such as depression, anxiety, or post-traumatic stress disorder (PTSD), it may seem impossible to

muster up the energy to make a course correction to achieve life role balance. Making matters worse, many people struggle with mental health issues for ungodly amounts of time before acknowledging there is a problem, much less doing anything about it. I cannot count how many clients who have told me that they have struggled with their difficulty for *years* before getting help. There are many reasons for this and I will discuss them at length in Chapter 5.

Overwhelmingly, experts agree that resilience isn't something you have or don't have. It's neither a state nor a trait, but a *process*. Like officer safety, physical fitness, or sobriety, it's something that requires a daily commitment and actions in furtherance of this commitment. This should be fairly obvious, given that the objective of this book is to provide strategies for increasing resilience. Yes, some people have inherited temperaments that make them more adaptive to adversity. For instance, research shows that those with negative emotional states such as anxiety, depression, and anger have a higher risk of developing PTSD (Clark, 2005). Conversely, those with more positive emotionality tend to fare better (Clark, 2005). Don't worry though, temperament can only take you so far. If you weren't endowed with an ideal temperament, you can still be resilient.

To be clear, being resilient does not mean that you won't develop a mental health issue such as PTSD. What it does mean is that you are better able to recover from it than if you were not resilient in the first place. This proposition sounds strange to some police employees I've spoken with. They don't outright contest it, but there seems to be a look that says, "If a person were resilient, wouldn't they prevent themselves from developing PTSD, depression, or marital difficulty in the first place?" My response to this question would be an unequivocal "no." At times, there are circumstances which are so profoundly impactful, interrupting the body's defense mechanisms and normal coping activities, rendering an individual vulnerable to psychological injury. I'll discuss this at length in Chapter 2 but will offer an overview here to illustrate my point. Take, for example, a very traumatic event such as seeing a murdered child. The emotional part of the brain, the amygdala, will likely override the information-processing portion of the brain, the hippocampus, interrupting the individual's ability to process the information so that healing can occur. As a result, the brain will mistakenly believe that the event is not over because it didn't store the memory properly. The brain will send reminders of the event such as intrusive images and nightmares because it is designed to keep warning its host (you) of perceived danger until it registers that the event is over and the danger is gone. These reminders come from the primitive part of the brain and have evolutionary value. This is a prime example of the event being so horrific that the normal brain processes are being interrupted, and an evolutionary-based system, designed to

enhance survival, wreaks havoc on the individual. A normally resilient individual may not be able to offset the physiological chain of events that I just described. However, a resilient person would take measures to promote healing from the psychological injury. A less resilient person would take measures to avoid or mask the signals coming from the brain, hoping that they would simply stop if they're ignored. There are many ways individuals ignore these signals of danger from the brain such as drinking, sleeping, "retail therapy," risk-taking, and so forth.

POLICE: RESILIENT OR PLAGUED BY TRAUMA AND DENIAL?

Over the last few years, we have become increasingly aware of the impact of chronic stress and trauma on first responders. Due to anti-stigma campaigns and the courage of many first responders to speak about their experiences, we have been talking about mental health issues more now than we ever have. Overall, this is a welcome shift, and I hope it continues until the stigma is finally lifted. Despite the benefits, there could be unintended negative consequences to all of this talk. Are you still there? Bear with me and I will explain what I mean.

Some of the discussions about PTSD and other mental health issues in first responder's work have been framed in a way that makes them sound as if it is inevitable that you will develop them. I don't doubt that the reason for the strength of these discussions is owed to decades of these issues being downplayed or ignored by others. I recognize that, currently, these issues are *still* being downplayed and ignored, placing the onus of proving a work-related injury on persons who are already suffering. However, these discussions, and some of the organizational responses, may be unintentionally inflating the perceived incidence rates for these difficulties. Organizational practices that send a pathology-based message (Do this debriefing/training to avoid getting PTSD) are a disservice to police officers who would otherwise be well with their own coping and wellness strategies. Psychological research may also be adding to the perception of police officers being unwell, since research with police populations, similar to the general population, has largely been disorder-focused and deficit-based, highlighting difficulties in police officers instead of their strengths. It offers us a skewed view of police officers, their coping skills, and their potential to be resilient. The media also perpetuates the notion that police officers are not doing well. Consider the nature of news headlines. Which headline do you think would grab more attention: "PTSD rates in police are escalating" or "Only a small percentage of police officers have PTSD"? The last headline isn't nearly as exciting as the first one. Exciting headlines sell.

The majority of first responders do not develop PTSD or other mental health disorders. This holds true even after recognizing that mental health issues are underreported in policing. Recent research (including my own) shows that police officers are taking measures to cope better and have healthier lifestyles. Many folks have come to my office, having read about a mental health difficulty, oftentimes informed by Dr Google, and believe that they have one disorder or another. Oftentimes, their "symptoms" are normal responses to abnormal events and will go away on their own or with some small changes in thinking or coping styles. Unfortunately, I think this trend of "What's wrong with me?" is exacerbated by insurance companies who require a diagnosis before they will reimburse for counseling.

With regard to mental health training and debriefings offered by police organizations, don't throw out the baby with the bathwater. These practices are still helpful to many officers by empowering them with information that normalizes their responses and connects them to resources if they decide they need them. It's the manner in which they are introduced that makes all the difference in the world. When I offer organizational training and I am speaking with officers and call-takers about reactions to traumatic events, I am cautious not to propose that PTSD or other mental health issues are inevitable. Instead, I alert them to the idea that they *could* develop PTSD, depression, or burnout, given an abundance of risk factors combined with the absence of protective factors. There isn't a magical formula as to which risk and protective factors evolve into PTSD. It is a highly complex and individual situation. Risk factors include lack of social support, history of traumatic events, the perception of threat to life during the incident, coping styles, and even genetic susceptibility. Aside of the absence of risk factors, some protective factors include the presence of social support, positive personalities, and an overall satisfaction with life. It's the officers' resilience, coupled with support, which will allow them to heal. It requires making the decision that you will take care of yourself and then doing it *continuously*.

The truth of the matter is that police are actually quite resilient. Statistically, police officers are on par with or, in some instances, slightly above the general population in terms of rates of mental health issues. Even when they have been found to be generously above the general population, it is still a minority of officers. The percentage of police officers afflicted by anxiety and depression is mixed and is oftentimes confounded by statistics for PTSD since those with PTSD seem to have a higher risk of developing depression. PTSD rates in active duty police officers vary from 7 to 19 percent (Carlier, Lamberts, & Gersons, 1997; McCaslin et al., 2006; Neylan et al., 2005). One study of first responders responding to the attack on the World Trade Center found that 8.8 percent of the first responders likely had

depression, while 11.1 percent likely had PTSD, based on self-administered symptom questionnaires (Stellman et al., 2008). Although these statistics are higher than the general population statistics (6.7 percent of Americans have depression [Anxiety and Depression Association of America, 2016], while 7–8 percent have PTSD [U.S. Department of Veteran Affairs, 2016]), it is important to note that at least 91 percent of first responders did NOT have depression nor did almost 89 percent have PTSD after their exposure to the terrorist attacks and the subsequent loss of lives, including the lives of their co-workers. Even if many of the first responders underreported their symptoms, there would still be a substantial number of them who remained healthy. Let's look at a few reasons why police are such resilient people.

I think it's fair to say that people who decide to go into a stressful, dangerous profession have a personality or at least the attitude of being tough. I have had many people say to me when I was a police officer: "I don't know how you do it. I could never do that job." They would go on to speak about being too afraid to chase bad guys or deal with conflicts on a daily basis. So those who choose this job already possess courage and determination to manage difficult situations. Burke (2009) studied the reasons why individuals entered policing and found four primary reasons: 1) a family history of policing, 2) attraction to the power of the position, 3) prior experience with police (sometimes as a crime victim), and 4) desire to help people. In short, they believe in their ability to exercise control over situations, right the wrongs, and be helpful to others. When the expectations are realistic, because they're aware of the limitations of the police role, they will likely experience less stress. Their prior traumatizations, addressed with adaptive coping, may be a protective factor, in that they have developed and practiced coping with adversity. When they have an exaggerated view of their ability to control outcomes, they're more likely to suffer and question their abilities, increasing their risk of traumatic stress. I'll revisit the impact of prior traumatizations later in this chapter.

The second layer of "resilience screening" is the pre-screening background and psychological evaluation. This process weeds out many of those who are not suitable and able to be resilient on the job, including those whose assumptions about their ability to handle the job are misguided. Important indicators of coping, well-being, and interpersonal skills are assessed.

The next layer involves the training that police receive which promotes their coping and sense of self-efficacy. Training in stress management, crisis intervention, and work–life balance offers police the skills to manage the difficulties in their jobs. These courses are more recent additions to the police academy curriculum. So, many police did not have this during their initial training but, rather, as part

of their continued education training. In fact, I have heard from officers that they did not absorb the stress management training during the academy because they were so gung ho to learn about more exciting topics like weapons, drugs, car chases, and takedowns. They revisited the training material later when it was needed for guidance on what to do and who to contact when stress levels were high or they were otherwise struggling. This leads me to the next piece of evidence supporting the resilience of police: they are action-oriented. If there is a problem, they want to "fix" it. This can also be problematic in that they may not seek or allow support from others in "fixing" difficulties, but I will discuss that in the last chapter.

I conducted three research studies with police officers, inquiring of how they cope with their exposure to secondary traumatic stress, their decision to delay retirement, and how they maintained work–life balance. In each of these studies, I found that officers were quite innovative and determined to do what was best for them. In fact, many people said that I would have trouble recruiting for the study on work–life balance because I wouldn't find officers who maintained balance, given the difficulties in shiftwork and an unpredictable work environment. I got more participants than I needed!! Officers across the United States and Canada had a lot to say about how they were promoting their resilience by finding small ways to maintain work–life balance. This is not to say that they did not have difficulties. They did. Yet they managed to be resilient and adapt to their circumstances. I discuss this study as well as the study with police officers who are delaying their retirement in depth in Chapter 4 when I discuss non-operational stressors. The study on coping with exposure to secondary traumatic stress is discussed in Chapter 3.

So, let's recap: people who voluntarily approach conflicts are screened and determined to be psychologically fit for the job, have experience with and possibly even training for adaptive coping, and those who are innovative, action-oriented, problem-solvers to make resilient police. Let's look at some of the challenges to police resilience.

Common Challenges to Resilience for Police Officers

Some challenges for police officers are unique (daily exposure to threat of harm, traumatization of others, work hours), while others occur across professional groups (mental health issues, work–life balance, relationship difficulties, and substance abuse). Each of these will be discussed at length in the chapter on critical police incidents (Chapter 2) and when I discuss secondary traumatic stress (Chapter 3) and non-operational stressors (Chapter 4). For now, I'll provide an overview of them, as they relate to the topic of this chapter, the resilience of police.

Mental Health Issues

Police are fallible human beings, just like everyone else. As such, they sometimes experience mental health issues. Anxiety is the most common mental health condition, affecting 40 million Americans (18 percent of the population) (Kessler, Chiu, Demler, & Walters, 2005). In the United States, depression is the leading cause of disability for persons between the age of 15 and 44. It affects 15 million American adults (6.7 percent) (Anxiety and Depression Association of America, 2016).

Some mental health conditions have a genetic predisposition to them. Yet, having the gene isn't always enough to produce the disorder. It sometimes requires something in the person's environment to activate it. In fact, the social environment is believed to affect a person's predisposition for certain ailments in four ways: 1) it can trigger the disposition, 2) it can compensate for it, 3) it can prevent certain behaviors due to environmental controls, and 4) it can enhance adaptive processes (Shanahan & Hofer, 2005). For example, a genetic predisposition to depression can be activated by chronic exposure to traumatic events (as is the case in police work). Similarly, a genetic predisposition to depression may not evolve into depression if a person is financially secure, has a loving and supportive family, a strong social network, and a job they love where they received in-service training on stress management. In short, it's complicated. You can't just blame a person's family biology for their mental health issues.

Post-Traumatic Stress Disorder

To meet the diagnostic criteria for PTSD, one has to be exposed to actual or threatened death; serious injury; sexual violence either directly, witness it occurring to another, learn about it having occurred to a close friend or loved one; and/or experience repeated exposure to aversive details of the traumatic event as a first responder collecting human remains or being exposed to details of child abuse. These events are considered Criterion A events that must happen to explain the symptoms that follow. These are the symptoms that follow: one or more intrusion symptoms (distressing memories, dreams, flashbacks, re-experiencing/reactions when exposed to environmental cues/reminders), one or more kinds of avoidance behavior (try to avoid memories; thoughts; feelings about the event and/or people, places, activities, objects, situations), two or more negative alterations in mood and cognitions associated with the event (amnesia; persistent, exaggerated negative beliefs about the self, others, the world; persistent, distorted blame of self/others; persistent negative emotional states; diminished interest/participation in activities; detachment from others; difficulty having positive emotions), and two or more symptoms of reactivity and physical arousal (irritable,

reckless/self-destructive behavior, hypervigilance, exaggerated startle response, difficulty with concentration and/or sleep). These symptoms have to last for at least a month, cause significant distress or impairment in various forms of functioning, and not be attributed to other reasons like a head injury or substance use (American Psychiatric Association, 2013). So, it's a very detailed set of criteria that have to be met in order to receive this diagnosis. However, it's easy to see that even having half of these symptoms would be very difficult.

As I cited earlier, the incident rates for PTSD in policing closely align with those in the general population. However, when active-duty police have PTSD and have to continue to face traumatic events, it's infinitely worse. They can't escape the places and situations that activate flashbacks or intrusive thoughts, memories, and images. Having flashbacks while on the job compromises their safety and the safety of others. Even the fear of having a flashback or re-experiencing episode is enough to interfere with safe functioning.

Anxiety and Depression: Bigger Concerns for Police

PTSD draws the majority of attention despite findings that suggest that generalized anxiety disorder or major depressive disorder is more likely to develop following trauma exposure (Bryant, O'Donnell, Creamer, McFarlane, Clark, & Silove, 2010). Developing PTSD from a traumatic event also predicted having depression and anxiety but not the reverse (Ginzburg, Ein-Dor, & Solomon, 2009). However, diagnosis of PTSD, depression, and anxiety doesn't usually happen, even if individuals meet diagnostic criteria for all three disorders. Typically, only one disorder will be diagnosed. This isn't good since each disorder calls for specific treatment. Only treating anxiety when PTSD and depression are also occurring results in minimal relief for the individual. I've seen this quite a bit in my practice when individuals have gone to therapists not trained in trauma. Fortunately, these individuals hadn't given up on getting help.

Anxiety

It's very difficult to find incident rates of anxiety in police. Despite being the most common mental health condition, it's shadowed by research on PTSD in police. Given that police are, in fact, people, we can assume that they experience anxiety like the rest of the world. The officers I know worry about the same stuff as everybody else: their financial situations, health, relationships, public speaking, traffic, and so forth. Studies have found that police have the same level of mental health issues as supermarket employees and bankers (van der Velden, Rademaker, Vermetten, Portengen, Yzermans, & Grievink, 2012).

However, there are also some police-specific situations that cause anxiety. In a nutshell, anxiety is fear relating to "Three Cs": certainty

(lack of), control, and comfort. Police face uncertainty every day. This is expected. What police *don't* expect to have to deal with is the uncertainty in the police organization. This also taps into the second "C," control. Police anxiety is less about danger on the streets and more about their lack of control of the organizational hassles such as shiftwork, overtime, court appearances, and promotional opportunities. Police oftentimes don't feel like they have any influence over their work environment. They get stuck on calls for long periods of time. They get called in on their day off. The last "C," comfort, is also difficult to achieve in police work. The work is routinely physically and emotionally uncomfortable because police work long hours; wear restrictive, heavy gear; and get stuck in emotionally draining, sometimes awkward, situations.

Depression

Some research has shown that police officers have higher rates of depression than the general population (Violanti & Drylie, 2008). Yes, pre-employment screening might reduce the chance that a person currently experiencing debilitating depression will be hired by a police agency, but it is no assurance that this person will *never* experience depression. That is like saying that they passed the physical examination when they were hired so they should be expected to never develop *any* health problems. That logic is ludicrous.

In fact, there are more officers suffering from depression than the more visible and publicized PTSD. Despite the prevalence of depression in police officers, there appears to be a hesitancy to accept this medical condition as legitimate. After all, people who suffer from depression appear to have nothing to be depressed about. For instance, they have their jobs, family, friends, money, and health. This line of thinking only compounds the angst and shame felt by officers with depression. They *know* that they oftentimes don't have these *reasons*, yet they still have depression.

Some believe that being depressed means that you are weak; that you can't handle the job. I don't think I've heard an over-simplification so brutally unfair. First, depression is a medical condition that is genetically inherited. Second, this inherited gene interacts with the person's environment to produce (or not produce) depressive thoughts, feelings, and behavior. Beyond the inheritance of depressive genes, there are many other factors involved in producing depression such as thyroid levels, sleep deprivation, side effects of many medications, and exposure to light (or lack thereof on night shift). None of these sound like character flaws or weaknesses to me.

The stigma of depression adds insult to injury. Unfortunately, mental health issues are oftentimes regarded by others as a "just" disease in that others say, or at least think, "You *just* can't cope. You *just* feel sorry

for yourself . . . you *just* . . . you *just* . . ." (Howard & Crandall, 2007, pp. 1–2). The word "just" divides people, preventing understanding and compassion, worsening the prognosis for individuals with mental health issues. One police officer who suffered from traumatic stress shared her story with me, with permission to share here. She told me of using her undercover skills to hide her pain and suffering. In fact, her undercover skills were so practiced and perfected that she fooled everyone around her. Her pain was deep undercover and only *she* knew her truth. She hid her suffering because mental health issues continue to be stigmatized, especially in the policing profession.

So how does a psychologically healthy individual enter the policing profession and develop depression? Let's consider the typical police officer's environment. Every day, police officers are called to deal with negative events and be in contact with negative people. As discussed earlier, when police officers have a genetic predisposition to depression and are chronically exposed to negative events and people, it's to be expected that depression might occur. It doesn't mean that the depression is permanent, nor does it imply that it will be so severe that he/she cannot continue working. It simply means that the police officer will have to seek treatment for the chemical imbalance that occurs, as well as the problematic thinking and behaving that keep it going.

Even without a genetic predisposition to depression, chronic exposure to negative events can shift a police officer's positive worldview to a negative one. A large-scale study has shown that 70 percent of police officers working in high stress environments reported depressive symptoms (Gershon, Barocas, Canton, Li, & Vlahov, 2009). To be clear, these are *symptoms*, not a full-blown depressive disorder. There is a significant difference between these two. There are many names for this occurrence and just as many theories to explain it such as vicarious traumatization, burnout, cynicism, and moral distress. Whatever name you use, depressive thoughts, feelings, and behaviors oftentimes accompany each of these. It is hard to imagine that the world is a positive place when you are only ever called to deal with it when it's not. Police officers see the worst in people and may lose their faith in mankind. I'd be depressed if I lost my faith in mankind. The narrative in your head might sound something like this: "People treat people horribly. The world is going down the drain. I can't do anything about it but I am expected to." Does this sound familiar? Organizational stressors are oftentimes the bigger culprit when it comes to the police officer's change in worldview. Policies, procedures, unsupportive supervisors or co-workers tend to worsen officers' views of mankind even more than the "bad guys" do because they don't expect to face so many organizational hassles.

Additionally, officers may develop depression from the same life events that non-officers face such as loss and health decline. Yet, police

may suffer more with these concerns, given their increased reluctance to seek professional help. Even if they do decide to seek help, shiftwork oftentimes complicates officers' ability to attend therapy appointments or participate in activities that can alleviate depression. This paints a dismal picture of the capacity of police to be resilient. Fear not. It isn't hopeless. Many officers have taken measures to lift their mood and counter the negative effects from the job. We'll talk more about this in Chapter 4.

Spiritual Impact of Police Work

The impact of stress on the spirituality of police officers is often overlooked. Using a broad definition of spirituality, it encompasses concepts of meaning-making, a sense of purpose, and connectedness with others (Smith & Charles, 2010). Officers report changes in their spiritual beliefs after entering the policing profession (Carlier, 1999; Carlier et al., 1997; Marshall, 2003). In a study of officers on cumulative career traumatic stress, 53 percent of officers reported that their faith or religious beliefs had changed due to the job (Marshall).

Many enter the policing profession with idealistic hopes of helping others, referring to police work as a "calling" only to find that some members of the community do not support them for the job they are doing. Police work changes the "soul" of police officers as they repeatedly face human suffering, deception, and violence. Officers report changes in their spiritual beliefs after entering the policing profession (Carlier, 1999; Carlier et al., 1997). Some officers' spiritual beliefs help them make meaning out of the tragedies they face. The continuing ability to make meanings out of these events is deemed critical to the officers' psychological well-being (Pearlman & Saakvitne, 1995).

A sense of connectedness is another important component of spirituality that may be threatened by the stress of police work. Officers report a need to feel connected to members of their community. However, a trend toward isolating from the non-police community may compromise this facet of spirituality.

Substance Abuse

Some police officers mask their pain with substances such as alcohol and drugs and with "process" addictions such as Internet, spending, and staying very busy. Although not unique to policing, there does appear to be some evidence that police are particularly vulnerable to substance abuse (Ballenger et al., 2010). Drinking is promoted by the police culture to help officers deal with the stresses from the job (Violanti, 2003). We referred to it as "choir practice" in my department. It was both a social event and a means to unwind after a long, hard shift. In fact, police culture so strongly promotes drinking among officers as a means of "fitting in" that officers have reported believing that officers

who did *not* drink were considered suspicious or unsociable by other officers (Davey, Obst, & Sheehan, 2001).

We have all seen the headlines reporting the story of a police officer abusing alcohol or drugs. It seems like something that happens to other people and very little is reported about how the officer arrived at this place in life. It is such a contradictory story. It's like an obese personal trainer or a hairstylist with bad hair. It doesn't make sense. Yet, substance abuse in policing has a long history. I think back to when my department asked me many years ago to offer training on alcohol abuse awareness after a series of alcohol-related offenses had been committed by our officers. I was shocked by what I learned. I learned that officers, my fellow officers, were very good at hiding their substance abuse. It only came to light when it was so bad that it could no longer be ignored: when it seriously affected their attendance, or resulted in their arrest.

Substance abuse may start out as social drinking with fellow officers to relax after a shift. It can be the insidious escalation of prescription drugs once taken legitimately for back pain. Many people who abuse substances can do so while still appearing functional to most observers. Making matters worse is the fact that many of the observers are co-workers who are reluctant to say anything to the officer or others due to a code of silence. It might feel like a betrayal to express concern about a fellow officer's substance abuse. Yet, anonymous help is available and will be discussed in Chapter 5.

Relationship Difficulties

As with other issues discussed up to this point, police officers are not exempt from the issues that affect non-police individuals. They also have relationship strains stemming from differences in parenting styles; communication difficulties; differing views of how to interact with extended family, how to balance work and family, financial strains, and so forth. The nature of police work also lumps on some additional strains such as shiftwork and traumatic stress. Yet, as for the state of resilience in police officers, relationship difficulties are no more problematic for them than non-police individuals. The contention that police officers have high divorce rates is a myth. In fact, research shows that they have a *lower* divorce rate when compared to other professions (Honig, 2007; McCoy & Aamodt, 2010). Personally, I know several police families who have remained intact (and happy) for decades, despite the strains of the job. Police officers and their families might even be *more* resilient because they have sometimes been prepared for the strains of the job. What other profession has family nights, peer support teams, and support groups for their employees' families? I can only think of other first responder professions such as fire and ambulance services. Do you suppose lawyers have family nights

for spouses of lawyers to meet to talk about the strain of long hours and demanding work? I have never heard of such a thing.

Suicide

Suicide by any person is incredibly tragic, but there is something particularly tragic about a police suicide. Police officers are oftentimes viewed as the strongest, most stoic members of the society. This is the problem. The image of the police officer as being invulnerable seems to be absorbed by officers themselves. The conflict between public image and inner feelings of vulnerability can be excruciating. Police suicide devastates the lives of so many people. We must make every effort as a law enforcement family to get informed, care for and support each other, and speak up about mental health issues before it's too late. The latest studies show that police suicides have declined in the last few years. In 2016, there were 108 documented police suicides, down from 141 in 2008 (Badge of Life, 2016). However, more officers died by suicide than by gunfire or traffic accidents COMBINED (97). One suicide is one too many. It's important to understand why the helpers are struggling to help themselves.

As a male-dominated profession, it is important to consider the influence of male socialization. This can even be applied to women who work in this historically "male" profession. Think about some of the things people say to little boys (and girls too) when they are growing up—"Don't cry," "Stop crying," "Crying is for babies," "If you don't have something nice to say, don't say anything," and the list goes on and on. We've been taught to shut down and deny how we feel if it is a "negative" emotion. We might make other people uncomfortable because they don't know what to do for us or they feel they can't offer what we need. Add to these historical teachings about what we are supposed to be doing with our "negative" emotions, the messages we might get from our employer and co-workers (whether it is intended or not)—"He/She's off work mad" and "He/She's screwed. They're never going to get that promotion now." This traps officers into feeling they can't talk about their difficulties. They believe that the only choice is to suck it up until they can't do it any longer. I will discuss warning signs and strategies to support persons considering suicide in Chapter 3.

Work–Life Conflict

Like other professions, police oftentimes struggle to maintain balance between their work and their home lives. The conflict between work and home is based upon three categories of conflict: 1) time-based, where each domain competes with the other for limited time; 2) strain-based, where the strain in one role affects the individual's ability to perform other roles; and 3) behavior-based, where there is a conflict between incompatible behaviors in competing roles. Time-based

conflict is self-explanatory, but I will provide examples of strain- and behavior-based conflicts. A common strain-based conflict in policing is the stress officers feel from work, whether it's due to a heavy call load, heavy case load, promotional exams, or politics. This stress interferes with their ability to be present and positive when interacting with family and friends outside of work. Emotionally, they may be depleted or angry about work matters. Police spouses have told me of personality changes where their loved one has become irritable and easily angered. Behavior-based conflict in policing might be the use of the police officer role, to include managing the direction of a conversation (interrogation) when speaking with their loved ones. In this case, they are in a different mindset, which would require a mental shift to their home-life roles like parent or spouse.

In work–life conflict, it appears that family life suffers the most. Research shows that family significantly interferes with work for about 10 percent of people, while 25 percent report high levels of work interfering with family (Duxbury & Higgins, 2003). Police are overloaded at their job and there are dire consequences for their health and home. One study on police found that they averaged at least 10 hours of overtime per week, oftentimes unpaid (Duxbury, 2007). Understaffing is a common complaint in police agencies, as it places more demands on officers to get the work done. Making matters worse, agency budgetary constraints means they are donating their time. This overtime interferes with family, as work demands are placed ahead of family demands (Duxbury, 2007). The study also found that just over half of the police employees reported high levels of stress, while one-third would be considered as high risk for burnout. Their physical and mental health was suffering due to high levels of workload.

The Gender Factor: Resilience in Women in Policing

Women in policing may have additional strains that hamper their ability to be resilient. I've spoken with women in policing who have self-identified as "double failures," believing that they are failing as police and as mothers. Despite much of the changes in household responsibilities and childcare, women continue to have more demands from home than their male counterparts (Duxbury, 2007). As a result, many work less overtime than their male counterparts. This can hamper their career advancement, as they are not perceived to be as dedicated to their job. Women struggle to give 100 percent of themselves to their work AND their family.

Women also have a higher prevalence rate of PTSD than men (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). This is, in part, due to having higher levels of exposure to events, such as sexual assault, that lead to PTSD. Additionally, women are more likely to develop PTSD once exposed to a trauma. It's not clear why this is the

case. Possibly, it's the personal nature of the traumatic event. Given that women have higher rates of exposure to the most impactful traumas and a heightened risk of PTSD once exposed, women are more than twice as likely as males to develop PTSD (Kessler et al., 1995). In interviewing sexual assault victims, they have to suppress their own emotions while trying to manage the emotions of the victim, referred to as "emotional labor" (Hochschild, 1983), to complete the investigation. However, female police officers are more likely than males to use constructive coping such as talking to significant others or relying on their faith, reducing the likelihood that they would develop mental health concerns such as depression (He, Zhao, & Archbold, 2002).

An additional factor interfering with the resilience of women in policing is the organizational culture. Women in policing are sometimes subjected to harassment, sexual and otherwise, and challenges to their abilities as officers. Although I think this is improving, women still have to prove their worth alongside their male counterparts in this profession. Support from co-workers and the organization is a key determinant of a person's ability to be resilient in the workplace. It has practical (promotional, assistance on calls) and mental (sense of belonging and acceptance) consequences for women's resilience in the workplace. I found that organizational and supervisory support was a key factor in what helped officers manage their exposure to traumatic stress as well as maintaining work–life balance (Conn, Amundson, Borgen, & Butterfield, 2015; Conn & Butterfield, 2013).

POLICE ADMINISTRATORS

As a police administrator, you have to be concerned with your own resilience as well as fostering the resilience of your subordinate officers. One of the best ways to promote the resilience in others is to model it. Modeling resilient behaviors is more compelling than anything you can ever tell or teach another. People learn best by observing. They also believe what they see you *do* more than what you say. I remember asking a large audience of police officers who their role models were, and after a moment of silence, I heard snickering coming from the back of the room. I asked what was so funny and they informed me that it was far easier to think about who was *not* their role model; who was a disaster at managing their life. They took these disastrous examples and decided they didn't want to turn out like that. In my research on work–life balance and in multiple conversations with police officers, I learned that police look at others as examples of masters and disasters in coping. Officers identified examples of fellow officers who were terrible examples of balance, complete with wrecked health, disintegrating marriages, and financial ruin. Although it was helpful for them to see what they did *not* want to be like, it didn't necessarily give them the

best direction as to what they should be doing or could be doing to promote their resilience. This is why effective leaders have the opportunity (and responsibility) to model resilient behavior.

I was reminded by a police leader at a resilience conference that police leaders are humans too. This often gets forgotten because they bear the brunt of line officers' angst with the organization. Yet, they have to deal with their own angst with those above them. Administrators have far more organizational pressures on them than most line officers. They face political pressure, fiscal constraints, and longer hours, which may include being available 24/7 by phone or email. Police management oftentimes work even more hours than their subordinates, increasing from 49 to 57 hours per week between 2001 and 2003, much of which is unpaid (Duxbury & Higgins, 2003).

Messages of Resilience: Shaping the Self-Fulfilling Prophecy

Police administrators wield a lot of power in shaping the culture of a police agency. They convey powerful messages about job expectations and employees' abilities to be resilient. For instance, I have listened to police administrators inadvertently be *de-motivational* speakers when they talked about the inevitable incapacitation of their employees due to the strain of the job. They sometimes talk about job strain in a way that implies that police don't stand a chance to be resilient. I cringe when I hear these talks because, for better or for worse, believing is seeing. If we believe that we are not doing well, then we interpret information to support this belief. On the other hand, if we believe that we are resilient, we will see the evidence of that. I'll share two stories that demonstrate this.

A few years ago, I heard hostage survivor, Amanda Lindhout, speak at a trauma conference. Standing before an auditorium full of mental health and trauma experts from around the world, Amanda told her story of being held captive in Somalia for 14 months by a Hizbul Islam fundamentalist group. Amanda held onto one of the strongest determinants of resilience: hope. She had hope that she would be rescued from these unimaginable circumstances. This hope fueled her will to live, to persevere when it would have been easier to give up.

The power of self-fulfilling beliefs can be seen in the writings of Viktor Frankl. Frankl was held in concentration camps in Auschwitz during World War II. He recounted in his book, *Man's Search for Meaning*, that he maintained a sense of purpose and appreciated the smallest amount of freedom he enjoyed during his encampment: his ability to choose how he would respond to the situation. Frankl also noticed that those who had a task to complete upon their release were more apt to survive. They longed to fulfill this purpose. This

forward-directed orientation, feeling that one has more to do in life, can contribute greatly to your resilience in the face of adversity.

Viktor Frankl gave a speech to a group of counseling students about having an overly optimistic view of mankind. Frankl suggested the students presuppose man's greatness. He urged them to "overestimate" others so that these others might be able to rise to meet this overestimation. Frankl warned that if you simply viewed others as they *are* instead of what they *could be*, you could actually contribute to them not fulfilling their potential. An everyday example of this can be seen with children. When we speak of them and to them in regard to what they are capable of, they come to believe it as well. They strive to be their best self.

These overestimations become a self-fulfilling prophecy so long as they're not wildly unreachable goals or they're severely lacking in resources and supports to achieve them. I fully believe in the power of having an overly optimistic view of others. I meet many people in my work as a psychologist and most people are accustomed to focusing on their deficits and the negative aspects of matters. I find that this narrow focus negates each person's and each situation's potential. When I share my recognition of my clients' strengths, they are pleasantly surprised to recognize this in themselves. They don't always have this reaction. Other times, they deny or downplay their strengths. They are not accustomed to acknowledging their positive qualities because they mistakenly believe that it means that they will not change other aspects of their life. There is a strong "all-or-nothing" sentiment about their qualities as people. They believe that they are either good at life or they're not. The fact that they're in my office suggests that they believe they're NOT good at life.

As a police administrator, you have the ability to cultivate your officers' belief in their abilities to fulfill their purpose. A very interesting body of research suggests that expecting more from others actually results in more effort and, consequently, more goals accomplished. It's referred to as the Rosenthal effect, or expectancy effect, and has been used by teachers in their work with students. Students excel when their teachers expect more from them and provide adequate support to achieve. The same could be said of police employees. So, no matter which leadership model you follow, you can promote the resilience of your subordinate officers if you convey your belief in their potential; including their potential to be resilient.

Leadership Style

It's beyond the scope of this book to review recommended leadership models. There are many other books dedicated to this topic. My main objective is to promote resilience in police, which includes police in

administrative positions. Another objective is to offer guidance on leadership styles that promote the resilience of police employees. This is important because a large body of research shows that the organizational hassles have a stronger impact on officer health than traumatic stress (Brough, 2002; Hart, Wearing, & Headey, 1995). When I interviewed police about what helped and what hindered their coping with exposure to traumatic stress, 50 percent identified a supportive work environment as helping them cope, while 60 percent identified unsupportive work environments as a hindrance (Conn & Butterfield, 2013). That means that, for some, their work environment was seen as both helpful AND hindering. Work environment included supportive supervisors who demonstrated care for their officers, provided resources, and were approachable if the officer was having a problem. They could tell the supervisor that they were not coping well with something and it would be taken seriously. Leadership, like resilience, is a process. It isn't something one has or doesn't have. It is the process of motivating and supporting others (Vroom & Jago, 2007).

Several large-scale studies of the Royal Canadian Mounted Police led Linda Duxbury (2007) to conclude ". . . you cannot be a leader if you have no followers—no matter your position in the hierarchy. Similarly, you can be a leader at any level of the organization" (p. 80). Furthermore, Duxbury suggested key differences between leaders and managers. Managers have subordinates, focus on the work, and are risk-avoidant, while leaders have followers, focus on people, and see risk as necessary and leading to opportunities (Duxbury). I agree with her contentions. Police employees need leaders. They need people that they are willing to follow, who they know believe in them and care about their well-being. The biggest risk in police culture tends to be change. Yet, change is inevitable. Being risk-averse in policing seems like an oxymoron but, unfortunately, some administrators (and line folks) fear and resist change. They regard it as a threat to the system they know; the "way it's always been." The more committed your officers are to their job, the more likely they are to resist organizational change. That's just the way it is. It's a good thing that they are committed in most respects besides the change element. Leaders are able to motivate their followers to accept change because they have a history of focusing on the well-being of their followers.

Trauma Histories—Friend or Foe of Resilience?

Some believe that having a traumatic history improves individuals' ability to handle adversity because they have been there; done that. They have had to overcome their challenges and would not be overwhelmed by adversity. It's not their first rodeo, so to speak. They know they've made it through before and they know what they're made

of. Others propose that having traumatic histories disadvantages people in handling adversity because of the mounting strain on the person and their social system. The accumulation of traumas can also have a multiplicative effect on the person's distress. It is difficult to know what to believe, given that there is research that supports both contentions.

I think it's easier to understand the subjective nature of traumatic events using a model proposed by Anderson, Goodman, and Schlossberg (2011). They proposed that people's ability to cope with situations depends on four factors, the "4 S's System": situation, self, support, and strategies. One's ability to cope is a matter of assets and deficits. There are certain aspects of the situation that make it easier (an asset) or harder (a deficit). For instance, unexpected situations are usually harder to deal with. Events brought on by one's actions differ from those brought about by others. Officer-involved shootings where the bad guy forces a suicide-by-cop situation affects people in different ways. For some, it's easier to deal with it because the bad guy left them no choice. It was going to be the bad guy or the officer. That's a "no-brainer." For others, feeling like they didn't have another choice but to shoot the bad guy is problematic. Whether it is problematic varies based on the remaining three factors: self, support, and strategies. The self in the situation includes gender, age, life experiences, personality, and so forth. Continuing with the suicide-by-cop situation, an officer with a history of officer-involved-shootings, ability to relate to the person shot (e.g., same age as their child), who is already struggling with a health condition, may have a harder time than another officer without these complicating factors. Folding in the support variable, an officer who has a supportive significant other at home when they leave their shift will fare better than one who doesn't. Lastly, the strategies the officer uses to deal with the event also affect the impact of the event. Coping can be constructive or destructive. As stated in the section on gender, research shows that women are more apt to use constructive coping than men, making their strategies more likely to be an asset than a liability (He et al., 2002). Adaptive coping entails directly approaching the problem, while maladaptive coping is doing things to avoid it, such as drinking; distracting oneself; or avoiding places, people, or situations.

The majority of police recruits have experienced at least one traumatic event prior to entering policing (Buchanan, Stephens, & Long, 2001; Burke, 2009; Huddleston, Paton, & Stephens, 2006). One body of research suggests that having prior traumas or adversity can be a protective factor, if the stress from the events is mild to moderate. Based on animal studies, researchers believe that having prior success in mastering adversity actually changes the brain, called neuroplasticity. This change, in turn, serves to protect against the stress in future adversity (Southwick & Charney, 2012).

On the other hand, having a series of stressful or traumatic events can contribute to changes in the brain that make it more difficult to deal with adversity, also regarded as neuroplasticity. This is more likely the case when the adversity is beyond mild to moderate and is repeatedly experienced (Feder, Nestler, & Charney, 2009). The individual's brain changes to make the individual more likely to have an exaggerated response to future stressors. So, it seems that prior trauma can be a friend or a foe, depending on how it was experienced in terms of intensity, chronicity, and whether one coped well enough to consider it a mastery experience. I see this in my daily work with clients. Some clients learned how to cope with their traumas and grew more confident in their abilities. Even though they were struggling with something, they have the experience that says they can handle it. They have come to know who they can count on and who they can't. I've also seen those who haven't dealt with the old traumas. The story they're telling themselves is quite different. They tell themselves that they can't handle ANYTHING. They see ongoing difficulties as proof of that. They have developed unhealthy coping habits, including avoidance, which have taken a rigid hold of their lives.

CIVILIAN POLICE EMPLOYEES

Research on civilian police employee resilience is sorely lacking. They are oftentimes overlooked because they are a much less visible police employee. This is true of civilian police employees such as dispatchers, call-takers, crime scene technicians, translators, and victim service workers. I was a dispatcher for 3 years before becoming an officer. It was a stressful job. There were many times when I felt powerless to help the caller while worrying about the officers who were responding. I always created a picture of the caller and others at the scene, as they described what was happening.

What we know is civilian police employees have many of the same stressors that sworn officers have. They struggle with shiftwork, overtime, and critical incidents just like officers do. However, dispatchers, call-takers, and other civilian employees tend to get less training, support, and respect than sworn police officers. Studies have shown that inadequate training tends to contribute to higher levels of burnout (Newman, Mastracci, & Guy, 2005). Having less support than their sworn counterparts also seems to correlate to higher levels of burnout (McCarty & Skogan, 2012). Police officers tend to feel more camaraderie than civilian employees do, which is a buffer for burnout.

Research shows that 18–24 percent of dispatchers likely meet diagnostic criteria for PTSD (Pierce & Lilly, 2012). The more years of experience, the more likely the person has the disorder. This is believed to be due to the accumulation of traumatic incidents, which is

sometimes called "delayed-onset PTSD." The symptoms mirror those of sworn officers, with hypervigilance being the most common. This is interesting, given that dispatchers and call-takers do not work in the field where their safety is actually threatened. Yet, they are able to connect to the threat over the phone and radio in such a way as to be traumatized. This is clearly recognized in the revision to diagnostic criteria for PTSD in the latest version of the *Diagnostic and Statistical Manual*: "Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)" (American Psychiatric Association, 2013, p. 271). Dispatchers, call-takers, and many other civilian police employees are exposed to aversive details of traumatic events on a daily basis. The types of events that contribute to PTSD are similar to those seen in sworn officers. Namely, calls relating to children are the hardest and most traumatizing incidents to deal with.

POLICE FAMILY MEMBERS

Police employees are not the only ones affected by police work. It extends to their home life, affecting their loved ones. Families are affected by the organizational hassles of the job—shiftwork, overtime, policies, and promotional processes—by their secondary exposure to traumatic events, and the shifts in family dynamics when the police employee is affected by his or her work. Despite this, many police families have taken measures to weather the difficulties that come with this work. Throughout the book, I'll be sharing research on what helps family members to cope with these difficulties.

The resilience of police family members appears to be related to the resilience of officers themselves. Trauma experts explain this using the concept of "assortative mating," which refers to the tendency of individuals to choose partners with similar personalities (Merikangas, Bromet, & Spiker, 1983; Sherlock, Verweij, Murphy, Heath, Martin, & Zietsch, 2016). For instance, an individual who struggles to cope adaptively and maintain healthy habits is likely to be partnered with a person with similar struggles. They are more compatible than a couple where one person has maladaptive coping mechanisms and the other one has adaptive ones. Another variation of this is co-dependency. With co-dependency, significant others of the traumatized police employees believe it's their job to "fix" the afflicted loved one. It goes without saying that this is not a healthy dynamic. I'll speak more about this "overfunctioner-underfunctioner" dynamic in Chapter 2.

In addition to similar assortative mating, research has shown that there is a "contagion effect" between police and their significant others (Crothers, 1995; Larson & Almeida, 1999; Miller, 2007). This means

that the significant other feels what the police employee feels. In therapy, we are warned against this, as it takes away from the person feeling the emotion and interferes with our ability to be helpful to the person. Instead, it's best to understand how the other person feels without succumbing to the feelings as well. I would argue this holds true for family members who are trying to support the police employee. Absorbing their feelings prevents them from offering support in the moment and can be traumatizing for them. This is referred to as secondary traumatic stress disorder (STSD), compassion fatigue (Figley, 1995) or vicarious traumatization (McCann & Pearlman, 1990). I'll speak further about STSD in Chapter 2 when I discuss critical police incidents. The contagion effect can affect the resilience of police family members, if they don't take steps to deal with it.

Spouses and Significant Others

As a wife of a police officer, I can also attest to the shared strain from the organizational hazards of the work such as shiftwork, court on days off, work during holidays, and public scrutiny. When they signed up to do police work, you agreed to these hassles, whether you knew it or not!

Studies have shown that spouses and partners of officers experiencing PTSD symptoms experienced secondary stress symptoms that mirrored those PTSD symptoms (Dwyer, 2005; Hirshfeld, 2005). Higher levels of PTSD symptoms in first responders have indicated higher levels of secondary trauma in first responder wives (Dwyer). Additionally, the more job stresses the officer experiences, the higher levels of hypervigilance for both the officer and the spouse (Roberts & Levenson, 2001). Secondary traumatization has led spouses to avoid the source of the trauma, the officers (McCann & Pearlman, 1990). Secondary trauma of first responder wives has been strongly correlated to psychological distress, depression, anxiety (Dwyer; Hirshfeld, 2005), and increased levels of alcohol consumption (Hirshfeld, 2005). Research shows that therapists have been traumatized by exposure to traumatic experiences (Figley, 1995). Therefore, family members may be at higher risk for traumatization because of their emotional connection to the first responder and their daily exposure to the first responder and because family members are not mental health professionals with professional support to effectively deal with their exposure.

Children of Police

Children of police are likely the most overlooked group when it comes to the impact of policing. Based on their ages, many people assume that children are unaware of what is happening with the police parent unless it is something extreme such as a line of duty death. Yet, children

of police are affected by the work and would benefit from targeted support to be resilient. In addition to witnessing and being affected by the police parent's mood, stress levels, and shiftwork, children of police are oftentimes parented differently than non-police children. Police parents tend to "police" their children because they are aware of the dangers in the world and want to protect their children from them. My father was a police officer for my entire childhood. I know he ran the criminal histories of the family members of the people I dated or hung out with because he always asked me for their full names. When children are younger, the hypervigilance of the police parent contributes to the child's anxiety and exaggerated fear of strangers. Just like spouses, children are susceptible to emotional contagion, absorbing the stress, anger, and sadness that the police member feels.

Children are also affected by the spillover of police work into the home. I saw, firsthand, how police work was present in conversations about my dad's day while sitting at our kitchen table and interrupted sleep with a callout in the middle of the night. It was a living room full of cops, talking about cases, politics, and bad guys (including those on the street, in the police station, and in municipal government). I could hear many of these conversations from my bedroom down the hall. In fairness, I think these experiences helped me to be prepared for doing the job years later, but I also think that it can detract from family life. In fact, a few months before my dad passed away, he apologized for this, stating that he wished he had done things a little differently. He had put work ahead of family for many years and there were consequences to this choice, in terms of family and health.

MY TWO-CENTS ON RESILIENCE

I've been interested in resilience for a very long time. I've seen my share of struggles, as a police officer and as a psychologist. When I was studying the resilience of officers in maintaining their non-police identities, I wasn't exactly the picture of balance myself. I was burning the candle at both ends doing research; providing therapy; teaching at two universities; and trying to be a wife, a friend, and to get some exercise, as time allowed. I remember going for a physical evaluation following a car accident. When the doctor was interviewing me about my life and how I was functioning post-accident, my life seemed like a paradox. I was studying work–life balance and resilience, but I had a life that was anything but balanced. Yet, despite this imbalance, I was functioning very well. The doctor asked me how I could be so resilient. I thought about it for a moment. My response emerged with conviction: I *decided* that I was a resilient person and then I did what I imagined was the most resilient thing to do, again and again. Not being resilient was not an option. I would struggle, but I would know that the struggle was in furtherance of something that was important to me—

my work, my research, my health, my relationship. They were all worth the effort. I was living according to one of my favorite quotes by Friedrich Nietzsche: "*He who has a why to live for can bear almost any how*." I was connected to the point of all that I was doing. I wasn't regarding it as something I *had* to do, that was forced on me by someone else. I also knew that this imbalance was temporary. Knowing this can make a big difference. One of my graduate students, who had made a similar declaration of resilience, explained it so clearly and succinctly during one of my class discussions on resilience: she did not *have to* do all that was on her plate in terms of work, school, family, and friends; she *got to* do it. It was a privilege, even a blessing, to have so much meaningful work and people in her life. I felt the same way but just hadn't put this mental construct into words just yet.

You can choose not to do the job. After all, there are other jobs out there. Reconnecting to the reasons why you got into the work in the first place might help you adjust to the difficulties that come with it. Maybe you got into policing to help people, to have challenging work, or to be outside instead of being cooped up in an office. Notice and appreciate that this is what you're getting to do. Don't let the difficulties overshadow these key parts of your work. The same goes for family. Yes, you may feel you *have* to run your kids around on days off. Again, notice and appreciate that you are choosing to support your kids who are active, developing little people. You are getting to be a part of that development when you take them to practice. Even household tasks that feel like burdens on your day(s) off are products of your choice to have a clean, functional home. When you are connected to purpose in your life, and see your choices in it, you will be more resilient.

TOOLS FOR YOUR DUTY BAG

- Like officer safety, resilience is a process that requires a daily commitment.
- You may not bounce "back" following an event, because you can never go back. You can, however, return to healthy functioning.
- Police that develop PTSD or depression can still be resilient but may take longer to recover.
- The majority of police employees are quite resilient, managing daily exposure to traumatic events and organizational hassles.
- Prior traumas can be either a protective factor or a risk factor, depending on if adaptive or maladaptive coping was used, as well as the intensity and duration of the traumatic event.
- Police leaders can contribute to the resilience of officers by promoting their belief in their ability to be resilient.
- Civilian police employees have the same challenges to resilience such as exposure to trauma and shiftwork but tend to have fewer sources of support than sworn members.
- Family members of police are affected by the traumatic experiences as well as the organizational hassles of police.

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Chapter 2

3 Chapter 3 Secondary Traumatic Stress: Uncomplicated Strategies for Complex Trauma

Chapter 3

Strategies for

TOOLS FOR YOUR DUTY BAG STS mimics symptoms of PTSD but comes from chronic exposure to the suffering of others. No two officers will have the same reaction to the same call because they haven't had the same accumulation of calls. The longer on the job, the higher the accumulation of traumas, and the higher the risk of PTSD from STS. Accumulation of STS can lead to thoughts of suicide. Suicide is a permanent solution to a temporary issue. Coming home following exposure to STS can either deplete you or key you up. Take measures to transition to your home environment: exercise, listen to music, read, make time for quiet (even if only 10–20 minutes). Supervisor support is one of the strongest protective factors against STS. Perceived support is more important than received support. Emergency communicators also have a higher risk for STS than expected due to sedentary work, confinement to an uncomfortable work environment, and a lack of support combined with having an added sense of responsibility. Family members demonstrate PTSD symptoms from exposure to police members. Family should take care of themselves and mentally separate the doer from the deed when the police member is coping in destructive ways. Take action early to counter STS: exercise, get support from family, talk to co-workers. Adjust your definition of success. Remember, you didn't create these situations and you can't "fix" them either. Bedini, S., Braun, F., Weibel, L., Aussedat, M., Pereira, B., & Dutheil, F. (2017). Stress and salivary cortisol in emergency medical dispatchers: A randomized shifts control trial. PLoS ONE, 12(5), e0177094. Retrieved September 25, 2017 from https://doi.org/10.1371/journal.pone.0177094. Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. Families in Society, 84(4), 463–470. Burke, T. W. (1991). The relationship between dispatcher stress and social support, job satisfaction, and locus-of-control (Volumes I and II). Unpublished doctoral dissertation, City University of New York, New York. Burke, T. W. (2005). Dispatch. In L. E. Sullivan & M. Simonetti (Eds.), Encyclopedia of law enforcement, 1 (pp. 137–139). Thousand Oaks, CA: Sage. Burke, K. J., & Paton, D. (2006). Predicting police officer job satisfaction: Traditional versus contemporary models of trauma in occupational experience. Traumatology, 12,

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6 Chapter 6 Help to be Resilient

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