Law Enforcement Mental Health and Wellness Programs

ELEVEN CASE STUDIES



COPS

Community Oriented Policing Services

U.S. Department of Justice

Law Enforcement Mental Health and Wellness Programs

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Letter from the Director of the COPS Office

Colleagues:

The mental well-being of the men and women who serve and protect our communities is every bit as important as their physical health and safety. Our nation's law enforcement officers—and their civilian colleagues—hear and see things every day that most of us are fortunate we never have to imagine. The current national climate of distrust in law enforcement and lack of sympathy or fairness for them before the facts are known makes an already difficult and dangerous job mentally and emotionally stressful as well. The continuous attacks without knowing the facts could be an underlying variable to one of the most compelling challenges in law enforcement—hiring and retention—and in general could contribute to low morale in many agencies.

The Law Enforcement Mental Health and Wellness Act of 2017 stands as a marker of the growth in understanding of the significance of keeping officers safe, healthy, and well on the job. In addition to tasking the U.S. Department of Justice with making recommendations to Congress on improving officer wellness, it requires the COPS Office to conduct "case studies of programs designed primarily to address officer psychological health and well-being." This publication is a report on those case studies, including study of 10 departmental efforts and one national call-in hotline. These studies show a range of approaches to safeguarding the mental health of both sworn and nonsworn employees, current and retired, of police departments and sheriffs' offices around the United States. Each program studied has elements that can be replicated elsewhere in our ongoing efforts to meet the mental and emotional health needs of even more officers and deputies and their families.

This report is an important measure and reflection in our ongoing commitment to protect those who protect us. We thank all of the participating agencies for their willingness to be engaged in this project and their invaluable contribution to assist agencies across the country in ways that better serve those who serve, protect, and make substantial heroic sacrifices in our communities.

Sincerely,



Phil Keith
Director
Office of Community Oriented Policing Services

Acknowledgments

The authors would like to thank the leadership and staff from each of the case study sites that made their time available and gave us access to a wide range of perspectives within their agencies to get a comprehensive picture of their work on officer mental health and wellness. Each site provided feedback on the early drafts of the case studies. We appreciate the commitment and passion of these individuals for the work they do on behalf of their officers and for their insights and lessons learned. The following organizations are featured:

- Bend Police Department
  Bend, Oregon
- Charlotte-Mecklenburg Police Department
  City of Charlotte and Mecklenburg County, North Carolina
- Dallas Police Department
  Dallas, Texas
- Indianapolis Metropolitan Police Department
  City of Indianapolis and Marion County, Indiana
- Las Vegas Metropolitan Police Department
  Las Vegas, Nevada
- Los Angeles County Sheriff's Department
  Los Angeles County, California
- Milwaukee Police Department
  Milwaukee, Wisconsin
- Metropolitan Nashville Police Department
  City of Nashville and Davidson County, Tennessee
- San Antonio Police Department
  San Antonio, Texas
- Tucson Police Department
  Tucson, Arizona
- Cop2Cop
  Piscataway, New Jersey

The team worked through a number of law enforcement associations to disseminate the survey gathering information about mental health and wellness programs around the country, including the International Association of Chiefs of Police, National Sheriff's Association, Association of State Criminal Investigative Agencies, National Fraternal Order of Police, and Major Cities Chiefs Association. We are also grateful to the team of subject matter experts who provided insight and guidance in the selection of the case study sites. These experts included Dr. John Violanti, Dr. Sandra Ramey, and Dr. John Nicoletti.

The COPS Office was critical in helping to frame and advise throughout the process of developing and finalizing the case studies and the final document. Special thanks go to Gilbert Moore, Melissa Fox, and Deborah Spence.

Background

In January 2018, Congress enacted the Law Enforcement Mental Health and Wellness Act of 2017, which directs the U.S. Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS Office) to "(1) submit to Congress a report—that is similar to the report entitled 'Health, Safety, and Wellness Program Case Studies in Law Enforcement' published by the [COPS Office] in 2015; and (2) that focuses on case studies of programs designed primarily to address officer psychological health and well-being."[1]

The law references the research on occupational risks that affect the approximately 800,000 sworn officers in the United States. Police officer stress results in "higher rates of heart disease, divorce, sick days taken, alcohol abuse, and major psychological illnesses such as acute stress disorder, post-traumatic stress disorder (PTSD), depression, and anxiety disorders."[2]

This report addresses the charge from Congress to identify successful officer mental health and wellness programs using a case study format as directed by the legislation. The authors sent out a survey through national law enforcement organizations and professional associations asking for nominations of best practices in law enforcement mental health and wellness programs and received more than 30 nominations covering a range of different sizes of agencies, geographical locations, and types of programs. The team selected 11 programs for the case studies representing Bend, Oregon; Charlotte-Mecklenburg, North Carolina; Cop2Cop (a national hotline); Dallas, Texas; Indianapolis, Indiana; Las Vegas, Nevada; Los Angeles, California; Milwaukee, Wisconsin; Nashville, Tennessee; San Antonio, Texas; and Tucson, Arizona.

The team visited each site to conduct interviews, observe facilities and programs, and where possible talk to agency staff. These visits provided the opportunity for the team to understand the context and demographics of both a location and a law enforcement agency as well as the benefits provided to employees within an agency is a critical component to understanding a department's approach to employee wellness and the established culture of wellness among officers. An agency's makeup, salary provision, and benefits provision are pieces of the larger picture to be considered in partnership with an agency's wellness programming. Some of the sites and programs selected have a historical commitment to officer mental health services, and some sites demonstrate how to build a deeper commitment to officer mental health programming with limited resources.

Each case study layers a number of strategies from recruitment to retirement that cover a continuum of prevention, early intervention, crisis response, and follow up care. Interviewees at each site indicated during the case study site visits that there is no one single solution; rather, a holistic approach using multiple components gets the best results. And it also requires a strong commitment from the law enforcement agency at all levels—these programs may be successful *because* they have top-down and agency-wide support—to prioritize and support officer mental health and wellness in a way that overcomes stigma and builds confidence and trust in the privacy and sensitivity of the services available to officers, staff members, and their families.

1. Law Enforcement Mental Health and Wellness Act (LEMHWA) of 2017, Pub. L. No. 115-113 (2018), https://www.congress.gov/115/plaws/publ113/PLAW-115publ113.pdf.
2. LEMHWA (see note 1).

Overview

This report is designed to provide an overview of multiple successful and promising law enforcement mental health and wellness strategies with the joint aims of informing Congress, state and local government officials, and the law enforcement field. The report includes 11 case studies from a group of sites across the United States. Each case study shares basic information about the program or agency, a description of how and why they got engaged in officer mental health and wellness, the components of their programming, the challenges encountered, and key findings for replication.

Insights from the case studies

The case studies examine the range of strategies and services: where they are offered, keys to creating ownership and support for these programs and services, and what we know about what works and where we need more research. They also provide insights into what motivates law enforcement agencies to focus on officer and staff mental health and wellness.

There is clearly a continuum of mental health and wellness strategies, programs, and methodologies represented in the breadth of the 11 case studies presented. The continuum begins with recruitment and hiring and goes through retirement. It includes proactive prevention and resiliency building; early interventions; critical incident response; treatment, reintegration; and ongoing support for officers, staff members, and their families.

All of the case study sites take a holistic approach to officer, staff, and family mental health and wellness. They do not separate mental health from a broader continuum of care and services that are closely tied to and impacted by the following: fitness, nutrition, medical care, sleep, healthy relationships, financial stability, substance abuse, self-care, peer support, early warning systems, how disciplinary procedures are handled, and character and moral development.

In addition to the law enforcement agency case studies, a summary of the Cop2Cop 24-hour peer crisis response hotline details the key design elements of a hotline and the necessary follow-up care and support provided by well-trained officers communicating with other officers.

How agencies get started

The case studies identified a number of ways that law enforcement agencies focus on officer mental health and wellness. Most agencies provide basic health insurance that generally includes some level of mental health service. Many jurisdictions have employee assistance programs (EAP) sponsored by the local government unit funding the law enforcement agency, which provide access to additional support services.

In addition to insurance coverage provided to employees, many law enforcement agencies are realizing the need to develop comprehensive and earlier prevention and intervention mental health and wellness strategies for officers, staff members, and their families. Examples include exposure to mental health issues through crisis intervention training (CIT), victim services, and early warning systems. As officers and their agencies become educated, experienced, and comfortable with mental health issues, they are more equipped to apply that knowledge to themselves, their families, and their peers.

Crisis intervention training. Nationally, there is strong interest and emphasis on CIT—training and equipping officers to work across systems to meet

the needs of people with mental illnesses while also protecting public safety and officer safety. Many of the case study agencies are doing CIT.

While CIT is not about officer mental health and wellness, a greater understanding about the nature of mental health issues does help to inform and change the culture of law enforcement agencies. When officers know and recognize the indicators or warning signs of an impending crisis and have the skills to talk to someone with mental illness, they are more likely to be comfortable confronting or breaking down the stigma about saying something to a peer or recognizing the warning signs for a self-referral.

Victim services. Another way that law enforcement agencies are developing an understanding of mental health issues is through victim services. The Metropolitan Nashville (Tennessee) Police Department's (MNPD) mental health services for officers developed out of a growing understanding of how important counseling is after traumatic events for survivors. In the 1980s and 1990s, when counselors were co-located in the department as part of their work with victims, officers developed a comfort level to talk about their own mental health and wellness questions or concerns. They found it easier to seek help than it had been in the past when counselors were not present. This led to a recognition that officers had unaddressed mental health needs and resulted in the creation of the Police Advocacy and Support Services (PASS) program in the MNPD.

Early warning systems. The Milwaukee (Wisconsin) Police Department (MPD) and Indianapolis (Indiana) Metropolitan Police Department (IMPD) each approached strengthening their officer mental health and wellness programs based on a recognition that the best way to prevent officer disciplinary actions is to have a strong prevention and early intervention system in place. The effort in Indianapolis was led by a highly respected and trusted captain who advocated for the creation of an Office of Professional Development and Wellness. In Milwaukee, staff assigned to the Early Intervention Program as part of the MPD's early warning system recognized that more was needed to meet the needs of officers. Based on their research of other strong programs, they designed the mental wellness team to provide access to an in-house psychologist and strong chaplaincy and peer support staff in an intentional, focused, and integrated approach.

Response to officer hardship. Many agencies, including the Dallas (Texas) Police Department (DPD) and the Bend (Oregon) Police Department (BPD), began developing mental health wellness programming in response to witnessing a high level of need among the ranks. For example, in Dallas, mental health wellness programming came to the forefront following the tragic events of July 7, 2016—in which an ambush resulted in the deaths of five officers and injuries to nine others. This incident prompted department leadership to shift resources and programming in order to support both sworn and nonsworn staff in the aftermath. Similarly, at the BPD, the idea for mental health wellness programming emerged from department leaders, both formal and informal, witnessing officers in need of support while experiencing personal hardships such as divorce in conjunction with the inherent stress of a career in law enforcement.

Location of the mental health and wellness unit, program, or services

Where the mental health program is located in a department or agency varies between those providing direct services located off site to protect officer privacy and those located at headquarters as a resource and referral mechanism.

Programs providing direct mental health support services are generally located away from headquarters so employees can feel secure that their use of the services is confidential. Often this means they are located in training academies, human resources, or their own off-site locations.

In-house staff psychologists' locations can vary based on the goals of the department and the role defined for the psychologists. At some sites, the psychologist is intentionally located at headquarters, and his or her role is to become embedded into the department's organizational culture and community. Upon building trust and establishing legitimacy, these psychologists act as navigators to appropriate resources and do not engage in any formal counseling. These navigators help officers and staff with insurance issues, identifying counseling services that are familiar with law enforcement clients, and getting access to the right kind of services or support systems.

In agencies such as those in Los Angeles and Las Vegas where the in-house psychologist is located off site, one of the main roles of the psychologist is to provide counseling services, support groups, or both. The off-site location increases the likelihood that officers trust their privacy is protected and are more willing to use the free in-house counseling services.

Whichever approach an organization takes, a key consideration is building confidence that officer and staff privacy is protected when they voluntarily access mental health and wellness services.

Creating ownership and commitment to officer mental healthand wellness

Several of the individuals interviewed at case study sites emphasized the importance of paying attention to how ownership is created for a mental health and wellness program. They said officers tend to be suspicious of the motives behind a mental health program. They encouraged departments looking to implement such programs to be clear about the motives of the program: how the program comes to be; who are the champions; where the impetus for the program comes from; and the level of ownership by the rank and file, union, and administration.

Success factors identified by the sites included the following:

- The initial champion(s) for improving or creating mental health programming should be trusted within the department.
- Unions are key stakeholders and should be active participants in helping to create or support the expansion of mental health services for officers and employees.
- Quiet but consistent and persistent support from senior executive leadership or administration is critical, and they must be seen to be protective of the confidentiality of the program to maintain trust.
- Recognizing that it is acceptable to have some mandatory visits required for specific types of critical incidents (e.g., officer involved shootings), it is important that the administration not be seen to be pushing or forcing employees to use the services. The drive to use the services needs to come from peers, word of mouth, or recommendations from supervisors.

- Resources for these units, programs, or services need to be consistent and institutionalized in budgets rather than grants or outside funding.
- In some sites, collaboration between mental health professionals and officers was key to creating contextually appropriate programs that address the needs of officers while remaining grounded in science and research.
- Provision of services particularly tailored for nonsworn staff, especially communications staff, can have an impact on the overall morale and culture of wellness in the department.

Continuum of mental health and wellness programs

The continuum of mental health and wellness programs span from "hiring to retiring," according to an interviewee at one of the case study sites. Agencies begin by screening officer candidates for mental health during the hiring process.Some level of training on officer mental health and resiliency self-care and mental health resources is provided in the academy, and it is important that mental health and wellness programming begin there. In-service programming may cover suicide prevention, officer resiliency, and stress management techniques. Early warning systems identify officers who may be in need of early intervention services. Peer support programs provide both critical incident response support and ongoing support systems for officers throughout their service. Specific mental health services such as counseling, support groups, and linkages to ongoing treatment are provided by a combination of options from in-house psychologists or external referrals to services. Chaplains play a role in some agency mental wellness strategies. Additional support services include family and relationship counseling; financial and legal counseling; military deployment and reintegration support; family education about PTSD, suicide risks, and other dangers to officers' mental health and wellness and how to support officers; and crisis care for families experiencing illness, death, or other trauma. Most agencies define their programs as available to officers, staff members, and their families.

There are common elements across the case study sites. For example, all case study sites provide access to some level of mental health counseling through either employee health insurance policies or EAPs or both. The depth and level of insurance may vary widely, but some level of support is provided. Peer support programs are another example of a common strategy present or being planned in all of the case study sites.

Table 1 on page 5 lays out the specific types of officer mental health and wellness programs identified in the case study sites. The degree to which each department does each service can also vary, but those differences are described in the case studies.

Some case study sites may actually do some of the programs but did not identify them as part of their mental health and wellness programming.

Table 1. Continuum of law enforcement mental health and wellness programs

Components	BPD	CMPD	DPD	IMPD	LVMPD	LASD	MNPD	MPD	SAPD	TPD	Cop2Cop
Recruitment, hiring, and screening for mental wellness			X	X			X	X	X	X	
Training academy resiliency and self-care			X	X	X	X	X	X	X	X	
In-service training on mental wellness topics	X	X	X	X	X	X	X	X	X	X	X
• Suicide prevention	X	X	X	X	X	X	X	X	X	X	X
• Resilience and self-care	X	X	X	X	X	X	X	X	X		X
• Supervisor training as front-line mental health first aid				X	X					X	X
Mentorship programs				X							
Early warning systems				X	X	X		X		X	
Critical incident response teams	X	X	X	X	X	X	X	X	X	X	X
• Debriefing protocol	X	X	X	X	X	X	X	X	X		X
Peer support programs	X	X		X	X	X	X	X	X	X	X
Behavioral health and wellness units				X	X	X	X	X	X	X	
• Counseling (finances, family, career)	X	X	X	X	X	X	X	X	X	X	X
• Referrals for services	X	X	X	X	X	X	X	X	X	X	X
• Domestic violence				X	X	X	X	X		X	X
• Substance abuse	X	X	X	X	X	X	X	X	X	X	X
Chaplaincy role	X	X	X		X	X	X	X	X		
Psychological counseling (internal)	X		X		X	X	X	X	X	X	X
Psychological counseling (external)		X	X	X	X	X		X		X	X
• Employee assistance program		X		X	X	X		X		X	X
• Treatment (residential and nonresidential)		X	X		X	X	X	X	X	X	X
• Recurring mental health checks		X	X				X		X		X
• Mandatory counseling following critical incident	X	X	X	X	X	X	X	X	X	X	X
• Eye movement desensitization and reprocessing therapy					X	X				X	X
• Officer crisis care and support (injury, illness, line-of-duty deaths, etc.)	X	X	X	X	X	X	X	X	X	X	X
• Military support—deployment and reintegration		X		X	X	X					X
• Retired officers		X	X	X			X	X	X	X	X
• Spousal support, healthy families, or Family Day	X	X	X	X	X	X	X		X	X	
• Therapy animals (dogs, cats, horses, goats)					X						

Related components of a mental health and wellness program

The interviewees at the case study sites see mental health as closely linked to other wellness programming that complements and contributes to well-grounded and highly functioning officers. This recognition includes an awareness that physical well-being impacts officer mental health and wellness. Placing emphasis on physical fitness, nutrition, sleep patterns, sufficient amounts of sleep, and medical condition (via annual physical exams) are all components of physical well-being that contribute to mental wellness.

Personal relationships (between spouses, parents and children, and other family members) are the most commonly seen voluntary counseling requests for service by officers and family members. Financial and legal issues are also common areas of vulnerability for which departments are providing counseling and resources to help officers address areas of conflict, stress, or anxiety in their lives. Other topics that fall into less traditional wellness programming include communication skills, emotional intelligence, and ethics.

Need for additional research on impact of mental health and wellness programs

During the site visits, the case study team asked representatives of the law enforcement organizations about how they measure the impact of their mental health and wellness programs. Most of the interviewees said their agencies do not track numbers of cases or specifics of cases because of concerns about legal discovery during potential law suits and officers' concerns about confidentiality. While Certificates of Confidentiality may alleviate some of these concerns, the privacy protection was strengthened only recently—in 2016—by the enactment of the 21st Century Cures Act.[3] Lacking evidence of the impact and effectiveness of law enforcement mental health programs is a challenge that may require attention from both agency leadership and the DOJ. At the local level, these data can help preserve or expand budgetary support for programming, and at the national level, they can help the field understand what works for officer wellness.

While a few sites collect some data on use of programs, the majority still do not have comprehensive data collection protocols in place across their internal spectrum of services. For example, the BPD is collecting important data around its yoga program but is lacking data around the number of additional services provided. Therefore, even sites such as Dallas, Los Angeles, and Bend, who are participating in important data collection for at least part of their mental health wellness programming, are still lacking the data necessary to truly understand program impact at a broader level.

One of the research questions that came up during the site visits was related to the efficacy of critical incident stress debriefing (CISD). Widely used in the aftermath of traumatic incidents, there are different models and protocols for conducting debriefings and some have been studied more than others. In 2001, the U.S. Department of Health and Human Services, U.S. Department of Defense (DoD), U.S. Department of Veterans Affairs (VA), DOJ, and American Red Cross gathered 58 disaster mental health experts from six countries to investigate and assess the impact of early psychological interventions. That conference concluded, among other things, that there is evidence that early intervention in the form of a single recital of events and expression of emotions evoked by a traumatic event does not consistently reduce risks of later developing PTSD—and some participants may event be put at heightened risk for adverse outcomes because of such early

3. 21st Century Cures Act, Pub.L. 114–255, https://www.congress.gov/bill/114th-congress/house-bill/34.

intervention.[4] Further, the experts agreed that the term "debriefing" should not be used to describe interventions meant to reduce distress or to prevent or treat mental health problems but should be used only to refer to operational debriefings. Some of the case study agencies have experience with Critical Incident Stress Management, also known as the Mitchell Model; others focus on different styles of CISD. And some of the case study sites are now using Psychological First Aid—an approach that places the initial focus post-critical incident on the immediate needs of an officer (safety, water, new clothes, contact with family, food).

Some of the case study sites, such as the Tucson (Arizona) Police Department (TPD) and the Los Angeles County Sheriff's Department, are moving away from CISD to eye movement desensitization and reprocessing (EMDR) therapy—a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences.[5] Agencies using EMDR have adopted it as an evidence-based therapy to address single and cumulative traumatic events. EMDR has more than 30 studies validating its use in multiple settings. According to the EMDR Institute, research studies have shown that 84 to 90 percent of single-trauma victims no longer have PTSD after only three 90-minute sessions The VA and the DoD have given EMDR the highest level of approval for use to treat PTSD.[6] It should be noted that there are other evidence-based interventions for PTSD and traumatic stress reactions beyond EMDR, such as Prolonged Exposure and Cognitive Processing Therapy. These interventions are listed by the National Center for PTSD as among the therapies with the strongest evidence.[7]

As the agencies examined in these case studies seek to implement programs and practices to assist officers in the wake of critical incidents, they all seek better guidance on which protocols are the most effective at helping officers recover and return to duty.

Unique aspects of each of the case studies

There are a number of commonalities across the case studies, but there are also unique aspects that stand out at each of the sites. The following short summaries provide a snapshot of each case study with an emphasis on the distinct features at each site.

Bend Police Department (BPD), serving the city of Bend, Oregon, has strong leadership support and buy-in for its officer health and wellness program. The officer resilience program includes a combination of physical fitness and wellness programming using yoga and mindfulness. The program is available to all officers on a weekly basis while on-shift, thanks to a shift schedule that allows enough overlap between shifts for officers to devote time to wellness on the job. The BPD reports that the program is positively correlated to reductions of on-the-job injuries and improvements in job performance and attitude.

4. National Institute of Mental Health, *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence: A Workshop to Reach Consensus on Best Practices* (Washington, DC: U.S. Government Printing Office, 2002), https://asprtracie.hhs.gov/technical-resources/resource/4066/mental-health-and-mass-violence-evidence-based-early-psychological-intervention-for-victims-survivors-of-mass-violence-a-workshop-to-reach-consensus-on-best-practices.
5. American Psychological Association, "Eye Movement Desensitization and Reprocessing (EMDR) Therapy," accessed November 19, 2018, https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing.aspx.
6. U.S. Department of Veterans Affairs, *VA/DoD Clinical Practice Guidelines: Management of Post-Traumatic Stress Disorder and Acute Stress Reaction 2017,* (Washington, DC: U.S. Department of Veterans Affairs, 2017), https://www.healthquality.va.gov/guidelines/MH/ptsd/.
7. "PTSD: National Center for PTSD," U.S. Department of Veterans Affairs, last modified February 1, 2019, https://www.ptsd.va.gov/understand_tx/tx_basics.asp.

The BPD has a spousal support program that hosts family events and trainings, which have strengthened the BPD community and created a space for learning strategies to support both the officer and the entire family. And the BPD's in-house psychologist acts as navigator and culture changer to direct officers to the appropriate resources and to shift the culture of the department to one that is open to mental health support. The psychologist assists with in-house wellness programming and training.

Charlotte-Mecklenburg Police Department (CMPD), covering the city of Charlotte and unincorporated Mecklenburg County, North Carolina, has a strong peer support team using the Psychological First Aid model that integrates with their chaplaincy program and in-house psychologist. Feedback from the case study interviews indicates that the close collaboration between chaplains, peer support, staff psychologist, and department leadership has proven effective in providing holistic support to officers. The CMPD psychologist acts as a navigator to direct officers to resources and offers wellness programming, training, and education.

The City of Charlotte offers 24/7 health clinics for CMPD officers that have drastically increased accessibility and affordability of health care for officers and their families. While these clinics are not focused on mental health support, such access to health care decreases stress for officers and increases the likelihood officers will receive health care when they need it. Strategically located throughout the city, these clinics offer same-day appointments and are accessible to officers even during off hours.

Dallas Police Department (DPD), serving Dallas, Texas, has developed an extensive leadership training available to officers that focuses on holistic wellness including stress management, financial management, and health and wellness. The DPD has a partnership with the Center for Brain Health, running two programs with law enforcement with the goal of gathering evidence on the impact of mindfulness practices and cognitive function practices in a law enforcement context. Preliminary results show reductions in mind wandering, alcohol use, negative mood, and organizational police stress as well as increases in positive mood, nonjudgement, and observation skills.

The DPD has also expanded wellness programing and training to nonsworn communications staff, not simply sworn officers. Two veteran communication staff members have been trained to provide training on emotional wellness, stress management, anxiety, and burnout as well as information on available resources for mental health concerns.

Indianapolis Metropolitan Police Department (IMPD), serving the city of Indianapolis and most of Marion County, Indiana, used a holistic approach to launch a mentoring program that begins in the training academy and continues through the first year or two of service, using 144 trained and experienced officers as mentors. The mentoring program offers early exposure to mental health services. The program normalizes and incorporates into department culture the importance of officer resiliency and mental health. It gives new officers a trusted resource and gives the department an informal avenue toward intervention for officers that may be struggling (during training in the academy, with the work during the post-academy transition, or with mental health issues). It is a way for the department to protect its investment and to demonstrate its commitment to the success and well-being of its officers.

Las Vegas Metropolitan Police Department (LVMPD), serving Las Vegas, Nevada, found its tactical training for active shooter incidents tested as it responded jointly with the fire department to the mass casualty event[8] at the Route 91 Country Music Festival on October 1, 2017. But that event also tested the department's mental

8. Blake Apgar and Mike Shoro, "Las Vegas First Responders Trained Extensively for Mass Casualty Event," *Las Vegas Review-Journal,* October 5, 2017, https://www.reviewjournal.com/local/the-strip/las-vegas-first-responders-trained-extensively-for-mass-casualty-event/.

health programming and critical incident response systems as they apply to officers, staff members, and their families. Interviewees from the LVMPD said the trauma response training and onboarding for the Police Employee Assistance Program at the academy prepared their agency to respond to the event's impact. The LVMPD has a long-established peer-to-peer program, making it an integral part of the department's culture. The Critical Incident Response Team (CIRT) serves as a liaison and guide to officers following a critical incident.

Police Employee Assistance Program (PEAP) engagement in CIRT reviews and leadership debriefings support the fuller department and also offer leadership guidance on how to both serve their employees and offer resources following a crisis event.

Los Angeles County Sheriff's Department, serving Los Angeles County, California, has a large in-house psychological services bureau with psychologists who specialize in law enforcement psychology including working with correctional officers. Psychologists are assigned to each precinct to be present and ready for critical incidents and the day-to-day needs of the team. Seeing staff psychologists not as outside entities but rather as peers who are available to them and know them prior to their need for engagement has established a great deal of trust among officers and the Psychological Services Bureau. It also demonstrates to both sworn and nonsworn staff that their mental health and wellness is a leadership priority and something valued as a resource and tool inside the department.

Early response to trauma with EMDR treatments is becoming a regular part of the required psychologist visits following a critical incident, giving officers immediate access to a trauma response mechanism that can likely decrease the lasting effects of the traumatic incident.

Milwaukee Police Department (MPD), serving Milwaukee, Wisconsin, revamped its mental health and wellness programming to create a mental wellness team (MWT) and move its early intervention program (EIP) out of Internal Affairs to the Training Division. The MWT is made up of a captain, an in-house psychologist (a new position), a chaplain, and a peer support liaison and has three main components. These include (1) the EIP, (2) the chaplaincy program, and (3) an internal peer support program. This three-pronged approach is highly integrated and coordinated. The chaplain is a respected and trusted retired MPD officer and is used to provide internal support for officers, staff members, and families as a major component of the MWT. This integration is especially helpful following an officer-involved shooting, because the chaplain can be with the officer throughout the event and immediate follow-up without concerns that the officer's confidentiality will be compromised—because state statute protects clergy privilege. The MPD is an example of a department making the transition to a more intentional focus on officer mental health and wellness driven by committed staff and supported by executive leadership.

Metropolitan Nashville Police Department (MNPD), serving the city of Nashville and Davidson County, Tennessee, initiated its officer mental health and wellness services through its experience with juvenile and victim services as early as the 1970s. As officers and the department came to understand mental health issues and the impact of trauma, they created the Police Advocacy and Support Services (PASS) program to provide mental health services for officers, staff members, and their families. The broader MNPD wellness philosophy encompasses PASS (mental wellness) and additional components as part of a holistic focus on biological (physical, medical), social (relationships, friends, family), spiritual (moral, philosophical, existential), and psychological (mental, emotional) areas that contribute to overall health.

San Antonio Police Department (SAPD), serving the city of San Antonio, Texas, developed the Performance and Recovery Optimization (PRO) program which is designed to reframe what is typically referred to as "stress management" to help offices reach and maintain optimal performance. PRO teaches officers how to self-identify the stress response (heart rate, breathing, visual and auditory impairments) and then strategies for coping with stress during critical incidents to improve decision-making and after critical incidents to ensure optimal recovery. PRO techniques and practice were integrated into the academy. While PRO is new in the law enforcement context, PRO is evidence-based, with observed impact in a military context and with elite athletes.

"Cop and Doc" is an approach to designing and implementing programming that brings together the contextual and experiential expertise of law enforcement officers with the theoretical and scientific expertise of psychologists. This strengthens programs and increases officer buy-in and legitimacy.

Tucson Police Department (TPD), serving the city of Tucson, Arizona, has a long-standing Behavioral Sciences Unit that manages both mandated referrals and disciplinary cases as well as providing a wide range of services and support for the voluntary outreach from officers, staff members, and their families. The TPD takes a holistic approach beginning with hiring and recruitment through training in the academy to field training, active duty service, and retirement. The TPD has many common elements with other case study sites. Two areas of particular interest are (1) its revisions to the field training officer manual to focus on teaching new officers strategies for coping with anxiety and uncertainty during the field training experience and (2) the department's participation in a study currently underway on sleep given the impact that shift work tends to have on sleep disruption and the related health consequences for officers.

1. Bend Police Department

Bend, Oregon, is described by members of the Bend Police Department (BPD) as a mountain town with a good quality of life. The city covers a total of 33.27 square miles.[9] The population of Bend is approximately 94,000 and is racially homogenous with a 93 percent White population.[10] According to Lieutenant Brian Beekman, the most commonly reported crimes in Bend are property crimes and drug-related incidents. Interview subjects told the case study team that mental health calls are a trend that is significantly increasing in the community, with an average of 5 calls per day for mental health and suicide–related issues as of October 2018. To address this, a unit of three officers trained to respond to mental health issues in the community was created with the intention of embedding a mental health professional into the unit, when budget allows. While this unit serves the community only, training in handling mental health crises has been helpful for broadening the understanding of mental health needs and wellness for the department internally, leading to a deeper acknowledgement of BPD employees' mental health needs.

Currently, the BPD is made up of 100 sworn officers and 30 civilian staff. According to department leadership, the department has a significant number of lateral hires both from in state and from out of state, reflecting the positive work environment at the BPD. The department is described internally as having a culture of support and openness with a focus on meeting the needs of both officers and community. This is reflected in the BPD's strategic plan. "Engagement of organization" is a main goal of the strategic plan, with an objective of "continued enhancement of wellness programming." This section of the strategic plan is reflective of the culture of wellness established in the BPD:

> "Our people are our number one asset and our number one priority. With this in mind we realize public safety is physically, mentally, and emotionally draining. We value the health and well-being of our employees. We will develop a healthy culture by the implementation of a well-rounded wellness program. The ultimate goal is to reduce injuries and improve the overall health and well-being of our employees."

Overview of BPD mental health programs

The BPD began to focus intentionally on officer health and wellness programming in the early 2000s. Beginning with on-duty physical fitness programming, the initial program allowed for one hour of physical fitness training per week while on duty. By 2012, the on-duty program had expanded to include team fitness for entire patrol teams. This program allows officers to participate in team exercise activities such as hiking or running on two working days each week. The increased attention to the importance of physical wellness set the stage for holistic wellness programming, including mental health support. The BPD established progressive mental health programming with yoga and mindfulness practices as standout models. In collaboration with a peer support program, a spousal support program, an on-site psychologist, and exceptional support on the part of department leadership, these programs make the BPD exemplary in its holistic wellness efforts for officers.

9. "Bend, Oregon Population 2018," *World Population Review,* accessed November 1, 2018, http://worldpopulationreview.com/us-cities/bend-or-population/.
10. "Bend, Oregon Population" (see note 6).

Critical to establishing on-duty wellness programming, and one of Chief Jim Porter's first initiatives as chief, was a change in the shift schedule in the BPD to improve officer health and wellness. Patrol teams work 11.25 hour days, with four days off each week. This schedule allows for substantial shift overlap, providing officers time to participate in on-duty wellness programming without leaving gaps in service coverage. BPD patrol consists of three teams covering three shifts. Therefore, a full complement of patrol officers is always on duty while another patrol team participates in wellness programming. Patrol teams rotate their shift every two months. This rotation is critical for two reasons: First, this rotation is less disruptive to the natural sleep cycle than other more common shift rotation schedules, and second, this rotation allows for every officer to have access to the myriad wellness programs offered by the BPD. A department survey found that 75 percent of officers participate in at least one wellness program on a regular basis.

Mindfulness and yoga programming

Voluntary mindfulness sessions and yoga classes are available to all officers in the BPD. Mindfulness programming is offered on a daily basis, and yoga classes are offered on a weekly basis. Mindfulness sessions are hosted by sergeants and are facilitated with the mindfulness app Headspace, a free app accessible by all department members. The Headspace app provides timed guided meditations that are easily followed in a group or individually. Having leaders in the department participate and facilitate the mindfulness program was one identified key to encouraging officer buy-in and participation. Leadership estimates that approximately 75 percent of officers participate in these on-duty sessions.

Mindfulness programming was born out of one officer's desire to support another who was going through a difficult divorce. Lt. Beekman, a leader in the department, suggested that interested officers in the department attend a locally hosted, six-week mindfulness seminar to learn about mindfulness as a possible method for mitigating stress. Two officers attended the seminar, and both reported feeling uncomfortable and disconnected from the larger group and having trouble relating to the other participants. However, the officers found the concepts and techniques of mindfulness to be practical and helpful, particularly in a law enforcement environment. Corporal Erick Supplee, one of the mindfulness training participants, said, "As an officer you feel like you never have time to shut off. The training helped me learn how to do that, even if it's just during the ride home from work." Based on this positive feedback of mindfulness practices in the law enforcement context, the BPD began collaborating with nearby Hillsboro Police Department to conduct shared mindfulness trainings specifically tailored for law enforcement officers. These trainings have continued and are hosted in collaboration with Hillsboro Police Lieutenants Richard Goerling and Brian Shiers, who are Certified Mindfulness Facilitators through the University of California Los Angeles' Mindful Awareness Research Center. The BPD has hosted four of these trainings, and officers and families from numerous other agencies throughout Oregon are welcomed. According to internal departmental data, on average, 20 people participate in each of these trainings. Spousal participation in these mindfulness trainings provides a space for spouses to learn not only more about the support that officers need but also ways to develop support for themselves.

The idea of yoga for the department was a difficult sell initially. However, now many of its original critics participate regularly and have seen true

health benefits both physically and mentally. Chief Porter reports that according to internal findings, since beginning yoga programming for officers the BPD has seen a 40 percent decrease in on-the-job injuries. Data from the State of Oregon's workers' compensation insurance provider, State Accident Insurance Fund (SAIF), support Porter's claims. According to the most recent SAIF data, in the first half of 2018 overall claims were down 27 percent from 2017, time loss days were down 77 percent from 2017, and paid and incurred costs are at their lowest in more than five years. Department leadership has also noticed improved attitudes and performance.

Finding the right yoga instructor and allowing relationships to build between officers and the instructor(s) has been critical for program success and should be a priority for other agencies looking to replicate the program. The lead yoga instructor for the BPD committed to understanding the culture of law enforcement and more specifically the culture of the BPD. For the pilot yoga program, officers were not informed that they would be attending a yoga class. Rather, the officers were brought to the yoga class at the end of a tactical training, expecting to participate in another tactical exercise, only to find two yoga instructors waiting for them. Keeping participation in yoga completely voluntary was the BPD's best way to get officers to—at a minimum—see and hear the idea, even if they chose not to participate. The initial classes focused mainly on breathing and stretching, and officer feedback was positive. Following these initial classes, many participants indicated that the classes had allowed them to recognize their many misconceptions of what yoga is and who it is meant for. The pilot program lasted for five months and targeted back, hips, and shoulders based on the expressed needs of the officers. In addition, the pilot program incorporated deep breathing techniques as a stress management tool to navigate through the stress response. The goal of the pilot program was to demonstrate the value of a yoga program. Beyond self-reported positive feedback, the instructors took flexibility measurements that demonstrated undeniable positive impact from participation in yoga. An internal August 2018 report indicates that in 29 sessions in July and August, participants increased quadriceps, hip, and spine flexibility by an average of 1.75 inches, hamstring and lower back flexibility by an average of 3 inches, and shoulder flexibility by an average of 2 inches. In addition, a questionnaire was used to measure self-reported changes in sleep, stress, anxiety, and diet. According to the lead yoga instructor, the findings of the survey showed tremendous improvement in these areas. These evidence-based changes were key to increasing officer and leadership buy-in. Incorporating mechanisms for evidence-based reporting will be a critical component for successful replication of a yoga program in other agencies.

After the success of the pilot program, yoga classes were implemented in the department. Four classes specifically for the BPD are hosted each week, allowing all interested officers a chance to participate two days per week. The official contract for this program is between the yoga instructors and the city of Bend. In 2018, this contract was renewed for another three years.

Leadership support

Chief Porter said, "We expect officers to perform like athletes physically, we expect their minds to be sharp like doctors in stressful situations, and we work them ridiculous hours. If we want officers to be effective and efficient in their jobs, we must support their wellness holistically." In an attempt to create a supportive, encouraging environment, the first issue Porter tackled as a new leader was shift work. While buy-in was difficult, he managed to establish a shift cycle based on the natural sleep cycle. He also stood strong against allowing shift bidding—which most often leaves rookie cops working overnight shifts and takes away

from time with family—as Chief Porter believes that "a healthy family is critically important to a healthy cop." Recognizing that buy-in would require taking small steps toward the larger goal, after accomplishing the new shift policies, Porter moved to changing uniforms—an effort that was largely supported by his line officers. Under his leadership, uniforms were modified to accommodate external armored vests that are easier on officers' backs and hips than vests worn under the uniform shirt.

Chief Porter acknowledged that for other departments to replicate programs incorporating mindfulness and yoga, "it is critical to have a chief who is willing to listen to out-of-the-box ideas." With his focus on improving health and morale in the department, he meets officers like Lt. Beekman who approach him with innovative wellness ideas with an open mind and a willingness to give viable ideas a chance. Porter reflected, "if they took officers off the road for 15 to 20 hours a week in order to focus on wellness, there wouldn't be an actual loss of hours but rather more productive and effective officers during their hours on the street." Porter argues that investing in officers on the front end is a good business model financially for departments. With this in mind, he supported officers establishing yoga and mindfulness programming. According to the chief, "the success of the program belongs to the lieutenants, captains, and sergeants who sold the program and kept it going until it caught traction." This statement reflects his commitment to give his officers trust, autonomy, and ownership—a key reason for the high morale in the department.

While Chief Porter has a primary focus on the wellness of his officers and department, he understands that the community always comes first. He said that "there is not a single wellness program that overrides community safety and wellness." From Bend's experience, it appears that community relations and officer wellness are positively correlated. According to Porter, since 2015 Bend experienced a 14.5 percent increase in 911 calls but saw a 40 percent reduction in use of force during that same period. Porter also reported that officer-initiated community activity has increased by 24 percent in that time. He attributes these statistics in no small part to the internal focus on holistic wellness. Corporal James Kinsella related that support from inside the department translates to better engagement with the community. Feeling supported and having a space to release stress in a healthy manner reduces the likelihood of unhealthy, negative interactions with the community. Porter has put extensive effort into community relations. Through his community enhancement program, officers set goals that are not about enforcement but about engagement. If they meet all of their goals and intentionally engage with the community for 22 hours per year, the officers receive a bonus. The chief reflected that this program, going into its third year, has not only improved community relations but has also improved morale and wellness within the department as appreciation from the community increases.

When asked what he would share with other departments across the nation that are considering officer wellness programming, Chief Porter said that such programs are "the way to reduce conflict and build stronger relationships within your department and with the community." He encourages departments to engage officers, start small, and take one idea and build from there to achieve a contextually appropriate and holistic wellness program.

Spousal support program

The spousal support program, established by Lt. Beekman's wife and several other spouses, is a registered nonprofit organization. Officers voluntarily contribute financially so that the organization can host family events and trainings.

The organization hosts family picnics; monthly dinners; and Range Day, in which spouses go to the shooting range to learn about firearms and firearm safety, especially in the home. In addition, the organization sets up meal trains and child care for families following critical incidents while carefully honoring the wishes of the family. The organization also supports families after the arrival of a new baby. The Bend Fire Department is invited to engage in all of the activities hosted by the program. The organization also provides education for spouses on stress management, supporting officers through stressful situations, and handling the aftermath of a critical incident in which a spouse was involved. The main objective of the program is to support officer safety, health, and wellness by supporting families—particularly spouses who often feel isolated and experience tertiary stress from the law enforcement experience.

Peer support team

In a small department such as Bend's, peer support is embedded in the culture as a result of close relationships with coworkers. However, Bend does have an official peer support team with 15 to 20 peer support officers. The peer support team focuses on providing support mainly for traumatic incidents, officer involved shootings, divorce, and children's issues. To become a peer support team member, officers must complete a three-day CISD training. In addition to the BPD's peer support team, a countywide peer support team meets four times per year to attend refresher trainings together. All BPD peer support officers are required to attend two of these trainings per year. The on-site psychologist and department chaplains participate on, as well as co-lead, the peer support team to maintain a collaborative approach and to provide an officer with a selection of resources during a difficult time.

Contracted psychologist on site

The BPD has had an on-site contracted psychologist since 2015. Dr. Andy Barram sees his role in the department as a "culture changer and attitude changer" toward mental wellness. Barram is embedded in the department but does not provide direct counseling services, which allows him to avoid any barriers that might arise from having a counseling relationship with officers. He participates in ride-alongs and makes himself regularly available for officers in order to increase dialogue and trust. Based on officers' needs, he is equipped with a strong referral network of mental health professionals to provide therapy when appropriate. In addition, Barram provides in-service trainings on suicide prevention, depression, and stress management.

Persistent challenges to mental health programming

While anecdotal evidence suggests that these programs are a success, a lack of research-based evidence makes it impossible to truly understand the impact of these programs. The BPD's data on its yoga program are a start, but data collection for additional wellness programming is still lacking.

While the BPD has made huge strides in officer buy-in, it is an ongoing process. Only three free counseling sessions are available to officers through their insurance program. After these sessions, copays and other fees apply. This cost continues to be a barrier to officers receiving appropriate mental health support and is a downside to refraining from providing in-house therapy with the on-staff psychologist.

Key learnings for replication

The key learnings for replication provided here are framed with the goal of providing insight to other agencies looking to implement similar wellness programs. They are overarching themes identified throughout the case study that will provide guidance for agencies as they begin the work of designing their own, contextually relevant mental health wellness programming.

- Hosting wellness programs while on duty is a key factor for increasing accessibility and participation in programming.
- External partnerships, academic and local—such as BPD's partnership with local yoga instructors—are excellent methods for beginning progressive, theoretically sound programming in a law enforcement context.
- Leadership support for progressive wellness programming is not only critical for officer buy-in but also has the power to drive the entire morale and culture of the department in a positive direction.
- Yoga programs require a deep trust and confidence in the instructor(s). It is critical for individual departments to find the right instructor(s) for the context and culture of their agency.
- Supporting the wellness of families is critical to supporting the wellness of officers. Spouse and family engagement should be viewed as an integral part of wellness programming in departments.
- If a psychologist is on site, refraining from provision of therapy and instead providing referrals may increase dialogue and trust, which may lead to officers more openly and readily seeking help for mental health needs.
- Replication may be difficult in agencies where staffing remains a significant challenge. Bend does not face an understaffing challenge and therefore has more flexibility in implementing wellness programs and allowing officers the time to participate.
- Wellness programs can act as a recruitment tool, as has been successful in the BPD; many applicants indicate wellness programming as a key reason for why they are applying to the BPD.

Conclusion

Openness to new ideas and a willingness to carry on until broad buy-in is achieved have been key qualities for the success of the BPD's holistic wellness programming. Leadership support from the very top has allowed the underlying values of such programming to become embedded into the larger culture of the agency. The support provided by top leadership of the BPD has been recognized as an essential element of Total Worker Health.[11] In addition, engaging informal leaders among the rank and file has helped to spread acceptance of these innovative approaches to wellness. With this combined support from formal and informal leadership, the BPD reports improvements in morale and productivity. Because new programs are framed in culturally and contextually relevant ways, BPD officers have been willing to step into unknown experiences, leading to improved quality of life both professionally and personally.

11. Hope Tiesman et al., "National Police Week and NIOSH's Work in Officer Safety," Centers for Disease Control and Prevention, May 16, 2017, https://blogs.cdc.gov/niosh-science-blog/2017/05/16/officer-safety-research/.

2. Charlotte-Mecklenburg Police Department

The Charlotte-Mecklenburg Police Department (CMPD) serves both the city of Charlotte and unincorporated Mecklenburg County, North Carolina. This jurisdiction totals 438 square miles and is divided into 13 patrol divisions.[12] The total population living in CMPD's jurisdiction is 869,495.[13] This is a racially heterogenous population, made up of approximately 45 percent White residents, 35 percent Black, and 13 percent Hispanic.[14] The most commonly reported crime in 2017 was larceny, with 25,610 larceny crimes reported, followed by burglary and aggravated assault at 6,417 and 3,965 reported respectively.[15]

Internal documents show that as of 2018, the CMPD employs 1,972 sworn officers and 520 civilian staff in addition to 367 volunteers who support the work of the department. Approximately 85 percent of sworn employees are men and 15 percent are women. In addition, approximately 74 percent of sworn employees are White, 17 percent are Black, five percent are Hispanic, and two percent are Asian. The average number of years on the job as of 2018 is 13.5. Currently, 55 percent of sworn employees have a Bachelor's or graduate degree, 19 percent have a high school diploma, and 12 percent attended two years of college. At the entry level, officers receive an annual base salary of $44,362; however, with a four-year degree, entry-level officers receive a 10 percent education incentive at the time of hire. As the CMPD views access to holistic benefits as critical to officer wellness, a variety of benefits are available to officers including the following:

- Medical insurance
- Dental and vision plans
- Accident insurance
- Critical illness insurance
- Life insurance
- Retirement plans
- Employee housing support services
- Paid parental leave
- Reduced rates for transit passes and wellness centers
- Shared sick leave program
- Employee assistance program

Overview of CMPD mental health services

The CMPD has taken a holistic approach to health and wellness, including mental health support programs that offer myriad services to officers.

12. "Our Response Areas," City of Charlotte, accessed November 1, 2018, https://charlottenc.gov/CMPD/ResponseAreas/Pages/default.aspx.
13. "Our Response Areas" (see note 8).
14. "Charlotte, North Carolina, Population 2018," *World Population Review,* accessed June 20, 2018, http://worldpopulationreview.com/us-cities/charlotte-population/.
15. *Index Offense Statistics January–December Current Year Compared to Previous Year: Report Compiled January 8, 2018* (Charlotte, NC: Charlotte-Mecklenburg Police Department, 2018), http://charlottenc.gov/CMPD/Safety/Documents/CrimeStats/CS17YrEnd-sum.pdf.

CMPD has focused heavily on working with the City of Charlotte to establish a multifaceted benefits package for CMPD employees. This focus reflects the agency's view that providing access to physical health, mental health, financial support, career support, and personal support is critical to establishing a culture of wellness in the agency. According to site interview participants, CMPD's programming and partnerships continue to evolve, resulting in improved officer morale and anecdotally reported mental and physical health improvements. The CMPD currently has a strong peer support program, an on-staff psychologist, a City-based EAP, a chaplaincy program, a retired officers program, and a variety of wellness programs provided by the City of Charlotte. These programs work collaboratively to pursue optimal wellness throughout the agency.

Peer support program

The peer support program was designed to offer voluntary and confidential support to employees dealing with stress, emotional difficulties, or other personal and job-related circumstances. The goal of the program is to mitigate potential danger to oneself, one's family, the agency, and the public. The peer support team is currently made up of 39 members, including officers, sergeants, lieutenants, and nonsworn personnel. The makeup allows officers in need to access a relatable source of support. In addition to the core team, a team of four peer support officers serve in the officer-involved shooting (OIS) response group and are specifically trained to support and assist officers during the vulnerable time following an OIS. All members of the OIS response group have experienced an OIS themselves, increasing their capacity to relate to the experience.

Peer support officers complete a two-day training prior to joining the team, and members of the OIS response group complete a third day of training. In addition, all peer support officers attend a quarterly training covering a variety of relevant topics. During these quarterly trainings, the officers participate in a mental health debriefing of their own to mitigate any psychological distress that the role of a peer support officer may cause. Although the members of the peer support team are thoroughly trained, they are knowledgeable of the boundaries of their role and are equipped with referral skills and resources. Peer support officers use the Psychological First Aid model, which prioritizes taking care of an officer's immediate needs—safety, water, family contact, food, and fresh clothes—prior to debriefing on the critical incident. In an OIS situation, peer support officers also reach out to officers who were on the scene but did not shoot, as those officers often also experience psychological distress. The peer support officers maintain contact for an indefinite period of time, typically reaching out twice in the week after the incident and then periodically in the weeks and months that follow. The peer support team works to eliminate the common feeling of abandonment and isolation experienced by officers after critical incidents. To assist with this work, an agency leadership member will also reach out to the officer at least once after a critical incident.

According to the peer support program policy, the promotion of trust and confidentiality is of utmost importance for the success of the program. According to members of the peer support team, the number of CMPD officers accessing peer-support services increased in 2017, and informal contacts with members of the peer-support team by officers in crisis also increased. This increase indicates the success of the team and program and is seen as a reflection of a culture in which officers feel safe reaching out and seeking assistance.

On-staff psychologist

An on-staff psychologist, Dr. David Englert, joined the CMPD in 2016. Englert's salary is paid by Mecklenburg County although he is embedded

in the department, and his office is at CMPD headquarters. His open-door policy establishes a sense of accessibility and encourages relationship building with the CMPD community. Englert deliberately does not conduct therapy at CMPD. His main role in the department is to create and conduct officer wellness programming and to direct employees to appropriate resources both internally and externally. By not providing therapy himself he is able to inform and create broader programs. To guide employees, Englert conducts interviews with officers who have been involved in critical incidents—once immediately following the incident, and once again three months later.

Englert does conduct yearly check-ins with individuals working in crimes against children, cybercrime, homicide, and other units with high exposure to trauma. These interviews and check-ins allow him to assess individual officers' needs and ensure that he is guiding them to the appropriate available resources. Englert also provides training to officers on self-care practices and how to identify post-traumatic stress symptoms. A post-academy officer wellness training day is also in development as of 2018 to inform new officers about stress and stress-mitigation techniques.

Employee assistance program

According to the CMPD, the intent of the EAP is to identify problems at the earliest possible moment, to motivate employees to seek help, and to direct employees to the most appropriate source of assistance in resolving personal difficulties and restoring acceptable job performance. The program guarantees privacy and confidentiality to all participants. Employees are encouraged to use the EAP voluntarily when they need professional help or guidance. In other cases, a supervisor may refer an employee to the EAP if job performance is being affected by personal issues. While the employee must still provide verbal consent, the referring supervisor will be notified as to whether the employee is cooperating with EAP staff. EAP staff members suggest either short-term or long-term counseling based on the needs and situation of the officer.

Through the EAP, officers can receive six free, voluntary counseling sessions. After those initial six sessions, a $70 copay is required for each additional session. Because the necessary number of sessions to complete treatment typically exceeds six, this copay remains a barrier for officers who cannot or do not wish to pay $70 per session. A partnership established with a local mental health organization works to diminish this barrier by providing services to any CMPD employee for $20 per session. While this is not a total solution for the problem, it reduces the financial burden that can hinder access to essential care for officers in need. As one officer said, "People often don't understand that officers are not going to spend their emergency fund money on mental health wellness when it's possible that their children might get sick." To further address this problem, the department is currently working with city wellness officials to create a program that would allow officers 22 free counseling sessions—a number that often allows treatment to reach completion.

In addition to counseling services, the EAP provides legal support, financial counseling, and referrals for child and elder care. Legal support is limited to 30 minutes per issue and does not provide direct services but rather consultation and referral to external resources.

Chaplaincy program

The CMPD chaplaincy program is made up of 14 chaplains from three faiths—Christianity, Islam, and Judaism. The chaplains serve officers, nonsworn employees, and families. Each chaplain is assigned to a specific CMPD division to become embedded

in the community. They are required to volunteer for a minimum of 16 hours per month. Chaplains hold office hours, eat lunch with officers, and go on ride-alongs (both random and targeted) to build presence and develop relationships with the officers in their division. In addition, chaplains are frequently deployed to the scene of a critical incident and are a major component in post-incident care for the agency. After assistance at critical incidents, chaplains complete an after-action report to provide transparency, consistency, and feedback to the agency. Chaplains also engage with retired officers when requested.

To join the program, a chaplain must complete a thorough application including a background check, interview, and references. Chaplains are trained on how to establish boundaries when dealing with officers and how and where to provide referrals when appropriate. Chaplains are also required to attend quarterly trainings to ensure continued adherence to best practice and policy.

With the goal of providing a "ministry of presence," the chaplains aim to meet officers in the officers' own spiritual comfort zone—to provide support that is adaptable to the officers' spiritual lifestyle, if any, in ways that align with the expressed needs of the officers. The program works to maintain an interfaith approach and strong collaborations with the peer support team and the broader department. The chaplaincy program is considered a critical tool for building community-police relations in Charlotte and Mecklenburg County.

Retired officers program

In an effort to improve outreach to retired officers, the CMPD maintains a program for them. The program's goals are to support officers during what can be the difficult transition from active duty to retirement and to use willing retired officers for continued support of the department. For example, retired officers can be a great source of support to active sworn officers during critical incidents, assisting with logistics, preparation of food and water, and providing care packages to affected officers and families. Participation in the program also may provide retired officers with a returned sense of purpose and identity. Currently, retired officers in the program participate in graduation ceremonies for new recruits, host and participate in information sessions on common financial issues for retired officers, and host and participate in a retired-officers class twice a year targeting new retirees that averages 50 to 60 participants.

Currently there are 300 retirees in the program, but participation in specific events remains low. The program is led by retired officers; they aim to increase collaboration with the department, increase outreach (currently the main form of outreach is Facebook), and host more social events to strengthen the retired officer community. As one of the group leaders noted, "Part of the officer safety and wellness responsibility involves taking care of retired officers."

Personal and financial wellness programming

"When you are less stressed, you're more likely to engage in positive behaviors both personally and on the job." This is a foundational belief of the CMPD. As such, the agency recognizes that stress

does not result only from on-the-job incidents but also personal and financial situations. In a survey administered by Dr. Englert, officers reported that financial challenges are a consistent and significant stressor, so the department has hosted a number of peer-led small groups covering financial wellness and additional personal wellness topics. The department has also brought in an out-of-state consultant on four occasions to date. This consultant provides one-on-one financial consultations to officers. After the first visit, the 32 available spots for the second visit filled within one hour of announcing the availability to officers. The department continues to receive positive feedback regarding these consultations and plans to host more in the future.

City wellness program

The City of Charlotte offers a voluntary incentive-based wellness program in which police department personnel are eligible for participation. Program members must participate in annual health screenings. If they meet certain standards, participants pay less for insurance premiums. This program engages and motivates officers to work toward maintaining healthy lifestyles. According to City of Charlotte staff, 92 percent of city employees, including law enforcement, participated in the wellness program in 2018.

In addition, through the City of Charlotte, officers have free access to aerobic and strength training equipment at 17 department facilities to support their physical health, which in turn supports holistic wellness. Physical fitness and nutrition counseling services are offered to all employees through a combination of a full-time staff physiologist and registered dietitians through the city wellness program. Officers can also access a personal health coach through the city wellness program to assist with creating a personalized action plan for behavior change, chronic disease management, healthy lifestyle establishment, and fitness. Currently, the city employs six health coaches, strategically placed at worksites throughout the city to increase accessibility. The six health coaches are specialized in a variety of relevant areas, such as diabetes management, exercise physiology, and dietetics.

Most notably, the City of Charlotte is continuing to expand its vision for improving access to health care by creating "one-stop shops" throughout the city for its employees. To date, the city has implemented five city health clinics, each with a lab on site. These clinics are strategically located based on city employees' home and work ZIP codes to increase convenience to quality health care for city employees and their families. The clinics offer same-day appointments, including during work hours; easy, online scheduling; access to more than 100 free generic prescriptions; and referrals to specialists. Clinics are accessible to all officers and their families. In addition to physical health care, each of the clinics conducts depression screenings with patients as necessary. According to department leadership, these clinics have decreased the financial stressors related to health care and have increased the likelihood of officers seeking medical assistance when necessary. While these City of Charlotte wellness program components focus primarily on physical health, physical health care factors influence the mental and emotional wellness for officers. Therefore, these programs have been critical for improving mental wellness in the department and for establishing a culture of holistic wellness.

Persistent challenges to officer wellness programming

Anecdotal evidence and some minimal tracking of program engagement suggests that these programs are having a significant positive impact on officers and their agency. But a lack of evidence-based methodology limits the ability to truly understand program impact.

Achieving officer buy-in is an ongoing process. Though the CMPD has made huge strides in shifting the culture of wellness to encourage officer buy-in, it acknowledges that there is still more work to be done. Similarly, outreach to retired officers by the CMPD remains limited, though the department is actively addressing this shortfall. And compared to some of the sites visited in other case studies, engagement in wellness topics at the academy level remains limited.

Key learnings for replication

- Collaboration both internally and externally is critical for establishing holistic wellness programming.
- Open feedback loops for employees allow gaps and unmet needs to be identified and increase trust and legitimacy within the department.
- Creating and investing in programming that addresses officers' personal challenges will benefit agencies in the form of increased job efficiency and effectiveness.
- Officer wellness programming, particularly mental health programs, should include retired officers.
- Viewing wellness holistically—physical, emotional, financial, social, personal, career—is critical for creating a culture of wellness within departments.
- Making physical health care accessible and affordable for officers and their families can improve mental wellness by decreasing significant stressors related to health care.

Conclusion

The CMPD's services to support holistic, mental, and physical wellness for its employees make it an exemplary agency and a model of how agencies can work with local government and private organizations to create whole-health systems that are accessible. Built into its policies and procedures is language and behavior that encourages a culture of openness and support, mitigating the negative stigma around mental health issues. The CMPD recognizes that the key to both public safety and agency success is officer wellness. While there are developments to be made and challenges to overcome, the CMPD's approach to mental wellness may be helpful to those agencies across the nation that are in the earlier stages of establishing holistic wellness programming.

3. Cop2Cop

Cop2Cop (C2C) is the only legislated peer crisis response hotline in the United States. C2C offers peer support, clinical assessments, provider networks, crisis intervention, and other critical mental health services to law enforcement professionals and their families 24 hours a day, seven days a week. New Jersey state law established the program in 1999, and since that time, C2C has had 80,000 contacts with law enforcement officers and their families to assist them with mental health needs. C2C's peer support staff members have dealt with more than 200 crisis calls involving suicidal risk since the program began.

Staffed by retired officers, many of whom are also licensed professionals and trained mental health specialists, C2C uses Reciprocal Peer Support (RPS), a model that draws on shared living experiences. The model has staff perform four tasks: (1) connection, (2) information gathering and risk assessment, (3) case management, and (4) resilience building. These tasks allow staff members to offer immediate support, identify presenting problems, and finally offer referrals as necessary. C2C uses its C2C Police Clinical Network to address the needs of law enforcement professionals and their families.

C2C expanded beyond peer support calls to crisis intervention response following the terrorist attacks of September 11, 2001. Using International Critical Incident Stress Foundation (ICISF) training, C2C deploys its specialized crisis response team when called for critical incidents in the New Jersey law enforcement community. They offer on-scene Psychological First Aid, CISD, and response strategies to assist broader agencies and units in the midst of crisis situations.

Funded by the State of New Jersey's Division of Mental Health Services in their Department of Human Services and developed by the Rutgers University Behavioral Health Care Center, C2C is a vital operation used by the State of New Jersey to address officer safety and wellness.

Background

In the early 1990s, Cherie Castellano, a licensed behavioral health clinician at the Rutgers University School of Medicine and Dentistry, sought new ways to offer emotional support to police officers in Newark, New Jersey. She saw that many police officers were not using the behavioral health system tools that were available to them at the time. Doubtful that many officers—with their stereotypical bravado and prideful demeanors—would engage in peer-to-peer support, Castellano was surprised to find the opposite was true. She led a small program with a seed grant that created access to peer chaplains and resources such as peer-to-peer services. According to Castellano, in the early 1990s Newark was considered one of the most violent cities in the country, leading to high levels of officer stress and experiences of vicarious trauma. After several law enforcement officers committed suicide in an 18-month period from 1996 to 1998,[16] New Jersey lawmakers passed the Law Enforcement Officer Crisis Intervention Services Act,[17] which secured sustainable funding through asset forfeiture funds for crisis support for officers under the guidance of the Department of Human Services and in partnership with Rutgers. As a direct result, the C2C hotline, with Castellano at the helm, was established in 1999 as a creative solution to what had become a troubling byproduct of policing in their state.

16. Michael G. Aamodt and Nicole A. Stalnaker, "Police Officer Suicide: Frequency and Officer Profiles," PoliceOne.com, last modified June 20, 2006, https://www.policeone.com/health-fitness/articles/137133-Police-Officer-Suicide-Frequency-and-officer-profiles/.
17. Law Enforcement Officer Crisis Intervention Services Act, N.J. Rev. Stat. § 40A:14-195–14:198 (1998), https://www.njleg.state.nj.us/9899/Bills/PL98/148_.HTM.

At first, C2C started small as it established itself as a tool for law enforcement officers statewide. Understanding that it takes time for officers to trust mental health and wellness programs, C2C used its cadre of retired officers and cop clinicians—retired officers who are now licensed counselors or clinical social workers—to spread the word about the services they offered. In addition, Castellano began reaching out to police departments throughout the state and offered C2C support teams to address officer needs following critical incidents. After September 11, which had a significant impact on the whole New Jersey law enforcement community, Castellano began working with her peers in the field to develop the RPS model to create genuine support for officers in crisis and to protect those engaging as counselors or peer support providers from being retraumatized. This model, in conjunction with Dr. John Violanti's exhaustive research on the impact of officer stress on their mental and physical health,[18] became the foundation upon which C2C has continued to evolve. Violanti's research uncovered troubling findings around the impact of stress on the holistic health of law enforcement officers. Officers older than 40 had a higher risk of a coronary event within 10 years than the same segment of the broader national population, and more officers report suicidal thoughts than the general population.[19] His research has also found that alcohol abuse among police officers in the United States is approximately double that of the general population.[20] Such findings reinforced Castellano's belief in the need for new and progressive mental health interventions for law enforcement officers, such as C2C.

About the agency

Today, C2C continues to serve New Jersey's law enforcement officers and their families. Located in Piscataway on the Rutgers University Behavioral Health Management Campus, C2C is a part of the Rutgers Behavioral Health Management System, which is the second largest of its kind in the country. C2C employs 15 law enforcement peer counselors, two cop clinicians, one administrative professional, and one executive director.

All of the peer counselors and cop clinicians are retired officers who served with honor. The average C2C employee has been on staff for five years, and C2C maintains a team that represents many ethnic backgrounds, ranks, and years of experience in the field. Per diem and flexible hours are offered to employees, with an average salary of $25 an hour. Despite the wages and benefits, many employees see their role as an honor as well as a job. As one employee told us, "Working at Cop2Cop is the answer to a prayer for my future. Retirement is lonely and full of the scars from the past but when I am here, serving my brotherhood by helping them heal, I have a purpose again, and I am also healed."

When an officer in need calls the hotline, they immediately undergo a psychosocial triage process. In an approach that may differ from that of a traditional hotline, C2C's peer call takers are trained to use the four tasks of the RPS model to cultivate a comfortable conversation while the counselor uses specialized software to establish a baseline for the caller's provisional history. C2C peers use the

18. John M. Violanti and Fred Aron, "Ranking Police Stressors," *Psychological Reports* 75, no. 2 (1994), 824–826, https://journals.sagepub.com/doi/10.2466/pr0.1994.75.2.824; John M. Violanti and Fred Aron, "Police Stressors: Variations in Perception among Police Personnel," *Journal of Criminal Justice 23,* no. 3 (1995), 287–294, https://www.sciencedirect.com/science/article/pii/004723529500012F?via%3Dihub; John M. Violanti, "Predictors of Police Suicide Ideation," *Suicide and Life-Threatening Behavior 34,* no. 3 (2004), 277–283, https://onlinelibrary.wiley.com/doi/10.1521/suli.34.3.277.42775.

19. Lois Baker, "Researchers Investigate Impact of Stress on Police Officers' Physical and Mental Health," State University of New York University at Buffalo News Center, last modified September 25, 2008, http://www.buffalo.edu/news/releases/2008/09/9660.html.

20. John M. Violanti, "Alcohol Abuse in Policing: Prevention Strategies," *FBI Law Enforcement Bulletin 68,* no. 1 (1999), 16–18.

four tasks of RPS during a call to normalize callers' experience, engaging them in dialogue about experiences, needs, and on-the-job trauma. Peer counselors will often share their story and invite callers to share their own to build mutual trust and establish legitimacy with the caller. At the end of the call, the clients are given a referral for additional services and offered ongoing telephone support by the C2C staff. More than 70 percent of callers select this option and are assigned a peer counselor who calls them for additional RPS counseling.

C2C then continues this sustained peer support with the goal of at least 7 to 10 calls over the next six months—a point of pride for the staff. One caller who was interviewed about their experience said, "The days following my call to Cop2Cop were tough, and I went through a lot, but they never stopped reaching out. Every couple of days I could count on a voicemail and even once a happy birthday message that meant the world to me and kept me knowing someone cared about my future, even when I didn't."

Description of the mental health program and approach

Castellano and her colleagues developed the RPS method, and its steps are informed by extensive research and years on the hotline:

- Connection and peer presence
- Information gathering and risk assessment
- Case management and goal setting
- Resilience, affirmation, and praise

What is critical about the RPS method is that it requires that the client be treated from a perspective that only their peers could provide. A fellow officer is in the best position to understand an officer's plight, and RPS makes that connection; first in the interaction and understanding of commonality in experience and second in the sharing of experiences by the C2C counselors.

A standardized process across peer helplines, information gathering and risk assessment are essential to the RPS methodology. C2C staff members undergo training over several days to understand how to relate to the caller and how to constructively share their personal experience without opening themselves up to harm. Staff members are also trained on software that identifies common risk factors for suicide and other behavioral health disorders. Staff members are taught to identify reoccurring themes, problems, and reactions in the story of their client. They listen for historical factors, from either an incident or family history, and ask direct questions while prompted by the software through a number of mandatory fields. The effectiveness of the RPS model and of C2C's practices lies in the personal nature of the process of engagement with clinical supervision to ensure things such as medical history and needs assessments are performed over a series of calls. As the staffers gather further information from callers through regular dialogue, the file on each client expands, offering opportunities for C2C staff to better match them with appropriate counseling services, methods, and resources.

The average relationship between a caller and the C2C hotline is approximately six months with 15 documented encounters. This period of engagement necessitates consistent case management and oversight from the clinical supervisors and C2C staff to evaluate whether the staff member assigned to the case is the best match or if another peer counselor would be better suited to the client's story. Items that are assessed during the peer pairing process under the RPS model include career

advancement, the field of service, behavioral health issues, relationship with C2C to date, and the staff's comfort in their ability to serve the client. After a connection has been established, the RPS model encourages the staff member to direct the client toward referral services.

For C2C, this referral is a unique step in the case management task of the RPS process as they have developed an extensive catalog of practitioners and behavioral health support services that are best equipped to handle a law enforcement professional's needs. Part of the C2C staff's work between calls is to expand this catalog of services and populate their growing online database. This database enables peer counselors, who are ready to refer a client to other services, access to a large cadre of family therapy centers, medical health professionals, and other providers that are easily coordinated to ensure the best match for each client. The goal in every case is to transfer callers to the next step in their healing and care process and to do it with intention and careful follow-up. For some clients, the peer support functions as a holding place for them as they decide about treatment options that make the most sense for them. Peer support alone is not a treatment, but it is a critical support that enhances treatment on the journey to healing.

The final phase of the RPS methodology focuses on the resilience of both the client and the staff. As the relationship develops, C2C staff members are taught to praise any success the client has had, even if it is as simple as calling back when they find themselves in crisis again or just making it through another day. In addition, in what Castellano feels to be the most rewarding part of C2C, peer counselors are taught to identify their abilities and resiliency through their work so they might feel uplifted rather than traumatized by their experiences.

Resiliency is also shown through advocacy and action. Yearly, the C2C staffers participate in the American Foundation for Suicide Prevention Survivors of Suicide Day in honor of their brothers and sisters in blue who have fallen to suicide. This day to memorialize others allows the staff to grieve while advocating for law enforcement in this community space. In addition, providing community training is a cathartic activity for the C2C team as they share their best practices, reflect on their success, and encourage others in the space of officer safety and wellness. The integrated model of care is designed to lead to a state of functional well-being for all involved.

In 2009, there was a surge in suicide in New Jersey that caused a critical eye to fall on C2C.[21] As it is the only program of its kind, New Jersey Police Union officials demanded that the state legislature assess whether the investment had paid the dividends they were expecting. For 18 months, a governor-appointed task force evaluated the RPS model, C2C, and best practices in the field of officer safety and wellness related to suicide. Castellano and her team approached the challenge to their work with the resolve to continue serving the officers of New Jersey as best they could and to stand behind whatever information was discovered. For the C2C staff, the lives of the officers of New Jersey mattered more than the life of the program. After an intense investigation, the task force report found that the RPS model was the best possible method for law enforcement and a model of success in both its design and implementation.[22] The conclusion was that the state had done too little to market the program,

21. Chris Megerian, "Rate of Suicide among Corrections Officers Higher than Police," New Jersey.com, last modified October 26, 2009, https://www.nj.com/news/index.ssf/2009/08/rate_of_suicide_among_correcti.html.
22. Governor's Task Force on Police Suicide, New Jersey Police Suicide Task Force Report (Trenton, NJ: Governor's Task Force on Police Suicide, 2009), https://www.nj.gov/oag/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf.

leaving it relatively unknown to the bulk of New Jersey law enforcement officers and thereby creating a lethal gap in its frequency of use. The solution at C2C was to address the task force's findings with an exhaustive marketing campaign to better inform those in need and make C2C a brand that is recognized among New Jersey officers as a compatriot and a lifesaver.

In the findings of the Governor's Task Force on Police Suicide,[23] the C2C model was deemed so effective that C2C was able to expand its services beyond the call-in center to include hosting QPR (question, persuade, refer) suicide prevention and resilience training in the New Jersey Police Academies and many local precincts.

Today the program includes C2C Peer Phone Support, C2C Police Clinical Assessment, C2C Police Clinical Network, C2C Critical Incident Stress Unit Services, and C2C Training Unit. C2C also collaborates with the New Jersey State Fraternal Order of Police (FOP) and the New Jersey State Patrolmen's Benevolent Association (PBA) to train officers, administrators, and other government officials on emerging issues in officer safety and wellness.

A recent program evaluation done by University of North Carolina Global Peers for Progress Institute at Chapel Hill validated the RPS model and recommended it as a wellness and health navigator pilot project. And the team at C2C received a Strength and Wellness grant from the HealthCare Foundation of New Jersey to screen officers for chronic diseases like diabetes and cardiovascular sleep disorders to offer an enhanced form of peer counseling including peer health navigation and wellness coaching using an integrated approach to medical and behavioral health care needs.[24]

Advantages and challenges of offering the program nationwide

The success of the C2C program has been recognized and identified as a model for replication. According to Castellano and retired Major General Mark A. Graham, director of the U.S. Department of Defense Suicide Prevention Office (DSPO)–funded Vets4Warriors program, the New Jersey Vet2Vet Program established in 2002 was modeled after Cop2Cop and became Vets4Warriors in 2011 after receiving a DSPO grant.

In the future, C2C would like to see a national expansion of its model to accommodate the calls that they regularly receive from officers in need from other states. Although they are able to provide intermittent help to officers outside of New Jersey, they cannot commit to the aftercare and check-ins, which are critical and unique to the success of the RPS model. Nationally, officer death by suicide is on the rise[25] and has become a large area of concern in the realm of officer safety and wellness. Peer-to-peer intervention and officer confidentiality are critical to any program's success. The C2C model offers both, making it a strong candidate for replication. Key factors that must be included within the model are

- 24/7 call support;
- free, convenient, and confidential;
- structured professional peer support / RPS model;
- continuity of care enabled by quality IT / technology that tracks client case files;

23. Governor's Task Force on Police Suicide, *New Jersey Police Suicide Task Force Report*, 22 (see note 18).
24. Reciprocal Peer Support won a Silver Award in 2018. American Psychology Association, "2018 APA Psychiatric Services Achievement Awards," *Psychiatric Service*s 69, no. 10 (2018), https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.691007.
25. "Verified Suicides to Date," Blue HELP, accessed November 15, 2018, https://wearebluehelp.org/.

- cultural approach rather than clinical tailoring to address law enforcement needs over mental health response;
- connection to high quality clinical and social resources;
- high quality training and continued high quality of service, monitoring, and supervision;
- high ratio of peers to professionals.

Replication would require a modification of the sustainability systems that have been set up in New Jersey to perpetuate C2C. New Jersey supports C2C through legislatively designated asset forfeiture funds, providing it a guaranteed funding source that not all states may be able to replicate. The call center that hosts C2C is state of the art, and funding for such technology is split among a number of state-based health and human services programs; a small town or agency operating in this manner would likely struggle to acquire the resources to operate under similar circumstances. C2C currently requires in-person, on-site staff time. However, an online Rutgers Peer Support Certificate Program was launched in March 2018 and a move to a cloud-based telephone system would allow for remote work. However, "the camaraderie, supervision, and peer support among the staff is critical to maintaining staff health and sustainability. Therefore, the call center as a 'hub' is still the ideal model," according to Castellano.

4. Dallas Police Department

Founded in 1881, the Dallas (Texas) Police Department (DPD) is the ninth-largest police department in the country, providing policing services to more than 1.3 million people in an area of 385 square miles.[26] The DPD employs more than 3,300 sworn and more than 500 nonsworn members.

According to an analysis of U.S. Bureau of Census data by Bloomberg News Service, Dallas is the 11th-most racially heterogenous city in the country. According to Bloomberg, Dallas' population is 48 percent White, 28 percent Hispanic, 17 percent Black, and 6 percent Asian.[27] The DPD operates across eight patrol divisions in the city. With 24,847 incidents reported in 2017, larceny is the most commonly reported Part 1 crime in Dallas, followed by burglary.[28]

Overview of DPD mental health programs

While the DPD has had mental health programming since before 2016, the ambush attack of July 7, 2016—in which five officers were killed and nine more, along with two civilians, were wounded—prompted a major push for more mental health programming as the department worked to come to terms with the attack on its people. To support its in-house psychological services and employee support program, the DPD has formed important partnerships with research and training institutes to establish evidence-based programming. These partnerships, particularly with the Center for Brain Health at the University of Texas as Dallas, place Dallas at the forefront of progressive officer mental health wellness programming.

Center for Brain Health Brain Performance Institute

The Brain Performance Institute (BPI), housed in the Center for Brain Health at the University of Texas in Dallas, aims to provide greater evidence- and science-based understanding of brain health and to teach practical strategies that will assist individuals in optimizing performance and enhancing overall well-being. In partnership with the DPD, the BPI established a flagship Power of Mindfulness for First Responders Program, teaching mindfulness techniques to law enforcement officers while also gathering essential data to better understand brain health in the law enforcement context.

The First Responders Program was developed following the incidents of July 7, 2016, the most deadly in American law enforcement since September 11, 2001. Dr. Dianna Purvis Jaffin and Dr. Jenny Wright Howland developed the program with the intention of building and sustaining officer resilience. The program draws on existing research in mindfulness and human stress response and is supplemented by information about the law

26. "Join DPD," Dallas Police Department, accessed November 1, 2018, http://www.dallaspolice.net/joindpd.
27. Vincent Del Giudice and Wei Lu, "Washington, D.C., Moves Up List of Most…," Bloomberg, March 1, 2018.
28. Federal Bureau of Investigation, "Table 8. Texas Offenses Known to Law Enforcement by City, 2017," *Crime in the United States,* 2017, Uniform Crime Report (Washington, DC: Federal Bureau of Investigation, 2018), https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/tables/table-8/table-8-state-cuts/texas.xls.

enforcement context provided to the BPI staff through interviews with DPD leaders and ride-alongs with DPD patrol officers. Based on the information gathered through the departmental interviews and observations, the program developers conducted a pilot of a law enforcement–informed mindfulness training with two groups of DPD staff members in 2017. They then incorporated feedback from the pilot into the program design, and the program formally launched in January 2018. To date, more than 1,500 officers have interacted with BPI in some manner, and 184 DPD officers have been trained in mindfulness. Widespread interest in the program has led to its expansion, and it now includes other first responders and correctional officers from the city, the state, and the entire nation.

The 12-hour mindfulness course is delivered as a three-hour course occurring once per week for four weeks. Officers receive active duty pay for their time in the program. The classes use multiple learning methods including active group discussions, facilitated discussions, video, text materials, visual aids, and active participation to help them understand the science behind mindfulness and learn and practice the techniques. Each class offers a short didactic segment, a skill-building practice, and a class discussion.

The BPI conducted seven mindfulness classes with the DPD from January to August 2018. Pre- and post-training assessment data reported for 101 participating officers showed statistically significant reductions in mind wandering, alcohol use, organizational police stress, and negative mood and feelings. The analysis reported by the BPI also indicates statistically significant increases in observation skills, nonjudgment, and positive mood and feelings. According to officer feedback collected post-training, the majority of participants said they strongly agree that the program was valuable to them.

According to Dr. Purvis Jaffin and Dr. Wright Howland, if the practices taught in the mindfulness course are sustained post-training, they have the ability to change stress response, improve attention and focus, promote cognitive resilience, positively impact sleep and mood, improve physical and neural health, and reduce performance failures. On-the-job situational awareness, sense-making, and rapid decision-making may be improved even during complex and highly charged situations.

In addition to the mindfulness program, the BPI conducted a pilot study with the DPD assessing the impact of a high-performance cognitive training. This training is called Strategic Memory Advanced Reasoning Training (SMART), and it focuses on the ability to quickly filter incoming verbal and sensory data, determine meaning and action based on those data, and then flexibly use the information gathered for rapid and agile decision-making. Seventy-four law enforcement officers ranging in rank from senior corporals to the chief of police underwent nine hours of training in a one-month period. According to the SMART team, this pilot group demonstrated statistically significant improvements in complex reasoning and strategic attention as well as decreases in self-reported symptoms of depression and stress. These results suggest that training on cognitive performance may be a promising addition to law enforcement training.

Caruth Police Institute

Founded in 2008, the Caruth Police Institute is a collaborative effort between the City of Dallas, the DPD, the Community Foundation of Texas, and the University of Texas at Dallas. It is a privately funded leadership institute embedded in the DPD. The institute was created to address the complex leadership needs of the DPD and to lead the charge on leadership training by viewing leadership in a holistic manner. The institute aims to teach people how to develop themselves as healthy individuals so they can create a healthy culture in the department. In addition, a key purpose of the leadership institute is to create a culture of learning throughout the department in order to develop leaders from the beginning of their careers.

The Caruth Police Institute hosts a number of leadership development programs including a course for lieutenants, a course for sergeants, and a Sworn/Nonsworn Dynamics class for nonsworn employees working in a sworn environment. To participate in any of the leadership programs, employees must complete an application and submit letters of recommendation. Each cohort typically hosts between 15 and 20 participants. Topics covered in trainings include critical incident stress, stress management techniques, financial management, family support, time management, and health and wellness. To date, the institute has hosted 900 participants in all its leadership programs.

DPD Employee Support Program

The DPD Employee Support Program (ESP) was established to provide access to resources and tools for employees, both sworn and nonsworn, experiencing personal or professional issues. The program provides essential support through nondisciplinary procedures, increasing the likelihood of officers' thoughtful participation in the program. The main goal of the program, according to internal documents provided to the site visit team, is to "identify and abate at-risk behavior, demonstrated indicators of stress, and training deficiencies before policy violations arise." The philosophy of the ESP is that the members of the department are its most valuable asset. It is therefore imperative that the department protect and prepare its members with proper guidance, including leadership, coaching, counseling, education, training, administration, and assistance.

Employees are selected for the ESP through self-referrals and referrals from leadership—confidential counseling referrals (either employees themselves or friends or family members refer employees to the ESP), database identification referrals, and supervisory referrals. To maintain confidentiality, no records of referrals for confidential counseling are maintained. Database identification referrals are made by the ESP team, which manages an employee database of information regarding pertinent performance indicators. When an employee is flagged for the presence of one or more of these indicators, the ESP team carefully evaluates whether the employee meets the threshold at which participation in ESP is deemed necessary. If the threshold is met, a referral is made. (See table 2 on page 32.) Supervisory referrals are made by sworn or civilian immediate supervisors by submitting a written report through the chain of command and to the ESP team.

Table 2. ESP performance indicators and thresholds

Indicator	Threshold
Complaints resulting in an IAD divisional investigation	4 in a 12-month period or additional deciding factors
Summary discipline (advice and counsel, supervisor's report, documented counseling)	3 in a 12-month period or additional deciding factors
Use of force complaints	3 in a 24-month period or additional deciding factors
Criminal activity complaint, including domestic disturbances involving a 911 police response, sexual harassment, alcohol or drugs, or criminal issues	1 of any kind that has been adjudicated by the criminal justice system or additional deciding factors
Unexcused failure to appear in mandatory training, AWOL from work or court	3 of any kind in a 12-month period or additional deciding factors
Supervisory review	2 or more employees assigned to the same supervisor identified as candidates for the ESP within a 12-month period
Overall	5 of any of the indicators in this table combined in a 12-month period or additional deciding factors

The ESP lasts for up to 90 days, with a minimum participation of 30 days. Once selected for the program, an employee undergoes an assessment period through their chain of command with check-ins at 30 days, 60 days, and 90 days. If the participant passes the assessment at 30 days, the program is complete. If the participant does not pass, they continue on for another 30 days and the process repeats until the 90-day maximum. The employee's immediate supervisor provides the assessment evaluation to the ESP team at the end of each 30-day period. During the initial 30-day assessment, the ESP team, the employee, and the employee's chain of command outline a contextually appropriate program in which training, education, coaching, and counseling will be made available to the employee. Officers have a mandatory assignment to a car with a camera and microphone system. If an officer is selected for the ESP because of use of force complaints, the officer is required to wear a body camera for the 90-day duration of the program. At the end of the initial 30-day phase, the first-line supervisor completes an assessment for the ESP team. The findings of this assessment determine whether or not an employee is given a mandatory 30-day reassignment to the ESP program. The 60-day assessment determines whether or not the employee will continue in the program for the final 30 days. Successful completion of the program occurs if the employee uses the resources made available and abates the troublesome at-risk behavior. The ESP team makes sure the employee knows the resources provided during the program are available at any time. Failure to progress indicates that an employee did not choose to use the resources made available and has failed to abate the at-risk behavior. If this occurs after the 90-day mark, the employee must present to the Board of Review for further action to be taken.

Of 190 cases since 2016, only four members have failed to progress through the program. The rest successfully completed the program within 90 days. The ESP team said that participation in counseling is the most important factor for success in the program. Initially, the ESP was housed in the Internal Affairs (IA) division. This was not successful, as employees would not go to IA to seek assistance. The program was moved to the personnel department.

To assist in efforts to mitigate the need for participation in the ESP, the ESP team conducted several work-life balance seminars covering topics such as mindfulness, meditation, love languages, acupuncture, and essential oils. Because of the overwhelming positive response to and participation in these seminars, five more

seminars were scheduled for 2018. According to ESP leadership, so many officers are interested in participation in these seminars that a 2019 seminar waiting list is already filling up. These seminars and the ESP program as a whole have been of critical importance to reshaping the culture of mental health care in the DPD. According to department leadership, at a local nonprofit that provides counseling services to law enforcement at no cost to users, the cost to the city for covering these services has increased from between $4,000 and $8,000 in 2005 to $80,000 in 2017. Members of the department suggested that this increase indicates a large increase in officers reaching out for counseling, in no small part because of the efforts of the ESP team.

Programming for communications staff

Communications staff members are the first line of help for people in distress, and they must handle very stressful situations calmly. As such, they experience vicarious trauma in unique ways. According to a DPD veteran communications staff member, "having leadership in departments who have worked with civilians within the department makes a huge difference in how civilians are treated and what services are made available to them."

While nonsworn staffers have access to psychological services and the EAP, the DPD has taken significant steps to address the unique needs of its communication staff. Recognizing that telecommunicators—dispatchers and 911 call takers—need a contextually relevant culture of wellness, in March 2018, the DPD established an employee wellness training adapted to the needs of telecommunicators. Currently, two instructors in the communications staff are trained to conduct the three-day wellness training. This training covers topics such as emotional wellness, stress, anxiety, burnout, and indicators of burnout. In addition, the training provides a list of resources available. The training also teaches telecommunicators techniques for how to deal with stress at their desks if staffing demands limit their ability to take a proper break. In addition to the training, a quiet room has opened for telecommunicators to take breaks and relieve stress.

DPD Psychological Services

DPD Psychological Services is housed in the personnel department and consists of three staff psychologists. Primarily, all three psychologists work in the hiring process conducting psychological screenings. These psychological screenings are conducted using standard industry protocols. Each potential new hire undergoes two psychological screenings—one to screen for normal personality functioning and one to screen for mental disability. Using the California Performance Outcomes System (POS) model, the psychologists look at 10 personality dimensions to check for psychological suitability, including flexibility, adaptability, social interaction, social bias, and other characteristics.

In addition to psychological screenings, the staff psychologists conduct a yearly assessment of vice and narcotics officers and offer resource and referral information. Use of services and referrals is voluntary after the initial assessment. However, if a problem is identified and voluntary treatment is denied, the case is passed to the employee's chain of command for a fitness-for-duty assessment.

The three staff psychologists are available for individual counseling, couples counseling, and counseling for children 12 and older. Each year, approximately 1,000 officers, civilians, and family members seek counseling, with a current average of two to three new clients per week for each psychologist. Unlimited free counseling sessions are available to officers, bypassing the common financial barrier of insurance limits. The DPD counseling office is located at an off-site location and is not identified as a DPD office, and both of these qualities increase officer participation by

increasing privacy and confidentiality. According to a staff psychologist, mid-level officers with eight to 10 years on the job seem most likely to seek counseling.

DPD Psychological Services also assists with retirement planning, debriefing after critical incidents, supporting the peer support team, in-service trainings, and participation in family night at the training academy to provide information on available services. The team works to keep in good relationships with DPD leadership, DPD chaplains, and other clinicians throughout the community.

Key learnings for replication

- Providing tailor-made wellness programs for nonsworn employees is important for creating a well-rounded culture of wellness within departments that benefits all employees.
- Partnerships with learning institutions are helpful in moving towards evidence-based programming.
- Training leaders to focus on personal and departmental wellness and training employees to become leaders beginning early in their careers will assist in creating a culture of holistic wellness in departments.
- Having a nondisciplinary program that provides support and essential services to employees presenting at-risk behaviors allows all employees to seek help without fear, becoming more productive and healthy.
- Proper research studies provide powerful findings that can guide training and practice to establish healthier and optimally performing individuals, agencies, and communities.

Conclusion

The DPD is a leader in establishing mental wellness programs that not only are evidence-based but also add to the breadth of research available for the field of law enforcement. Establishing and relying on external partnerships has been key for the DPD's forward motion and rapid growth in mental wellness programming. In addition, the DPD has made great efforts to not simply include nonsworn civilians in mental health wellness programming, but also recognize the unique needs of nonsworn employees and take action to create programs that are contextually appropriate for them. These attributes demonstrated by the DPD should be considered for replication by agencies across the nation.

5. Indianapolis Metropolitan Police Department

Indianapolis is the 17th-largest city in the United States[29] and the state capital of Indiana. The Indianapolis Metropolitan Police Department (IMPD), which was created by the 2007 merger of the Indianapolis Police Department and the law enforcement division of the Marion County Sheriff's Office, serves the city of Indianapolis and Marion County except for the airport and four small cities in the county. The population served by the IMPD is 863,002[30] and the jurisdiction covers 364 square miles.[31] In 2018, the IMPD has a sworn force of 1,612 officers and 194 nonsworn staff. Its mission statement reads, "We are dedicated to upholding the highest professional standards while serving the community in which we work and live. We are committed to the enforcement of laws to protect life and property, while also respecting individual rights, human dignity, and community values. We are committed to creating and maintaining active police/community partnerships and assisting citizens in identifying and solving problems to improve the quality of life in their neighborhoods."[32]

The Office of Professional Development and Wellness

The IMPD developed the Office of Professional Development and Wellness (OPDW) as a comprehensive program that seeks to improve officer well-being in all aspects of their lives. The approach begins in basic training and continues throughout an officer's career. The program has evolved and now includes mentoring for new officers; training on resiliency skills in the basic academy; a CISD team; counseling, mental health, and resiliency services; suicide prevention; physical health care; financial health counseling; working closely with EAP and other insurance providers; a military transition support system; and family support systems. In addition to working with officers, their families are also able to access all services and are included in individual plans for officers.

The unit was designed with and has strong buy-in and support from the FOP and from rank-and-file officers. The office has four full-time staff members who are selected based on their skills rather than their positions to serve in the unit. The unit operates during business hours, but staff members are available 24 hours a day for call outs, referrals, or crisis interventions. A high level of confidentiality and trust has been established in the unit and in how the administration respects and protects the role and function of the unit.

How the program started

In 2010, Brian Nanavaty, a highly respected captain in the IMPD, recognized that a lot of disciplinary issues in the department grew out of the trauma experienced by officers in their work, which often caused problems at home as well. He realized that the department needed to develop a proactive solution to its disciplinary problems. He had the trust and respect of troops on the ground, and he worked with the FOP to develop what is now the OPDW.

29. American FactFinder, "Total Population: All Places within the United States, 2017 American Community Survey 1-Year Estimates," U.S. Census Bureau, accessed November 13, 2018, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B01003&prodType=table.
30. American FactFinder, "Annual Estimates of the Resident Population: 2017 Population Estimates, Indianapolis city (balance), Indiana," U.S. Census Bureau, accessed November 13, 2018, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.
31. "Service Districts," Official Website of the City of Indianapolis and Marion County, accessed September 14, 2018, http://www.indy.gov/egov/city/dps/impd/enforcement/districts/Pages/home.aspx.
32. "Indianapolis Metropolitan Police Department," Official Website of the City of Indianapolis and Marion County, accessed September 14, 2018, http://www.indy.gov/eGov/City/DPS/IMPD/Pages/home.aspx.

From 2010 to 2016, the IMPD had no set-aside budget line for the OPDW. In 2016, they worked with the city council to get the funding approved to launch the program. With the essential assistance of the FOP in educating the city council, this effort secured a protected budget line of $50,000 dedicated to law enforcement suicide prevention.

The OPDW uses EAP counselors and psychologists rather than in-house psychologists or counselors. The office has developed strategies targeting basic recruits during their time in the academy and their first year or two of service. These strategies include an intentional focus on understanding stress, its impact on mental and physical health, and tools for how to manage stress throughout their careers. Officers are assigned a mentor during basic training and their first year or two on the force. In addition, the office provides crisis response and a comprehensive array of additional services to ensure all officers and their families access to prevention, intervention, and treatment that improve officer well-being.

How the wellness program functions

The wellness component of the OPDW considers everything they do to be peer support on some level. However, there is a formalized Police Officer Support Team (POST) that works in tandem with the CISD team to provide peer support during acute incidents and ongoing support for officers experiencing cumulative trauma. There are three CISD/POST teams of 10 people each—all volunteers—on call for a month at a time. The teams are all trained in critical incident response.

Following a critical incident, the OPDW team waits a day to bring the officer in with their spouse to check in and see how they are doing. The unit reports that officers actually seem to handle shootings fairly well. According to the OPDW team, "We encourage their spouses to come in when the officer goes back to work; the spouses tend to be the ones that have the most trouble. This makes it easier for them to come back later if they begin having problems. The team lets them know what the process is going to be for the investigation and what they can expect." The officer is scheduled for at least one EAP appointment to let them know what to watch for in terms of post-incident reactions. Sixty to 70 percent of officers will make a second EAP follow up visit on their own. EAP does a follow-up call four weeks later.

The OPDW also seeks to build a base of resiliency in officers before problems happen. The mentoring program grew out of a desire to do more to prevent problems by equipping new officers with resiliency skills in the training academy as recruits. The team realized that new recruits often struggled during the academy and in their first year or two on the job, so they developed a mentoring program that now has 144 officers in the IMPD trained as mentors to work with every new recruit. Mentors are assigned during recruits' first week in the academy. Mentors are encouraged to have regular interaction with their recruits, from having lunch or coffee to providing support for homework assignments, running or working out with them, and offering guidance and encouragement.

Mentors can also flag problems and get recruits the support and services they may need. For example, mentors realized that recruits whose native language is not English sometimes struggle with the law section of the academy and helped provide extra support to prevent problems before they became an issue. In another situation, one of the recruits had his civilian roommate commit suicide. The mentor met with the recruit to provide support and links to services.

Officers must have three years in the agency, no open disciplinary actions, and positive evaluations to become mentors. Mentors can be field training officers (FTO), but not the FTO for their particular mentee. Mentors are matched male-male and

female-female because women in the academy often experience issues that only another woman can speak to.

Mentors go through a three-day training that focuses on knowing themselves, active listening, and emotional intelligence; a challenge course; and understanding generational differences, resources (EAP, etc.), chaplains, CISD, financial literacy and financial planning, self-care, and goal setting. Trained mentors wear a pin that identifies them as a mentor.

How officers access the unit

When officers are disciplined, supervisors can mandate referrals to the OPDW for services as part of the officer remediation agreement. This referral provides an opportunity to identify if there are underlying issues that can be addressed through EAP or other interventions. Officers involved in critical incidents or near-miss incidents are also mandated for at least one session with the unit.

In addition to mandated referrals resulting from disciplinary actions and critical incidents, supervisors are trained on recognizing warning signs and are encouraged to make referrals to the unit as a preventive measure. And the unit works with officers and immediate family members who come in voluntarily for a range of issues from dealing with critical incidents, longer term exposure to trauma, family problems, and recovering from injuries, among other things. For example, officers who come in for financial issues are provided access to financial literacy training, debt management counseling, and money management advisors.

Resources to support officer wellness

The unit meets with the EAP provider on a monthly basis to case manage referrals and monitor cultural competence of the providers to ensure counselors understand how best to work with law enforcement officers. The unit maps and develops relationships with all types of treatment providers in Marion County to provide immediate access to the appropriate services as needed. They meet with the stress center and mental health and addictions centers to know who to work with. This includes addressing the officers' privacy, including arranging for them to be seen without sitting in the public waiting room.

Because the department recognizes that wellness involves the body as well as the mind, IMPD officers have access to physical fitness resources located at the training academy facility. Officers injured off duty may access physical therapy for those injuries. The IMPD offers annual health screenings, but only 200 officers take advantage of the program. The IMPD is seeking to strengthen officer physical health and well-being as an area for future growth.

The unit keeps track of officers who are injured or sick and makes regular contact and provides support services for the officer and family based on individual needs such as meals, transportation, snow shoveling, regular contacts, emotional and physical support, and access to the sick leave bank.

The IMPD's Deployed Military Support Unit (DMSU) supports deployed officers and their families. The unit provides support when an officer deploys, while they are on assignment, and when they return. When an officer is deployed the unit assists them with turning equipment and preparations for departure. The unit stays in contact with the families while the officer is deployed, including making sure the family is accessing all the benefits they are eligible for during the deployment. When the officer returns, the unit assigns them a mentor officer who is former military and can provide assistance with their readjustment to work and family life. The DMSU also helps officers get access to services they are eligible for through the VA upon their return to civilian life.

Advantages and challenges of offering the program

Interviews with the OPDW, the FOP, and CISD unit identified several factors that can assist other law enforcement agencies seeking to strengthen officer safety and wellness—especially mental wellness. The following observations are a summary of those interviews.

The role of the FOP in the active design of the original program and advocacy for its funding with the city council was a critical factor in gaining the trust and acceptance of the rank-and-file officers for the program. The union supports the work of the unit both financially and philosophically. Before there was a formal budget for the program, the FOP created a pool of funding to cover insurance co-pays for officers to access mental health services.

Today, the IMPD FOP has a grant with the National Police Foundation and the National FOP looking at how the community responds to a critical incident and how that affects the officer or officers involved. Does it affect an officer's recovery and PTSD? The FOP continues to be an active supporter of improving officer safety and wellness.

The impact of training mentors and peer supporters goes far beyond the direct impact they have in the moment on the individual officers affected. The culture of the organization grows as more and more officers develop greater empathy and stronger communication, leadership, and coaching skills along with increased knowledge and understanding of self-management and resiliency tools. Sergeant Aaron Snyder of the OPDW said, "The mentoring program has helped change the culture in our agency, making it acceptable to talk about the things we are struggling with in our personal and professional lives. Mentors are more likely to see someone who is struggling in the department who is not their mentee and proactively reach out to them and help connect them to services. As a mentor, they have skin in the game, they have ownership in the success of others and in the organization."

IMPD's 144 trained mentors represent nearly 10 percent of the organization. Added to the 45 peer supporters trained in how to recognize warning signs of mental or emotional distress and the skills to facilitate and communicate around formerly taboo topics of mental well-being, the IMPD is beginning to feel like a healthier organization.

Challenges that the IMPD staff shared include the fact that mental wellness issues are not easy to address; these are problems the profession never dealt with head-on in the past. Liability and risk is a gray area and decisions about how to deal with mental wellness questions can be subjective. There is a tendency for some to say they are not going to deal with a high-risk individual and come down hard—to terminate rather than to tolerate. That is a balancing act that all departments wrestle with. Unit staff members at the IMPD believe that an agency has to commit to live in the middle of the gray area to effectively help employees with these issues. These are issues that some front-line supervisors do not want—or know how—to deal with. New supervisors should be trained in how to identify officers who are struggling and how to get them to the resources available to them.

Interviewees also noted that PTSD is a complicated emerging issue with limiting legal and regulatory definitions that affect the ability to treat PTSD through insurance providers and pension systems. The IMPD had the first pension case statewide that recognized PTSD as a service-related disability. It required the department to do research to prove it was the result of line-of-duty service. This is an area requiring further development to better meet the needs of officers.

Key learnings for replication

- Whoever emerges as the champion or advocate for the program needs to be seen by the rank and file as someone they trust to have their best interests at heart.
- Union buy-in is an important component. Involve them from the beginning; the more they own the development of the program the greater the support and willingness to use the mental wellness services from sworn and nonsworn staff.
- Selecting the right staff is essential; one bad placement in the team can undo all its good work and destroy trust.
- Confidentiality is essential in building trust in the programs and people in wellness programs and teams. If confidentiality is violated or viewed as compromised, officers will not access the mental wellness services.
- An increased focus on officer wellness should be holistic, including mental, physical, financial, and personal and family aspects.
- Systematizing the program is important for sustainability, but flexibility is important too. Don't box the program in with too many limitations.
- It is important to have the full support of management, but the push to use the services should come from peers, the union, and word of mouth.
- It helps to have had stability in the administrative chief responsible for the program; that maintains the level of trust and continuity in support for the program.

Conclusion

The IMPD OPDW sees its role in promoting officer wellness as a holistic approach that includes mental, physical, financial, and personal wellness. This investment in officers beginning as basic recruits in the academy through their early years and throughout their careers contributes to improved officer health and well-being and higher job satisfaction and job retention. There is a need for further research of the impact of the program on these indicators to validate the actual changes of the strategies currently employed and ways to replicate or improve those outcomes.

6. Las Vegas Metropolitan Police Department

The events that occurred the evening of October 1, 2017, were shocking and devastating to the members of the Las Vegas Metropolitan Police Department (LVMPD). Off-duty and on-duty police officers alike were faced with the uncertainty of a coordinated and violent attack on their city at one of country music's largest festivals. Fifty-one police officers were working overtime the night of the event at Mandalay Bay but more than 900 officers answered the call that day to serve and protect, support their peers, and act as backup at other locations. All were unified in a heroic front to respond and serve, but the incident sent waves of trauma throughout the community, and no one who worked in emergency response in the city was left untouched.

Despite the event's huge impact, the LVMPD was prepared to serve its employees in crisis with their long established Police Employee Assistance Program (PEAP). A tool of the LVMPD that is deployed when officers experience a critical incident or officer-involved shooting, PEAP is one of the oldest programs of its kind in the country and a critical part of the LVMPD culture.

Origins of PEAP

When Detective Ed Jensen and Lieutenant Jerry Keller lost one of their colleagues to suicide in 1984, they felt a program to support officers who were involved in an OIS was critical. It was a time in policing when officers who experienced stress, trauma, or depression were perceived as being weak and, in some agencies, unfit for duty. Officers of that era learned to keep their feelings of depression and anxiety to themselves or risk being assigned to a desk job and issued a "rubber gun." This uninformed stigma around mental health diagnoses ignored the accumulating research that identified trauma as a mental health condition with lasting effects on an individual's life.

Then Sheriff Jon Moran tried to anticipate the needs of his employees and saw the importance of addressing his officers' psychological needs and their ability to process trauma. Using the suggestions of Det. Jensen and Lt. Keller, the sheriff coordinated the creation of a 24-hour-a-day, 7-day-a-week team of peer support officers ready to deploy to the field in the case of an OIS, a line-of-duty death, or a major incident where an officer had been harmed. PEAP, internally known as "the team," would be there to walk the officer involved through the processes of OIS situations and investigations, giving them the tools to understand what to expect, emotional support to process their feelings, family support, and explanations of OIS standard operating procedures.

Today, in 2018, the LVMPD has 6,000 employees (combined corrections, sworn, and nonsworn) with regular access to a suite of mental and physical wellness tools. PEAP has grown to include one director, five LVMPD peer counselors, a PEAP manager, and a law enforcement support technician. PEAP's staff members are not trained counselors or psychologists, nor are they considered the replacement of either; rather, they are appointed officers who serve as immediate trauma support. They assist employees with referrals to appropriate specialists, coordinate professional counseling resources, and maintain the anonymity and confidentiality of participants while providing support services. According to the PEAP section manual, the program's goal is to ensure the emotional health and well-being of all employees, recognizing the unique set of stressors specific to the field of law enforcement.

About the program

PEAP builds relationships with the employees and employee families of LVMPD from the moment they enter the field of law enforcement. Whether at the academy or during human resources onboarding, all LVMPD staff members, officers, and families are informed about the department's approach to health and wellness. PEAP works to change the paradigm around health and wellness in law enforcement so officers no longer feel alone. It helps officers with a wide range of needs from counseling and stress to health management and insurance assistance. PEAP staff members walk alongside officers, staff, and LVMPD families to ensure they have access to the resources necessary to create and maintain a healthy, vibrant, and supportive LVPMD working environment.

From recruits first moment in the academy, PEAP is an available presence. Twice during their training, PEAP provides lectures to the officers about topics such as post-shooting trauma, death and grief issues, and communication skills. This allows PEAP staff not only to display the available supportive resources but also to host trauma response courses and provide education around mindfulness techniques that help officers to remain calm before and after a high adrenaline moment.[33]

Another training goal for PEAP includes teaching recruits how to self-assess and support themselves for stable mental and physical health throughout their careers. The training presentations and education seminars include PEAP staff teaching recruits how to mitigate the risk of experiencing lasting trauma or the physical impacts from the stress of their job. Finally, in the early days of employment—before recruits start the academy—PEAP attends Academy Family Night, educating spouses, parents, and children of new LVMPD recruits about the mental health and well-being resources offered to employees and their families. This and similar activities extend access to life-giving resources beyond the officers and into their network of support.

At the LVMPD, PEAP is so deeply embedded in the day-to-day operations of the organization that PEAP Director Annette Mullin participates in regular debriefings and is present at all Critical Incident Response Team (CIRT) debriefs. Mullin offers suggestions of mental health support to the leadership, but she does not attend executive-level debriefings so as to ensure she is not put in a position of breaching confidentiality with any officer involved in an incident. As she learns the necessary details of each event in the 24-hour, 48-hour, or 72-hour CIRT briefings, she and her team are able to offer trauma response tactics to both of the commanders in the room as well as the officers involved in the shooting. PEAP also provides critical incident stress debriefings to all employees. If an employee responds to a call involving the death of a child, suicide of a child, difficult homicide, etc., supervisors can request that PEAP debrief the incident with the responding unit or call taker. This allows the employee to work through the stress of the call, to realize they are not alone in their feelings, and to receive tools to process what they have encountered. With these stress debriefings PEAP hopes to diffuse the long-term effects of stress on the 30-year career of the law enforcement employee. In addition, as an incident is assessed and findings are made, PEAP staff members are made aware of the dynamics of the case, so they can be successful emotional navigators and provide support for the LVMPD employee.

The PEAP team understands their role is contingent upon the trust they are afforded by those they serve. According to Director Mullin, it is because of this commitment to building trust that the team is tactical about their approach to at-risk

33. Rollin McCraty and Fred Shaffer, "Heart Rate Variability: New Perspectives on Physiological Mechanisms, Assessment of Self-regulatory Capacity, and Health Risk," *Global Advances in Health and Medicine 4,* no. 1 (2015), 46–61, https://journals.sagepub.com/doi/abs/10.7453/gahmj.2014.073.

officers, never forcing themselves on any one individual but providing check-ins that build rapport. Mullin meets with the undersheriff weekly to discuss topics of concern for the department as a whole. While she can recommend leave specifically when an officer has just undergone a major loss, a mental health break, or an injury, she maintains confidentiality, never disclosing more than is necessary about a particular officer's need. The relationship the PEAP team has with its clients is seen as similar to the relationship an officer would have with an outside psychologist, and privacy is sustained under the rules of reporting as laid out in the department's PEAP policies.

PEAP's peer programs are the most commonly used among LVMPD's employees because of the history of the program. Because of a concerted effort to regularly inform employees about their services and an intentional engagement with staff—police, corrections officers, and civilian personnel—who may be at risk, PEAP has a wide variety of trained peer service members. These professionals understand the unique stressors of the job and are prepared to offer the best possible response to their colleagues. Counseling, family therapy, chaplain counseling service, and substance abuse resources are also available through PEAP's referral-based programs. PEAP collaborates frequently with other key officer wellness players in the community to build trust and most effectively assist officers during crisis, said Director Mullins. In addition, PEAP has established a solid re-entry plan for an officer returning to duty using an incremental approach following treatment to sustain health and safety as they return to the field and to ensure long-term success.

PEAP is a voluntary program unless a critical incident mandates a response. PEAP approaches every interaction in a collaborative manner, assessing all resources available to most holistically respond to a variety of issues. For example, if someone has passed away, PEAP mobilizes LVMPD staff members and families to help the family throughout the entire process, from planning the funeral to insurance claims. Since the incidents of October 1, 2017, the LVMPD has expended additional energy on collaboration and partnership with a variety of law enforcement organizations. They have reached out to agencies that have experienced mass shootings to learn about their recommendations for available resources and approaches to assist staff in dealing with similar trauma experiences. This process has ensured that LVMPD employees have continued access to perceived high-quality health and wellness resources in the midst of an exhaustive and public investigation.

Resources provided by PEAP

The mental health and well-being resources offered to the officers of the LVMPD are comprehensive. The resources were developed during a period of 33 years and built on the foundation of both real-time experience and information from the fields of psychology and law enforcement health and wellness. PEAP is a comprehensive program that can help employees resolve personal problems that may adversely impact their work performance and conduct health and overall well-being assessments. According to internal department guidance, PEAP addresses concerns in the quickest, least restrictive, and most convenient manner while minimizing cost and protecting client confidentiality.

PEAP provides educational presentations, orientation, and outreach in stress management, compassion fatigue, suicide prevention, post-shooting trauma, officer-involved shootings, CISD, and communication skills. These courses are often offered at the academy or at in-services for the department and have been made available in some cases to LVMPD families as well.

PEAP has spent years building trust with its employees by virtue of their practice of acceptance. From day one, leadership has advocated for an employee-to-employee network that allows employees to talk to their trained peers about their concerns and psychological needs. Housed off site to protect the anonymity of those seeking their support, PEAP staff members train employees to help their peers walk the roads of trauma, investigation, loss, and fear.

PEAP offers management consultation, assessments counseling, and referrals for services to employees with personal or work-related concerns such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance abuse issues. These referral services are supported by providers who specialize in law enforcement psychological needs and have an aptitude for working with patients and clients who have concerns common to law enforcement agents such as PTSD treatment and the use of EMDR therapy.

PEAP offers resources to employees and their family members who serve in the military by providing a mentorship and partnership program to ease the stress common to many affected by military deployments.

PEAP uses trained professionals to provide trauma resiliency training, regularly offered for both entire squads and individuals on a case-by-case basis. Managers are encouraged by PEAP to set aside time as needed at roll call or around the office to allow their team to address existing trauma based on a critical incident.

Chaplains are assigned to each LVMPD command and bureau, but they can also be contacted directly by LVMPD employees either through a supervisor or the PEAP office. Chaplains have been embedded in area commands for years and have built credibility with LVMPD employees that truly helped PEAP reach multiple employee needs after October 1, 2017. Chaplains serve 20 hours a month by doing volunteer ride-alongs in the area commands they serve. The area command employees develop a true relationship with their chaplains which allows a chaplain to be a resource in times of crisis. This initiative provides comfort, advice, and spiritual support when employees are affected by a variety of life's issues whether or not they are work-related.

PEAP is first on scene along with command staff to provide immediate support for the officer(s) following an officer-involved shooting. Initially, PEAP serves as a resource to the officer, allowing them to understand the process they will undergo as the incident is in review. Following the immediate response, all officers involved in a critical incident have to undergo a PEAP evaluation with the staff psychologist. During this time, any necessary resources the officer may need or referrals are handled and the PEAP director can advise on the officer's ability to return to duty. PEAP also serves as an information resource and support for families of the officer during this time; whether it be medical and wellness referrals, funeral planning, or compassionate listening, PEAP is deployed to engage and support all staff of the LVMPD.

Every year on the anniversary date of their hire, LVMPD employees receive a personal health assessment. The personal and confidential assessment gives the employee a score that allows them to identify whether they have a need to address the stress and trauma in their life. If the employee should reach a certain level, the assessment will provide recommendations for a PEAP referral and also includes a reminder of PEAP services available for all employees as needed.

The LVMPD PEAP has long been the standard in peer-to-peer counseling. On October 1, 2017, as the LVMPD responded to the attacks at the Mandalay Bay Hotel, the established PEAP team was ready to deploy, sending staff to the scene of the shooting, local hospitals, and precincts to serve as

a sounding board for concerned families and staff. So often trauma response comes in the wake of a critical incident, leaving gaps as the practices catch up to the need. The LVMPD was not in that position in October 2017. The LVMPD spent decades perfecting their process so that when the most harrowing calls came, they had the tools, systems, and best responses in place with deployment as their primary focus. Today, they have stayed up to date on the changing priorities of the investigation and continue to serve the officers who were on site that night as their body-worn camera data are released and their actions become available for public commentary. PEAP team members travel the long and arduous road of review with their officers, ready at a moment's notice to engage, deploy, and respond to their needs.

Key learnings for replication

- All PEAP employees are appointed and stand inside a system independent of rank, and therefore their rank is not a part of their engagement with any LVMPD staff. This matters so that no one interacting with PEAP feels they are in a position of power that could jeopardize an employee's status and so that they are seen as officers and peers.
- The PEAP team has a wide array of professional and police experience, including corrections and leadership, to help them have a wide range of staff who can respond to a variety of needs from all LVMPD staff.
- PEAP's purpose at any scene is to be a presence and offer support. They are there to help not only the officer or officers involved in the incident but also their supervisors and the investigating team.
- PEAP services are housed in an off-site facility, making it easier for LVMPD employees to access the services without the threat of feeling judged.
- PEAP counselors focus on having their clients be active participants in the solutions they are creating. Law enforcement officials are natural helpers, so when an individual is feeling helpless but can identify their own solutions, they will feel a connection to the solution and thus it is more sustainable.
- PEAP's legitimacy comes from the leadership it serves. The sheriff believes in PEAP's services, and he continually advocates for it—at times speaking about his own personal experiences in PEAP. This humanizes the program and creates broader avenues for the staff to feel safe about accessing PEAP services.
- PEAP staff members are regularly trained in the field of law enforcement mental health and wellness. They visit with other departments for consultation and go to national conferences on peer-to-peer supports; the team is also always accessing up-to-date research and methodologies to grow the department's initiatives.

Conclusion

Peer support services have proven their value for many years through demonstrated effectiveness and the establishment of mental well-being and self-care as normal among police professionals. The LVMPD has created a culture of care and concern where employees understand that their duty is to serve and protect; their leaders and the policies of the LVMPD will serve and protect them as well.

7. Los Angeles County Sheriff's Department

The Los Angeles County Sheriff's Department (LASD) is the largest sheriff's office in the country and the fourth-largest policing force in the United States. With 18,000 sworn and nonsworn employees,[34] the LASD oversees the safety of 12 million civilians spread across 4,084 square miles.[35] Managing the resources and needs of such an enormous staff would be a bureaucratic challenge for many agencies, but for the LASD, organizational management has become a feature of their model practices. Los Angeles County has slightly more than 10 million residents,[36] and it is the second-largest school district in the country with an estimated 667,300 students enrolled annually.[37] On any given day, a deputy in the LASD can be found on patrol in the 42 contract cities in the county; 141 unincorporated communities; 216 facilities, hospitals, and clinics located throughout the county; nine community colleges; the Metropolitan Transit Authority; and 37 superior courts. The LASD also provides services such as laboratories and academy training to smaller law enforcement agencies within the county.[38] In addition, the LASD is responsible for securing approximately 18,000 inmates daily in seven custody facilities.[39]

LASD staff must be versatile and able to interact with people from a variety of backgrounds, and an agency of its size must be ready for critical incidents daily involving either the community, the inmates under its care, or its sworn employees themselves. LASD leaders acknowledge the depth of their employees' experience and are invested in maintaining the health and values of their people and organization by providing employees and their families confidential, off-site mental health and wellness services through the Psychological Services Bureau (PSB). The LASD is seen by outside observers as a "leader in utilizing psychology and the behavioral sciences to enhance the welfare of its employees, its organizational efficiency, and its law enforcement mission."[40]

Description of the unit

In 2011, the American Board of Professional Psychology (ABPP) recognized police and public safety psychology as a distinct specialty within the field of professional psychology and initiated an examination and board certification process for recognizing specialists in the field. The American Psychological Association describes police and public safety psychologists as those with a specialized focus on the functions of the police and public safety units, the unique working conditions of the field, and the unusual stress of public safety work and who have the psychologist's understanding of a law enforcement agent's ability to adapt to high stress situations.[41] This uniquely important field is a growing body of specialization among psychologists across the country with only a small number of trained psychologists in the field, according to *Psychology Today*.[42] Yet despite the small body of specialists, who make up only 1 percent of the

34. "About Us," Los Angeles County Sheriff's Department, accessed September 26, 2018, http://www.lasd.org/about_us.html.
35. "About Us," Los Angeles County Sheriff's Department (see note 30).
36. "Statistics," County of Los Angeles, accessed October 13, 2018, https://www.lacounty.gov/government/geography-statistics/statistics/.
37. Benjamin Elisha Sawe, "Largest School Districts in the United States," WorldAtlas.com, last modified April 25, 2017, https://www.worldatlas.com/articles/largest-school-districts-in-the-united-states.html.
38. "About Us," Los Angeles County Sheriff's Department (see note 30).
39. "About Us," Los Angeles County Sheriff's Department (see note 30).
40. *Psychological Services Bureau (PSB) Los Angeles County Sheriff's Department* (Los Angeles; California Department of Corrections and Rehabilitation, n.d.) http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/April20/LA Sheriff_Psychological Services Bureau-Overview.docx.
41. "Police and Public Safety," American Psychology Association, accessed October 13, 2018, https://www.apa.org/ed/graduate/specialize/police.aspx.
42. Ellen Kirschman, "Becoming a Police Psychologist," *Psychology Today*, last modified February 2, 2018, https://www.psychologytoday.com/us/blog/cop-doc/201802/becoming-police-psychologist.

broader psychology field[43] in the United States, the LASD PSB employs 21 psychologists with a law enforcement psychology specialty.

The PSB focuses on three of the four domains identified by the ABPP as specialty practice areas of police and public safety psychologists: (1) intervention, (2) organizational development, and (3) operational support. With a total of 33 staffers at the PSB, eight law enforcement psychologists (LEP) and two deputy sheriffs—one to support the Substance Use Recovery Services and one the Peer Support Services Program—staff the PSB's Employee Support Services Unit (ESSU). This program provides clinical psychological services to all LASD and Los Angeles County Probation Department (LACPD) employees and their families. In addition, 10 psychologists, designated as industrial/organizational (I/O) consultants primarily work in the PSB's organizational development unit (ODU) or law enforcement mission (operations) support unit (OSU) or both, providing consultation to department executives, managers, and supervisors on a wide range of topics and developing and implementing department-wide training programs to improve employee wellness, organizational efficiency, and the effectiveness of law enforcement operations.

The PSB's training programs are deployed at the LASD academy both for new recruits and as continued education opportunities for LASD sworn and civilian employees. Although all of the employed psychologists serve in the capacity of trainers on a large variety of subjects since late 2015, the PSB has committed four new I/O staff psychologists solely to the development and delivery of two new mandated department-wide training programs: CIT for field operations personnel and de-escalation and verbal resolution training (DeVRT) for all custody personnel. These programs specifically address improving outcomes during law enforcement encounters with people who have mental illnesses both in the communities served by the department and in custody.

While both LEP and I/O psychologists staff the four clinical sites providing employee support and clinical services to the broader LASD and LACPD sworn and nonsworn employees and their families, they also work on consulting assignments throughout the LASD, including custody and patrol divisions, and in specialized LASD bureaus such as Criminal Intelligence Bureau, Homicide Bureau, Special Victims Bureau, and Human Trafficking Bureau. The psychologists also provide a variety of training and development programs for LACPD personnel.

How it started

The first staff psychologist was hired at LASD in approximately 1975 to provide psychological services to its sworn and civilian employees and their families. Police psychology, as it was commonly known then, was only in its infancy as a subfield of psychology. Yet by the late 1970s and early 1980s, the LASD had hired several more staff psychologists and was regularly offering mental health support through its employee services programming, gradually becoming a training ground for many police psychology professionals looking for clinical work, led by experts in the field. At that time, the PSB was designated the Psychological Services Unit.

As the agency grew, so too did its investment in the mental health and well-being of its employees. In the late 1980s, the department changed the name of the unit to the ESSU as there was concern that the terms *psychology* and *psychologist* had negative connotations and deterred employees from voluntarily seeking the unit's services.[44]

43. Auntré Hamp et al., "How Many Psychologists Are Licensed in the United States?" *Monitor on Psychology* 45, no. 6 (June 2014), 13, https://www.apa.org/monitor/2014/06/datapoint.aspx.
44. *Psychological Services Bureau* (see note 36).

However, by the mid- to late 1990s the field of law enforcement psychology was developing as research began to emerge that identified trends and needs with regard to the mental health and wellness of law enforcement professionals. It was during that time that Dr. Steven Sultan, now Director of the PSB, joined the LASD unit after seeing many law enforcement professionals in his private practice and observing the specialized need for care they exhibited. Prior to private practice, Sultan had been trained in what was then known as police psychology as a doctoral intern on the staff of the Los Angeles Police Department (LAPD) from 1977 to 1978. Continuing his predecessor's leadership, Sultan engaged the ESSU in organizational and operational consultation, using informed methods of practice in a law enforcement setting to drive training, early intervention programs for substance abuse and domestic violence incidents, and police psychology practices for trauma response to help improve the agency's efficacy and employee health and satisfaction.

As reported by today's PSB team, ODU, OSU, and clinical practice became a cornerstone of the unit's work in the LASD, setting PSB apart from standard ESSUs of that time and creating what is now the PSB LASD in 2015.[45] Today, the unit serves in a variety of clinical, organizational development, and mission support services creating a culture of access, education, consultancy, and law enforcement psychological services to the LASD employees and their families as well as the organization's leadership.

How officers access the unit

The PSB's central and satellite offices operate out of commercial office buildings outside the standard sheriff's department facilities around the county and its municipalities. This is designed to give officers who voluntarily seek services anonymity from their commanders and peers during their receipt of psychological services. Officers may self-refer and can call or walk into the PSB and schedule an appointment with their many clinicians; they can also be referred to the PSB by a supervisor, employee services specialist, or by a peer-to-peer program support colleague.

Because psychological well-being and management are a critical part of LASD onboarding in the academy phase, deputies and civilian staff learn from day one about the agency's intentional investment and care of their health and well-being, making access to resources available to their staff and their families a priority. However, the PSB is not the fitness-for-duty arm of the LASD. Dr. Sultan recognized, as did his mentors such as Martin Reiser at the LAPD, "father of police psychology,"[46] that in order to truly help those they serve, they could not be both listener and deciders of their employees' future. Assistant Director of PSB, Dr. Jennifer Hunt, said it best: "We do not bring you in for fitness for duty or decide if you can stay." For fitness-for-duty assessments, employees are sent instead to a county unit not associated with the LASD, and a PSB client can decide if they want to release their records to the separate county psychologist conducting the assessment.

Not only does PSB house psychologists and peer support staff to engage the LASD employee community as needed, but the law enforcement psychologist team is also deployed to units where they build relationships with officers on a one-on-one basis. Officers in crisis can seek out support from the psychologists when they are present, through one of 99 peer-to-peer counselors deployed throughout the agency, or through a unit chaplain. The PSB unit also retains 24/7 emergency response protocols should an officer be involved

45. *Psychological Services Bureau* (see note 36).
46. Steve Chawkins, "Martin Reiser Dies at 87; LAPD's First Staff Psychologist," *Los Angeles Times*, April 16, 2015, http://www.latimes.com/local/obituaries/la-me-martin-reiser-20150417-story.html.

in a critical incident or experience a mental health issue and need immediate intervention. In addition, each officer involved in a critical incident is mandated by agency policy to report to the PSB unit within three to five days of the incident for a confidential critical incident debriefing. Following this initial visit there is a required follow-up via email or telephone within two weeks and a four-month check-up with the PSB as part of the unit's standard operating procedures. The PSB is available to provide additional services for deputies or civilian employees if they choose to engage in a deeper response outside of the required visit. Also, the PSB retains a network of law enforcement specialist psychologists throughout the county for referrals should the employee wish to seek support outside of the department. Finally, command staff members who have concerns about an employee or who may identify someone who has a critical need for engagement can be referred to PSB through outreach from the commander. The PSB then responds to the employee in need usually through consultancy relationships with each of the LASD units.

Resources to support officer wellness

On-site confidential psychological services. The PSB is uniquely staffed with a large body of law enforcement psychology specialists allowing for immediate access to trained professionals both in times of crisis and as an everyday mental health maintenance tool. Their free services to employees of the LASD and the LACPD allows for an open-door policy to mental health check-up and care for employees and their families giving employees direct access to a host of qualified care providers. Their staff, all trained in EMDR and other therapies for processing traumatic experiences, is prepared to address post-traumatic stress incidents through the healthy processing and response to harmful or hurtful incidents to decrease the likelihood of the development of PTSD in the LASD and LACPD staff.

Peer support and addiction recovery programs. Led by a formally trained deputy, peer-to-peer services is a program of LASD employees helping other employees in need. Those identified as peer support providers are deputies and civilian employees from every rank and most units in the department. They attend a mandatory three-day peer-to-peer training and then get on-the-job mentoring from those who have previously been in the program to learn how to assist their coworkers with personal and on-the-job related questions and concerns. In addition, having been trained through the PSB, peer support staff members are given a broad understanding of PSB services so that they can refer their peers for any number of important mental health and wellness programs that can offer problem-solving tools, addiction resources, and family and marital support as needed. These engagements are considered confidential except where child or elderly abuse are present or there is an imminent danger of harm to others, as well as in cases of suicidal ideation, the risk of imminent self-harm, and significant violations of the law.[47]

Unit chaplains program. Offered as an additional confidential and emotional well-being service to LASD employees and their families, the chaplain program provides for the spiritual and personal needs of personnel and their family. The volunteer chaplains are assigned to each unit and will often spend their time getting to know the employees. They provide spiritual and emotional support as well to families involved in critical incidents who are in emotional distress. They can also be called upon to offer up benedictions at departmental and community events. The chaplain program offers an ethical presence to each unit they serve and is meant to both aid and guide the personnel as they need.

47. "Volume 2, Chapter 7, Administrative and Training Division" (Los Angeles: Los Angeles County Sheriff's Department, n.d.), http://shq.lasdnews.net/shq/mpp/2-07.pdf.

Organizational consultant program. This service within the ODU is designed to increase effective training protocols. The organizational consultants in the PSB provide on-site training and consultation to first-line supervisors and command staff. This program was designed to give leadership the skills to identify harmful work stress and burnout that could occur among LASD personnel.

CIT and DeVRT training programs. The intent of the LASD's CIT and DeVRT courses, as prescribed by management, is to increase the skills and use of de-escalation techniques during calls for service involving persons with suspected mental illness.[48] Although specifically designed as a training mechanism for improved police responses, this training rolled out to LASD recruits and staff members beginning in 2015. It was featured by the International Association of Chiefs of Police (IACP) in their regular *Police Chief* magazine as groundbreaking in helping officers best navigate crisis intervention with an individual who may be suffering from a mental health disease or break. The PSB designed training seeks to arm officers with CIT techniques but also the ROAR strategy (respond, observe, assess, and react), which was developed by PSB psychologists. It gives deputies the tools to address challenging calls by both taking their time and moving the situation through various stops and starts that can address the community member's specific need while keeping themselves safe. Deputies who have been through the course reported to the IACP that "They would apply these concepts to the persons they protect and serve everyday but, more significantly, that they are further driven or feel empowered to utilize these course concepts in their own lives beyond the badge."[49]

Advantages and challenges of offering the program

The PSB has created an organization of education, service, and departmental improvement. Designed to serve not just the one-on-one needs of the LASD staff, PSB has also taken the reins on psychologically informed trainings such as CIT and DeVRT and intentional outreach to their colleagues both sworn and nonsworn through familiarity, on-site engagement, and critical incident response mechanisms. PSB staff members are ready at a moment's notice to deploy to areas of crisis, such as to follow a deputy who has recently experienced a "gassing"[50] at one of the correctional facilities, through the medical care required after exposure to such fluids. They were not only there on the day of the incident to offer emotional support but would also follow up throughout the HIV, hepatitis, and other communicable disease testing phase to support the deputy with any perceived trauma or questions.

Key learnings for replication

- The employment of a law enforcement specialist psychologist creates access for employees to specially informed mental health providers who deploy academic and institutional knowledge to their method of support. Law enforcement agents across the country have said that all too often nonspecialized mental health providers end up empathizing with the agent without addressing the trauma they experience, which creates a gap in their mental health care response. Trained law enforcement psychologists can

48. Jennifer Hunt et al., "Changing Law Enforcement Culture One Deputy at a Time with LASD-CIT: Is that Crisis Intervention Training or Changing Inherent Thinking? Or Both?" *Police Chief*, accessed October 12, 2018, http://www.policechiefmagazine.org/changing-law-enforcement-culture-one-deputy-time/.
49. Hunt et al., "Changing Law Enforcement Culture One Deputy at a Time" (see note 44).
50. "Gassing" is prison slang for the act of throwing feces or some other bodily fluid such as urine, blood, or saliva at a jail or prison staff member. Gassing is an act of rebellion by inmates against custodial staff and is a felony in most U.S. states.

provide best practices in the field to their clients allowing for more immediate care without retraumatizing the officer.

- Access to psychologists, trained peers, and chaplains in each unit provides for relationship building that creates lasting trust. This trust that is established in times of normalcy allows for more immediate action during critical incidents, as the PSB staffers who are available on a regular basis to each unit have pre-established relationships and can step in to serve their colleagues. As well, regular observation from trained professionals allows for easier identification of an employee who may be undergoing unexpected personality changes, addiction, or personal trauma.

- Advanced training in best practices for mental health fitness begins inside the academy for LASD sworn officers and prepares them for deployment and engagement with their community. Their education in CIT and DeVRT tactics not only allows for better responses within their community or in custody facilities when interfacing with someone with mental health problems but they are able to deploy these tactics in their personal lives, both being taught how to self-assess and serve their own families and community.

- Confidentiality among PBS staff members and their clients is paramount to the success of the unit. The PSB creates a culture of separation from the personnel's employment status and their traumatic experiences by maintaining confidentiality like that of private care professionals. Understanding that no staff psychologist is going to call your commander and deem you unfit for duty allows for PSB to be seen as a safe place for support and healing.

Conclusion

The LASD and its valued PSB are leading the way on creating mental health stability among its personnel. Engaging specialized care providers to address law enforcement trauma, suicide, and a variety of other mental health taboos helps create a culture of care at the LASD. This builds force of personnel prepared to serve the community as they themselves are served by their employer. Creating an opportunity for its 18,000 employees to engage in training that advances not only their professional skills but also their own personal mental health care management creates a holistic approach to organizational development. While the field of officer safety and wellness does not always address the needs of correctional officers—who are often viewed as experiencing unique forms of trauma—the LASD addresses their needs alongside patrol deputies, making its entire agency's mental health care a part of its values and mission. Agencies seeking to model their own mental health and wellness programs after the best in the field should consider the value LASD has found in employing law enforcement psychologists, maintaining strict confidentiality within their psychological services units, and providing regular access to trained peers and professionals as a lynchpin to mental health and wellness program success.

8. Milwaukee Police Department

The Milwaukee (Wisconsin) Police Department (MPD) has 2,500 employees with an authorized sworn force of 1,850. The city of Milwaukee is 96.2 square miles with a population of 595,351 divided into seven police districts; Milwaukee is the 31st-largest city in the United States.[51] The mission of the MPD states, "In partnership with the community, we will create and maintain neighborhoods capable of sustaining civic life. We commit to reducing the levels of crime, fear and disorder through community-based, problem-oriented, and data-driven policing."[52]

In 2014, the MPD revised its approach to provide internal departmental support for officer mental health through an integrated three-pronged strategy that includes a revised early intervention program, a stronger chaplaincy program, and an internal peer support program.

The MPD had implemented an early intervention program (EIP) in 2005, formally noted as an early warning system located in IA. On the peer support side, the department has a long history of a peer support program begun in 1986 that operates as a separate organization from the department. It is known as the Police Officer Support Team (POST, just as in Indianapolis) and serves as a regional organization providing peer support assistance to Wisconsin departments small and large during critical events.

Overview of the mental wellness team

The three components of the MPD mental wellness team are (1) the EIP, (2) the chaplaincy program, and (3) the internal peer support program (rather than the independent regional POST that now operates outside the department). These three components are closely aligned and work together as an integrated team. While this team does not have a formal name, they describe themselves as the mental wellness team.

The mental wellness team recognizes that establishing trust is based on demonstrating the ability to protect confidentiality. They identified that a small, tight team makes it easier to maintain confidentiality. The team also identified face time with officers and staff as a critical component of their ability to establish trust within the department. The team achieves this face time through "pop-ups," where they show up at the seven district offices on a regular basis just to touch base, say hi, and informally visit to see how people are doing. They host an annual cookout in each district as a way of connecting with the officers and staff in an informal way. Chaplains provide services to families through weddings, funerals, and so on. These informal efforts help to build relationships and establish higher comfort levels during critical incidents.

51. American FactFinder, "Total Population: All Places within the United States, 2017" (see note 25).
52. "Welcome to the Milwaukee Police Department," Official Website of the City of Milwaukee, accessed November 14, 2018, https://city.milwaukee.gov/police#.W5P-IJNKj0Q.

The mental wellness team is responsible for responding to the scene of a critical incident involving the MPD, providing on-scene support for those involved, and critical incident group debriefings, individual follow-up and counseling (mandatory and voluntary) with those affected, and ongoing follow-up and peer support over time. Referrals for any additional services required are coordinated with the EAP.

Program expansion

In 2014, the staff members of the EIP in IA began looking at their program's goals and design. They conducted focus groups within the MPD, researched best practices through the IACP, and did a site visit to the DPD to look at the indicators signaling officers in trouble. Based on what they learned, the EIP staff worked through a new design to shift from an early warning system in IA to a prevention and early intervention system focused on officer well-being located in Training. The new approach was approved by the department leadership and launched in 2015.

The elements of the revised EIP included hiring a full-time in-house psychologist to offer a more immediate and trusted source for officer mental health services to supplement the city's employee assistance program. Funding for the psychologist came through a grant from a local foundation but is being transitioned to the regular budget in 2019.

The team finalized an updated EIP model with an evidence-based early warning system of indicators focused on prevention and early intervention for officer mental wellness. An experienced officer was assigned full time to the team as an early intervention and peer support coordinator, and a retired officer who is also an ordained minister was brought on to the team to serve as a full-time chaplain offering a stronger spiritual component to the model.

Each of the key staff members (in-house psychologist, peer support, chaplain) has earned the trust of all levels in the department and with the union. The chaplain is a retired MPD officer who is greatly respected and beloved. The psychologist is not an officer, but her father and other family members are; she understands the culture of law enforcement. The peer support coordinator has 26 years on the force and has demonstrated his ability to be trusted in this sensitive position. The captain supervising the unit actually served as the lieutenant who redesigned the EIP while serving in the unit in 2014.

Current program components

Early intervention program

The MPD uses the Administrative Investigations Management (AIM) system to track employee performance and monitor (over 90 days) nine indicators that will flag officers or employees with behaviors that result in an alert. AIM provides alerts to the IA Division, to supervisors, and to the EIP coordinator. The EIP coordinator in the mental wellness team then screens the alerts for false positives and, after the false positives are weeded out, sends a message to the relevant captain and lieutenant that their employee has an alert in the AIM system that requires the supervisor to provide some kind of review and follow up. The EIP coordinator tracks to make sure that alerts are responded to in a timely manner and documented

in the system. These early interventions are not viewed as disciplinary but rather as a mental wellness check to make sure everything is okay.

Training is an essential component of implementing the EIP. The mental wellness team trained all of the sergeants and lieutenants on recognizing indicators as supervisors and trained all line officers to recognize early warning signs in their peers. Officers were educated on the expanded resources available for prevention and early intervention and how to work with the mental wellness team to provide support for officers and all staff. The mental wellness team conducts regular two-hour in-service trainings to keep the entire staff current on resources and best practices on mental wellness and resiliency.

The standard operating procedure (SOP) for critical incidents was being reviewed in 2018 and awaiting formal approval but is being used as the framework for the mental wellness team. The SOP includes critical incident response protocols; mandatory and voluntary access to psychological services; systems for self-referral, family, peer, and supervisor referral; and mental wellness team roles and responsibilities before, during, and after a critical incident.

Access to in-house mental health services consists of one full-time psychologist who provides mental health services with backup from the city's EAP. The psychologist responds on-site during critical incidents as part of the mental wellness team if the incident involves an officer death; otherwise only the chaplain and peer supporters respond. The psychologist participates in critical incident debriefings that are led by peer supporters and occur in small groups made up of staff members with similar functions (line officers, supervisors, dispatch, etc.). Individual sessions are mandatory for officers and staff members involved in a shooting or use of force situation. The psychologist also provides training on the use of the EIP tools and resources for mental health services during in-service training, basic academy classes, and other venues.

The EAP provides links to services such as placement for residential treatment. The city's insurance provides three free mental health visits and then falls back to the regular co-pay for mental health services. The union employs a psychologist but is also very supportive of the in-house psychologist and mental health wellness team. The union has also taken on the role of sponsoring the cost of the district cookouts that the mental wellness team hosts each year.

Chaplaincy program

The MPD chaplaincy program is embedded in the mental wellness team as a key component with much more of a role in addressing officer mental health and well-being issues than is normally found with chaplaincy programs. The lead chaplain and his assistant are both ordained ministers and retired MPD officers who have stellar reputations and have earned the respect and trust of the entire department. They are both volunteers.

The chaplains work with sworn and nonsworn employees of the department and their families regardless of rank or religious belief. They provide spiritual guidance or counseling at individuals' request. Because they are ordained, they are covered by clergy-penitent privilege, which means that state statute protects their conversations. The lead chaplain serves on the board of the POST and has had extensive training and experience in peer support.

The chaplains are a formal part of the mental wellness team that responds to the scene of critical incidents. They can sit with the officer involved in a critical incident while the investigation is going on so the officer is not left alone—but is with someone they can choose to talk to without fear of having their confidentiality violated in any way. This is an important change, as historically, the peer support team was not allowed to sit with the officer during the incident investigation at the scene. Now either the psychologist or the chaplain can sit with the officer during a critical incident and be protected by clergy or doctor privilege.

The chaplains are fully trained in the EIP and peer support program and serve as an active part of the mental wellness team. They participate in trainings; conduct group debriefs; do one-on-one counseling or mentoring as requested; provide follow-up support to individuals and their families; and refer employees or their immediate family members to their own personal clergy or other counseling resources such as the psychologist in the EIP, EAP services, and the POST.

The chaplains, like the rest of the mental wellness team, have a good relationship with commanders. The team is known and trusted not to jeopardize crime scenes. The key is when officers are taken downtown to give statements to Internal Affairs, they are able to trust that the mental wellness team will not violate their confidentiality. The mental wellness team is able to let the officer know what the EIP follow-up will be in the immediate situation and what resources are available to them and to their family members. The Internal Affairs Bureau now expects the involvement of the mental wellness team and welcomes their role in providing support to the officer during and following the incident without compromising the investigation in any way.

In addition to their active role in the mental wellness team, the chaplains perform more traditional roles including conducting weddings, funerals, and death notifications. The Salvation Army Chaplaincy Program provides emotional and spiritual support to community members who have been affected by an incident.

Peer support program

The MPD has had a strong POST program in place since 1986. That program has emerged as an independent organization separate from the MPD and serves now as a regional support system for small and large departments during a critical incident. The outside nature of the POST makes them not quite a fit as an integral part of the internal MPD mental wellness team. As a result, the mental wellness team found itself in need of a bridge to address the peer support needs of officers on a daily, ongoing basis rather than just during a critical incident. The officer assigned as the early intervention and peer support coordinator began by filling that role himself. As a 26-year veteran on the force, he was well known and trusted. But the size of the department requires a significantly larger team of vetted, trained, and trusted peer supporters.

CISDs are coordinated and attended by the mental wellness team as part of a continuum of prevention and early intervention care and services provided.

Normally, the psychologist, chaplain, and EIP and peer support coordinator sit in while the CISD is conducted by a trained peer supporter. Peer supporters receive training to conduct CISD sessions in small groups (no more than eight to 10 people) using the seven steps in the Mitchell model[53] as a guide. The CISD is a psychoeducational small group process that involves several key components that can be used in a flexible manner in a debriefing session.

The seven steps are as follows:

1. Introductions

2. Brief review of the facts

3. Thoughts—immediate thoughts about the situation

4. Reactions—how are you feeling?

5. Symptoms—cognitive, physical, emotional, or behavioral

6. Teaching—explanation of reactions and stress management information

7. Re-entry—final questions, thoughts

The mental wellness team added quarterly critical incident debriefs for the high-risk units even when there has not been a critical incident. The department recognized that many units experience cumulative trauma exposure based on the nature of their assignments such as dispatch, crime scene forensics, child pornography, sexual assaults, etc.

The mental wellness team provides a presentation at Family Night the day before graduation from the academy for the family members of new basic recruits where families are introduced to the resources available to them. Each family receives a copy of Gilmartin's book on Emotional Survival.[54] The mental wellness team collects contact information and email addresses to be able to provide follow-up support to the families in the future.

Separate from the department, a support group has formed called Shielded Hearts, which provides services to families during crisis situations and follow up support and comfort.

Key learnings for replication

- Set up parameters and boundaries before you launch an in-house mental health program. Once trusted mental health services are in place, demand is likely to be overwhelming. If those resources are limited, such as having only one psychologist for a large department, it is important to establish the limitations up front regarding hours available, number of follow ups, other support staffers who can handle some tasks, etc. It is also important to have a backup system in place. Who covers when the one psychologist is on vacation, in training, or sick?

- Confidentiality is essential to the program's success. The team's biggest task is earning the department's trust that information will be treated professionally and in confidence. It only takes one breach to undermine the entire framework of trust.

53. Jeffrey T. Mitchell and George S. Everly, Jr., C*ritical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services,* 3rd ed. (Ellicott City, MD: Chevron Publication Group, 2001).
54. Kevin M. Gilmartin, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families* (Tucson, AZ: E-S Press, 2002).

- Face time is essential to building trust and relationships in the department and with families. The team works hard at being present in the district offices and at department events, being involved in the life of the department.

- Partners of those involved in critical incidents are also now being seen; sometimes they are the most impacted, feeling they could have or should have protected their partner. They feel helpless and as if they lack control.

- The program must be tightly controlled to make sure that there is no risk to confidentiality; it must not grow too fast.

- The team also affirmed how important training is across the board. "We are changing the culture, we don't want to hear 'oh, we saw that coming;' that is not acceptable. Now officers know that there are resources available, they know what to watch for, they don't have to have the answers, they just need to make the referral."

- The MPD is participating in research tracking stress levels in police recruits in the academy, teaching them the use of self-regulation techniques to modify heart rate variability. This research on resilience will provide information on the effectiveness of self-regulation techniques to improve cardiovascular health in officers.

Conclusion

The MPD's transition from an EIP located in IA to a mental wellness team with an EIP component located in the training division is an example of how departments can assess their mental wellness programming against best practices and make adjustments to strengthen support systems for officers, staff members, and their families. The MPD combination of EIP, training, an in-house psychologist, chaplains and peer supporters shows how existing resources can be augmented and refocused for prevention and earlier intervention.

9. Metropolitan Nashville Police Department

The Metropolitan Nashville (Tennessee) Police Department's (MNPD) mission is "to provide community-based police products to the public so they can experience a safe and peaceful Nashville."[55] The MNPD covers the metropolitan area of the city of Nashville and Davidson County, Tennessee, covering 526 square miles and serving a population of 691,243.[56] Greater Nashville is the 24th-largest city and the 7th-fastest growing metropolitan area in the United States, adding 100 people a day.[57] The MNPD has a total staff of approximately 2,000 employees, of whom 1,443 are sworn officers.

Origins of the Police Advocacy and Support Services

The officer and employee mental health services at MNPD had an unusual trajectory. In 1970, the department launched a Youth Guidance program. In 1975, MNPD began a proactive victim intervention program (VIP) that focused initially on rape victims. The department sought grants to expand victim services. Domestic violence (DV) counseling was added in 1994. Carol Etherington, then a student nurse practitioner, was responsible for developing and overseeing these programs.

Now Associate Director of Community Health Initiatives at Vanderbilt Institute for Global Health, Etherington describes how "The collaborative process of trust was built with an in-house Behavioral Health Services division. We were able to work together with officers, know each other, know the victims, it made it easier for officers to trust the behavioral health team when the officer mental health programming started."

As a result of the counseling and training on understanding the experience of trauma, officers began to better understand the needs of victims. The training also raised their awareness of the impact of trauma on mental health and post-traumatic stress for everyone involved, including themselves. Officers became more familiar and comfortable with talking about their own struggles and seeking help.

The Police Advocacy and Support Services (PASS) program began in 1986 to provide behavioral health services to police officers, nonsworn employees, and their immediate families. A complementary peer support program also began at the same time. The PASS program had very strong support from the FOP, the department, and the city when it was created. That support and funding has been maintained over time. As grant funding came to an end, the department created full-time positions for police crisis counselors. The PASS program has a staff of six and is housed in a separate location to provide a greater level of privacy and confidentiality to personnel as they use services.

55. "Mission Statement of the Nashville Police Department," Metropolitan Government of Nashville and Davidson County, accessed November 15, 2018, https://www.nashville.gov/Police-Department/Mission-Statement.aspx.
56. "Davidson County, Tennessee: 2017 Population Estimates," U.S. Census Bureau, accessed November 15, 2018, https://www.census.gov/search-results.html?q=davidson+county%2C+TN&page=1&stateGeo=none&searchtype=web&cssp=SERP&_charset_=UTF-8.
57. Samantha Sharf, "Full List: America's Fastest Growing Cities," Forbes, last modified February 28, 2018, https://www.forbes.com/sites/samanthasharf/2018/02/28/full-list-americas-fastest-growing-cities-2018/#4a1019d7febf.

A chaplain program was added in 1996 and was expanded to include a volunteer chaplain program in 2005. The chaplain program is a component of the overall support system for victims of crime. The chaplains' primary responsibility is delivering death notifications to next of kin.

All of these programs have now merged into the Behavioral Health Services (BHS) division with many types of services for employees (sworn and nonsworn) and services focused on youth and victims. These services include a youth services division offering the Youth Guidance Program, Victim Intervention Program / Domestic Violence Counseling, and other family support services.

Description of the PASS program

The BHS division is one of the most comprehensive in-house mental health services programs in the country. The division is involved in the following:

- Coordinating psychological evaluations for employment and fitness for duty with contracted psychologists per IACP guidelines
- Providing a range of mental health services to victims of crime, at-risk youth, police, civilians, and other metro employees
- Providing on-call crime scene response, trauma intervention, crisis debriefing, case management, individual and group counseling, advocacy, and court accompaniment
- Delivering training for employees and the community
- Building community partnerships and crisis mental health response

The PASS program focuses on law enforcement employees and their immediate families. Its services include counseling and advocacy services such as individual, couples, and family counseling; CISD; support and therapy groups; training and education; and mental health response for major disasters. It addresses a wide range of issues such as substance and other types of addictions, post-traumatic stress, depression, grief and loss, marriage, families, couples, children, and adolescents. When a critical incident or trauma occurs, the entire police family is affected, so PASS makes critical incident stress interventions available to family members as well. The PASS program focuses on three types of services: (1) trauma, (2) therapy and counseling sessions, and (3) training.

MNPD police crisis counselors and peer supporters are trained in the Mitchell model[58] for crisis intervention, a well-known protocol for critical incident stress debriefing. It is departmental procedure that follow-up will occur following any critical incident.

In addition to supporting personnel involved in critical incidents, PASS clinical staff members provide employees and families with individual, family, and couples therapy on a voluntary basis. Mandated counseling services are also provided based on referrals from supervisors or disciplinary procedures. PASS conducts annual wellness checks for employees who work in high-risk divisions and schedules support groups as needed. Divisions considered high risk include child sex crimes, the fatal crash team, crime lab, domestic violence, and homicide. These units undergo an annual, supervisor-required wellness check-in with PASS because of the frequent exposure to graphic and traumatizing experiences in the daily work.

58. Mitchell and Everly, *Critical Incident Stress Debriefing* (see note 49).

PASS staffers also provide training for basic recruits and annual in-service training for counselors, peer supporters, and volunteer chaplains. The police recruits undergo more than 40 hours of training covering various mental health topics that include the following:

- How officers can take care of themselves from hiring to retirement
- Addressing domestic violence in law enforcement
- How officers can keep their families healthy and thriving despite the job constraints
- Skill development for stress management and anger management
- A resiliency series that teaches officers to be emotionally resilient from anger management to mindfulness practices

PASS also provides mental health training for the command staff and the Citizens Police Academy.

Peer support program

The peer support program began in 1986 as a complement to the PASS program. The MNPD has 55 trained peer supporters with access to a regional network of 65 peer supporters as needed for a major critical incident. The Davidson County Sheriff's Office, the 911 call center, Metro Nashville Fire Department, university police departments, and other agencies are part of the peer support network.

The peer support program provides a way for law enforcement and correctional personnel to deal with professional or personal problems with the support of fellow officers who are trained to provide confidential support. The program recruits, trains, and vets peer supporters and provides emotional support to employees and their family members with personal or professional trauma, illness, or injuries in the line of duty.

The MNPD peer support program has helped a number of smaller law enforcement agencies in surrounding counties start their own peer support programs. They frequently collaborate on training opportunities.

Retirees, former employees, and families

Retirees and former employees and their families also have access to PASS. Retirees are an audience that the BHS plans to work with more. Pensioners can be hired back by the department part time up to 32 hours a week. They make great contributions to the peer support program.

The chaplain program has a staffed component and a volunteer component. The two staff chaplains primarily provide death notifications, and they can deliver invocations and benedictions for the MNPD and community events. But they also perform hospital visits, baptisms, weddings, funerals, etc. at the request of employees. The staff chaplains oversee the volunteer chaplain program that provides support services for victims of crime and the community.

The spouses of officers participate in a variety of family readiness programs including Wives 5-0, Women Behind the Badge, and other support groups that mobilize support for families such as providing meals during and after critical incidents.

MNPD keys to success

The unique aspect of the BHS is the broad nature of the programming that began with youth services in the 1970s, expanded to include victims of crime support services, and then added the officer mental health support services (PASS) in the 1980s. There is recognition in the MNPD and the Nashville city government of the need to invest in prevention and early intervention strategies as well as the ability to respond to critical events with crisis intervention support systems for officers, victims of crime, and even potential perpetrators of crime. The accompanying investment of resources has an impact on the culture of the law enforcement agency and the culture of the community.

Examples of ways the BHS impacts the broader community include the Youth Services Division, where they use the evidence-based Strengthening Families program to reduce juvenile delinquency. A new Family Safety Center will bring together all the different counseling functions along with community advocates and agencies. The VIP also does victim advocacy work, including hosting an annual Crime Victims' Rights Week event in April and Season to Remember in December, where the families who have lost loved ones through crimes or in the line of duty make and hang ornaments on a memorial holiday tree. The VIP also runs support groups for victims and their families such as homicide support groups, which have evolved into a Forever Group for those seeking not to forget loved ones lost to crime.

While early education and training in community mental health led to MNPD's officer wellness program, the reverse has also become true. As officers become more aware of their own mental health and the need to take responsibility and ownership for their own resilience, they are better equipped to respond to people with mental health issues in public safety settings as well as the needs of victims of crime and the community itself following any traumatic event.

PASS staff is looking to be even more proactive by addressing several strategies in more depth, including the following:

- Resiliency training for officers
- Expand mental health and wellness training in the academy
- Strengthen a "hire to retire" continuum of support
- Sworn mentorship program
- Annual wellness checks for *all* officers
- Monitor daily field reports for potential lower level critical incidents
- Family Day at the beginning and end of academy
- Enhance a bio-psycho-social-spiritual model of services
- Promote a wellness philosophy

Key learnings for replication

- BHS has strong buy-in at every level from the officer to the chief to the mayor. This has resulted in continuity and commitment to sustain the same level of effort even in tough economic times.

- Confidentiality is essential to maintaining the trust of officers and employees; without that, they will not use the services.
- Trust and familiarity can be established in the academy early on. If a recruit meets the BHS mental health team in the academy and is trained on how to manage their own stress and mental health, they will be more likely to access the services when needed.
- Fitness-for-duty assessments should be handled by an outside firm, per IACP guidelines for psychological evaluations. Conducting them internally compromises the trust and confidence that officers have in the BHS.
- The union is actively involved. The FOP president is a peer supporter; there is a wide range of peer supporters from captains to veteran officers and new officers.
- It is important to educate, engage, and support families as early as possible. This should begin in the training academy. PASS holds a Family Day before graduation for family members of recruits to orient them on what to expect having a police officer in the family. BHS resources and proactive strategies and tools are shared with the families.
- PASS offers voluntary support groups for officers and family members following critical incidents on a national level such as after the Dallas and Baton Rouge police ambushes.
- BHS has done a good job of incorporating officers into their training by using an officer safety and wellness panel where officers—rather than just the PASS staff—share their experiences.
- BHS connects with new supervisors and participates in their early training so that they know how to refer officers that need help. BHS trains the first 30 to 40 candidates on the promotion list even before they are promoted.
- Ten percent or fewer of PASS cases are mandated. Most employees come on their own because of outreach to address personal and professional issues.
- Succession planning is critical. A change in director can compromise trust in the program. Having someone who is already known and trusted ready to make the transition reduces the fear factor.
- There is an early warning system in place through human resources, as recommended by the IACP, that tracks key indicators and flags officers for early interventions including counseling.
- Most traumatic calls happen in patrol and often involve new officers who are not as prepared to deal with stress as veterans. PASS works to make sure they get the support they need.

Conclusion

Dr. Carol Harp, BHS manager, related a day she will always remember that demonstrates both the investment and commitment of the entire agency to BHS programs and the power of being there for each other in times of need. "When something happens to an officer, it happens to everyone who is connected to them. We were holding debriefings after a critical incident (death of an officer in the line of duty). The chief arranged a meeting to ask how we (PASS) were doing. He ended up staying and participated in a debriefing. We all needed the chance to process what had happened."

10. San Antonio Police Department

The San Antonio Police Department (SAPD) has served San Antonio, Texas, since the early 20th century. Totaling 495 square miles, San Antonio is a city of approximately 1.5 million people. The population is 63 percent Hispanic or Latino, 27 percent White, and 7 percent Black.[59] The SAPD operates in six service areas, with continuous coverage throughout 115 patrol districts. The most commonly reported crime in San Antonio is larceny theft, with 55,090 incidents reported in 2017, followed by burglary and aggravated assault, with 11,722 and 7,067 incidents reported in 2017 respectively.[60]

The department currently employs 2,445 sworn officers and 667 civilian support personnel. Fifty-three percent of SAPD employees are Hispanic or Latino, followed by 39 percent of employees who are White and 5 percent of employees who are Black. There are 295 volunteers supporting the work of the department. Currently, according to department data, 34 percent of sworn employees in the SAPD have completed a bachelor's degree, nearly 5 percent have completed a master's degree, and 15 percent have completed an associate's degree.

Overview of SAPD mental health programs

The SAPD has a long history of providing officer mental health and wellness programs, with in-house psychological services dating back to the early 1980s. At their inception, mental health services in the SAPD consisted of an in-house psychologist providing counseling and referrals. Since then, the SAPD's mental health programming has evolved into a robust and holistic set of services available to sworn officers, to nonsworn employees, and to the families of officers.

The SAPD now has three in-house staff psychologists who provide counseling and referrals. In addition to in-house counseling, the SAPD has a mental health unit (MHU) comprising trained officers who handle critical and urgent cases of officer mental health crises, a long-standing peer support program led by trained officers, a family assistance program to support the families of injured or deceased officers, and several external partnerships with organizations such as the VA, local universities, and the IACP. While these programs are exemplary in and of themselves, the SAPD's signature program is known as Performance and Recovery Optimization (PRO). This program was developed and is led by staff psychologist Dr. Brandi Burque in collaboration with officers at every level. PRO is an integrated stress management program that aims to teach officers to recognize stress, manage and reduce stress through healthy coping mechanisms, achieve resiliency, and return to high performance in a holistically healthy manner.

The SAPD uses a "Cop and Doc" approach in the design and implementation of its wellness programs. This approach is based on a collaboration between Dr. Deloria Wilson of the U.S. Air Force and officers of various ranks and the psychologists on staff, resulting in programs that combine

59. "San Antonio, Texas, Population 2018," World Population Review, accessed November 15, 2018, http://worldpopulationreview.com/us-cities/san-antonio-population/.
60. Federal Bureau of Investigation, "Table 8. Texas Offenses Known to Law Enforcement by City, 2017" (see note 24).

the expertise, real-life experiences, and needs of officers with the scientific and theoretical knowledge of the staff psychologists. Such an approach not only ensures that programs are designed to best serve the needs of officers but also creates buy-in throughout the department and a sense of trust in the programs. It also generates trust in the staff psychologists, as it conveys to officers that the psychologists believe that the officers know best what they need and that they have the critical knowledge to create programs designed to serve their needs.

Performance and Recovery Optimization

PRO is the flagship wellness program of the SAPD. In following with the "Cop and Doc" programming approach, PRO was written collaboratively by SAPD's staff psychologist Dr. Burque and several officers. While PRO has stand-alone components, the theory and practice of the model is integrated with other programs in the agency and even into the training academy. The program was initially developed in 2010 and has continuously evolved over time.

PRO is designed with a twofold purpose: (1) to improve decision-making and performance in the field and (2) to improve and ensure optimal performance and wellness in the aftermath of critical incidents. PRO reframes thinking about stress management to thinking about performance enhancement. This reframing reduces the stigma attached to stress and increases buy-in among officers. The program takes a holistic and integrated approach to officer wellness—addressing stress, resilience, recovery, and performance—and is based on scientific evidence developed in the military and with elite athletes. The Air Force's Defender's Edge Program was the first program created using concepts later adopted by Dr. Burque for PRO, and it was designed to address the unique context and mental health needs of service members.[61] According to Burque, many of the core concepts are also used in the training of professional athletes. PRO holds that resilience alone is not enough but that basic wellness and positive performance outcomes are necessary to achieve optimal performance, both personally and professionally, during and after stressful events. According to the SAPD, the goals of its PRO program are to

- make policy that is based on science, not politics;
- enhance officer performance on the job;
- enhance officer wellness at home;
- prevent or mitigate officer burnout;
- create a culture based on performance enhancement where byproducts include PTSD prevention, suicide prevention, and mental wellness.

According to several officers, leadership's increasing support of PRO and other programs and policies that support officer wellness can be sensed by the rank and file and has increased officer morale.

PRO teaches officers about the science behind stress—the functioning of the nervous system and stress hormones—and the potential for resulting stress injuries. With a basic understanding of the stress function, officers learn practical and scientifically based optimal stress response

61. Craig J. Bryan and Chad E. Morrow, "Circumventing Mental Health Stigma by Embracing the Warrior Culture: Lessons Learned from the Defender's Edge Program," *Professional Psychology: Research and Practice* 42, no. 1 (2011), 16–23, http://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0022290.

techniques. Officers are trained in tactical breathing and muscle control techniques, performance self-talk, mental practice techniques, and attention management techniques that can be used both in the field and following critical incidents. The science behind PRO suggests that if an officer can identify stress early, he or she can employ techniques to maintain the optimal performance zone. This early identification means that decision-making and overall wellness will not be impaired by stress but rather will be optimized. As officers learn to understand their individual bodies' indicators of stress through changes in breathing, heart rate, and vision and hearing impairment, they can monitor and implement stress management tactics.

Performance self-talk is a technique in which an individual walks him- or herself through each step of a task to improve tactical focus and decision-making. Mental practice techniques include visualizing both the optimal behavioral and optimal emotional response to a situation. Also included in the core concepts of PRO is the importance of sleep, nutrition, physical fitness, and mental recharging through mindfulness practices, social support, or journaling. Framing journaling as the writing of a personal after-action report at the end of each day has increased buy-in to this technique. According to Dr. Burque, this is one of the most impactful and successful techniques of the PRO program, with officers reporting improved sleep and response to stress when consistently practicing journaling.

PRO is intentionally integrated throughout the department. Currently, cadets receive 10 hours of lecture-style training on the survival stress response system and techniques for modulating the stress response. Further, as of 2016, all officers in the department have completed a six-hour in-service training on these same topics.

Additional PRO training is provided through professional development programs and in a unique Return-to-Duty program. A major concern for agencies across the nation is the traditional approach to post–critical incident procedures for officers. Many procedures following critical incidents such as OISs leave officers in a vulnerable and potentially dangerous state, trying to cope with feelings of isolation, loss of identity, and an increased likelihood of mental health challenges. The PRO approach recognizes the period following a critical incident as crucial in ensuring an officer's ability to achieve optimal performance once returned to duty. Therefore, the Return-to-Duty program provides the opportunity for officers to begin temporarily assisting at the academy following a critical incident. This program exposes officers to potential triggers prior to returning to the field and reduces the risk of isolation and loss of identity.

Dr. Burque and other SAPD PRO leadership are also using the program as a way to shape community perception and support for officers by working with the media, the District Attorney, and local groups. Teaching community stakeholders about the stress response in a law enforcement context has increased understanding toward officers. In addition, Burque is working to establish a PRO family academy to train families on how to support both their officers and themselves.

Dr. Burque has also partnered with the Human Performance Laboratory at the University of Texas at San Antonio to develop evidence-based, empirical research on the impact of PRO programming in the context of law enforcement. Two research projects are in the start-up phase: (1) Psychological Skills Inventory for Law Enforcement, with the purpose of understanding officers' use of PRO skills, and (2) Optimal Psychophysiological States during Police Officer Use of Force

Scenarios—a pilot study aimed at defining the optimal performance state for law enforcement officers. The findings of these studies will inform future training curriculum. PRO's integrated and holistic approach has been key to establishing a culture of wellness in the SAPD.

Peer support

The SAPD's Peer Support Program began in 2001. Initially, about 15 officers joined the program as peer support officers. That number has grown to 65 in 2018. To join the program, officers participate in an initial 16-hour training, followed by quarterly eight-hour trainings that cover a variety of concepts and topics. A quarterly debriefing is also required to ensure that the peer support officers are coping with the role in a healthy manner.

The Peer Support Program aims to pair officers based on shared experiences and compatibility. This strategy increases buy-in and allows the officers to increase comfort with the process. In addition, the program has created a partnership with the fire department's peer support team to provide an option for officers who would prefer a more external peer supporter. Team members aim to establish initial contact with officers in need of support for both personal and professional situation. They pay close attention so as not to over-contact and create adverse effects. Further, team members engage in long-term follow-up to ensure that support remains available for officers beyond the initial period post-critical incident.

Information regarding the availability of peer support is disseminated via announcements at roll call, during in-service trainings, at the academy, via email, and on the wellness bulletin boards. Largely because of efforts to maintain confidentiality, no reporting of data has been completed. Therefore, beyond anecdotal evidence, the impact of peer support is difficult to measure. However, it is widely believed throughout the agency that the peer support program has been essential in establishing the culture of wellness that the SAPD has achieved.

Family Assistance Program

The Family Assistance Program provides support and assistance to the families of officers who have died in the line of duty or have suffered serious injuries or illnesses. In addition, the program is available to support families of retired officers who have died. Volunteer family assistance officers act as a liaison between families and the department. They lead the provision of support and coordinate SAPD funerals. Family support officers make death notifications to next of kin if death occurs on duty, transport family members to the hospital, notify SAPD chaplains for deployment, assist in arranging financial aid, assist in advisement on benefits and paperwork completion, and provide counseling for family members.

Currently there are between 25 and 30 members of the family assistance team. Officers who wish to volunteer complete a thorough application and interview process. Once accepted, family assistance officers are on call at least once per month, and the program aims to have three officers on call at all times. With three people on call, one officer takes the lead on supporting the victim, one on supporting the family, and one on supporting the department and dealing with any logistical issues that may arise. Far beyond these critical incidents, the family assistance team continues to engage the families of injured or fallen officers. The team hosts a Christmas dinner for the families each year as well as an annual memorial service.

Mental health unit

The SAPD MHU was designed to provide support and address the needs of officers experiencing a mental health crisis. When such a crisis occurs, two members of the MHU deploy to assess the

situation and determine the appropriate course of action. This may include an emergency detention if the officer does not voluntarily elect to receive mental health support.

Currently, 10 officers make up the MHU team, supervised by a sergeant. Members of the team receive rigorous initial and ongoing training. All team members are trained in crisis intervention, CISD, and children's crisis intervention. In addition, members attend quarterly trainings hosted by community mental health partners and spend numerous hours working with clinicians. Working in two-person teams, three teams are always available throughout the day and two teams at night. The MHU team works diligently to maintain privacy and confidentiality, so officers on the team operate in plain clothes and drive unmarked vehicles to protect officers' privacy when deploying to a mental health crisis. In the mid-2010s, the MHU has handled approximately 10 cases per year. As with the other wellness programs in the SAPD, the MHU team has noticed that as communication about the program and available resources have increased, the stigma around seeking help has seemed to soften and more officers are reaching out for assistance.

In-house psychological services

The SAPD established in-house psychological services in the 1980s when they recognized mental health needs as critical to officer wellness and job performance. Currently, the psychological services unit has three staff psychologists serving the department. Their core responsibilities include conducting assessments, providing counseling services, providing consultation and training, and integrating themselves into the department. The unit is housed in a separate location from the SAPD to increase privacy and encourage officer access to counseling services when needed.

Counseling services are free and unlimited for officers, allowing officers to bypass common insurance barriers. Currently, 90 percent of those officers receiving counseling services are self-referred. The remaining 10 percent are mandated to attend counseling by department leadership. The psychological services unit also provides counseling to cadets and family members. The psychologists provide services for a range of issues from anxiety and depression to career counseling and performance issues to marriage and family counseling.

One staff psychologist is on call at all times to respond to OISs and other critical incidents. After an OIS, an immediate debrief is conducted for those involved, and the officer is provided with resources about available services and what to expect in the coming days both procedurally and emotionally. A follow-up assessment is conducted for clearance for duty. The unit works closely and collaboratively with chaplains, peer support, and family assistance officers. In addition, the unit provides training to the peer support and family assistance teams, critical incident training, training for cadets, and hostage negotiation training. The unit also provides retirement seminars to upcoming retirees on how to psychologically prepare for retirement. The staff psychologists are working to expand this program to include more in-depth retirement consultation and post-retirement services.

The SAPD psychological services unit has built important local and national partnerships with agencies such as the VA, the IACP, and the University of Texas Health Science Center. These partnerships increase the level of support available to officers, inform and strengthen programming, and provide a law enforcement context to external community groups and organizations.

Persistent challenges to officer wellness programming

While the SAPD is progressive and innovative in its approach to holistic wellness, challenges and barriers to advancing programs still exist. The most critical challenge at this point is a lack of evidence and data, limiting understanding of program impact and inhibiting programmatic decision-making. While the PRO program is working diligently to collect data in the coming year, the remaining programs have very little data and reporting available. This lack of evidence also limits accessibility to essential services and alignment of programs to officer needs. Positive anecdotal evidence is important but cannot stand alone in providing evidence on promising practices and programs to enhance officer wellness at a national level.

While feedback suggests that buy-in to programs has increased tremendously over time in the SAPD, this is a slow process that requires ongoing attention. The SAPD recognizes this fact and continues to work diligently to increase buy-in for each of the wellness programs. One officer noted that the positive impacts of creating a supportive and open culture internally have spilled over into community-police relations. The key to successful buy-in to date for the SAPD has been collaboration across ranks and across expertise. These collaborations have built the trust and credibility necessary for continued success in establishing a holistic wellness culture for officers.

Key learnings for replication

- Integrating wellness models throughout academies and agencies is crucial to creating a holistic culture of wellness.
- Collaboration between law enforcement professionals and mental health professionals is key for creating contextually adequate wellness programming that is based in theory and science.
- Buy-in is critical for all wellness programs and must begin from the top down.
- Providing support to families should be an essential component of creating a culture of wellness within an agency.
- Providing in-house counseling services free of charge and in a discreet location increases voluntary access by officers and mitigates insurance barriers.

Conclusion

The SAPD's mental wellness services are exemplary given their holistic and collaborative nature and can serve as an example to other agencies across the country. Officers feel a strong sense of pride and ownership in these services because of the role that they have played, alongside staff psychologists, in both the provision of services and the development of programs and curricula. Staff psychologists have developed strong partnerships with members of the department. These partnerships encourage officers to get involved in programs and to seek assistance when necessary. As one officer reflected, "In the past it was not acceptable to discuss personal issues. Now it is expected, and it is expected that you are looking out for one another."

The department's determination for continued forward movement in addressing issues around mental wellness has allowed programming to continue to evolve and expand, increasing accessibility to vital services and further addressing the complex needs of officers. The department has made great efforts to combine the expertise of law enforcement officers with the theoretical and scientific knowledge of talented psychologists to move closer to achieving truly evidence-based programming.

11. Tucson Police Department

Tucson is the second-largest city in Arizona with a city population of 535,677,[62] which makes it the 33rd-largest city in the United States.[63] Located 60 miles from the Mexican border, Tucson is also home to the University of Arizona. The Tucson Police Department (TPD) serves the city of Tucson with approximately 800 deployable officers and approximately 242 nonsworn employees. The department is seeking to add 10 officers a year through 2023 to reach a sworn strength of 916 officers. The TPD operates its own training academy and provides training for 30 to 40 other law enforcement agencies in the region as well.

Overview of the Behavioral Sciences Unit

The TPD had a psychologist on staff who conducted pre-hire evaluations as early as the 1980s. This psychologist and staff were called the Behavioral Sciences Unit (BSU). The BSU made the TPD one of the first departments in the country to form a separate unit to address sworn and nonsworn wellness services covering mental health and related support services. In 1990, the TPD added mental health training to the training academy curriculum, bringing in Dr. Kevin Gilmartin, a Pima County deputy doing his research on officer resilience, to augment the BSU. Through the 1990s, the TPD continued to strengthen the BSU by adding stronger peer support and expanding access to mental health services to better assist TPD members.

Today the BSU is part of the Human Resources Section within the Administrative Resources Division. Three full-time employees—a police psychologist who functions as the clinical director (and is a licensed psychologist) and two sergeants who serve as peer support supervisors—staff it. The BSU is on call 24 hours a day, 365 days a year. The TPD and the City of Tucson have maintained a high level of commitment to the BSU. They have protected unit funding even during major budget cutbacks because it is key to the health of the agency.

Structure of the BSU

The BSU combines a staff psychologist providing mental health services with peer support. The director of the BSU has specialized training and experience in standards of practice in the fields of law enforcement psychology, psychopathology, and clinical intervention and psychotherapy. The department psychologist is available to provide individual or couples counseling to all department personnel, their significant others, and their families in a private and confidential setting and coordinates outside referrals and contracts. The department psychologist also consults with agency supervisors and commanders on personnel issues warranting behavioral intervention or wellness issues and coordinates fitness-for-duty psychological evaluations conducted by contracted experts in police psychology assessment. The department psychologist responds to critical or traumatic incidents involving agency personnel and assists, whenever possible, with making notifications following serious injury or death of an agency member or his or her family.

The department psychologist conducts training and mental health wellness visits as a proactive strategy aimed at maintaining or enhancing

62. American FactFinder, "Tucson city, Arizona: 2017 Population Estimate," U.S. Census Bureau, accessed November 15, 2018, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.
63. American FactFinder, "Total Population: All Places within the United States, 2017" (see note 25).

the wellness of detectives working specialized assignments. These psychoeducational visits are also important to build familiarity and trust and that the sworn and professional staff must feel comfortable with the BSU. The wellness checks help to break down stigma and establish familiarity in a nonthreatening environment. It is believed that familiarity with the department psychologist will, when needed, make it somewhat easier for a detective to seek BSU resources. The department psychologist provides resources as needed in any number of areas including sleep hygiene, family issues, health issues, and any areas of concern raised by the employee.

The department psychologist provides a summary overview of the pre-employment reports to the training academy staff four to five weeks into the academy and identifies specific areas where recruits need help to address weaknesses and strengths. This step aims to maximize the value of the psychological profile and provides opportunities for early interventions to increase the success and retention of recruits.

The two sergeants assigned to the BSU act as peer supporters. This role includes handling requests from employees and initiating their own outreach, creating relationships of trust, and responding to referrals from peers and supervisors as well as formal disciplinary referrals. BSU sergeants are not mental health professionals but have training in various areas including crisis intervention, suicide awareness and prevention, active listening and resiliency skills. They work closely with the department psychologist and address everything from ordinary work-related socialization problems to more significant issues like substance abuse, family life discord, crisis intervention, OISs, in-custody deaths, and other traumatic events impacting employees and their families.

Along with or under the guidance of the department psychologist, the BSU sergeants respond after serious injury or death of a department member, critical or traumatic incidents, internal investigation, and members seeking assistance with a family matter. The BSU sergeants follow up with officers throughout the investigative phase and post-incident period and provide resources and referrals as warranted. They will see if they need anything, help answer questions, assist with paperwork, provide a listening ear, or help consider various aspects of an issue. The sergeants are well versed in what internal and external services are available and how a TPD employee may access them. Often employees that are experiencing critical, stressful, or traumatic events feel as if they are battling it all by themselves, but the BSU sergeants assure them that they are not alone and have someone that is there for them ready to provide support. The sergeants also provide career guidance to employees to help them enhance their job satisfaction and productivity. This support helps make employees healthier, benefiting not only the employees themselves but also their family, the agency, and the public they serve.

BSU staff members educate both sworn and nonsworn employees on the regular wellness resources available as benefits to employees and their household members. Among them are providers within the city's EAP as well as contracted providers with expertise in working with first responders. The EAP provides a wide range of services to all city employees, including access to mental health providers, substance abuse, and other wellness services including financial planning. In addition, the City of Tucson vetted and contracted several mental health providers with expertise in treating law enforcement personnel who specialize in areas including trauma, sleep disorders, addiction, anxiety, depression and PTSD. The department psychologist coordinates and manages these contracts.

The BSU provides organizational support to work groups within the department. The staff members facilitate confidential information gathering projects in various units at the request of chains of command. These types of projects allow the BSU to provide information to appropriate departmental command personnel to determine any areas of concern and a help set a clear direction for leadership in the future.

The BSU plays a lead role in all department-related funerals and memorial services as well as assisting other police agencies with funeral planning needs. A line-of-duty or off-duty death or the death of a retiree is a significant loss to family and agency members. Funeral planning is of major importance and requires the full support and resources of the department. Often, this is seen as a one-day event when in fact BSU staff members work with the family well before and often well after the day of a funeral to ensure that support and assistance is provided appropriately.

BSU staffers assist the next of kin and other family members through what they desire for their loved ones. They are a liaison between the family wishes and the funeral home to make sure the services appropriately honor the deceased. After next of kin has authorized the dissemination of information, the BSU sergeants, using the agency's internet communication portal, provide ongoing communication to agency personnel including the notification that the death occurred and updates regarding service times and information. They work with various other members to provide department honors such as honor guard, flag presentation, escorts, and traffic control. BSU staff members also provide assistance to families as they deal with numerous entities that require paperwork to be filled out and submitted so that the family receives any benefits that are due to them.

The majority of employees access the BSU through their own voluntary outreach or self-referrals to the unit. The department psychologist provides psychotherapy sessions, psycho-educational meetings, or referral to external resources. BSU sergeants often get calls to meet either at or away from the BSU office to discuss coping strategies, career decisions, family situations, or other issues faced by agency members. The BSU also gets referrals from peers or directed referrals from supervisors if there are performance deficiencies or disciplinary actions or if the employee is having a critical personal challenge. The referring party is informed that a meeting was conducted but the content of the discussion with the employee directed to the BSU is confidential within limits dictated by state or federal statutes.

Confidentiality is extremely important to retain the trust of employees and is a high priority of the BSU. The BSU has worked tirelessly to maintain this confidentiality with their clients, thus allowing for employees to feel comfortable when seeking assistance. All conversations with BSU staff members are confidential within limits set by state and federal statutes. Most things are strictly private and will never be shared. TPD leadership recognizes the importance of confidentiality to the unit's effectiveness. But confidentiality can also cause problems for BSU staffers by putting them in difficult situations when dealing with other members of the department or command staff. The BSU staff will not confirm or deny that a person is working with the BSU or their connected resources. Only individuals using BSU resources can divulge, or give permission to divulge, their protected health information.

BSU functions

The Office of Professional Standards (OPS) and the BSU staff work collaboratively but with distinct goals. The OPS role is primarily investigative

while the BSU's role is to provide support and resources to maintain or enhance resiliency by providing support to officers or employees going through investigative or disciplinary proceedings. Regardless of whether the results of the investigation are reintegration or termination of the employee, the aim of the BSU is to prepare officers for whatever happens as a result of the OPS investigation including helping them prepare for unfavorable findings or disciplinary sanctions.

The Arizona Peace Officer Standards and Training academy has 40 hours of mental health training in the basic academy. Beyond the Family Day experience, the BSU makes sure immediate family members understand they are able to access BSU and EAP support services through self-referral. A pre-trauma inoculation class is taught by BSU staff members at the Southern Arizona Law Enforcement Training Center (SALETC) during basic training. This class is provided not only to Tucson police recruits but also to recruits from several agencies receiving their training from SALETC. The class is an introduction to what they may experience on the job during their careers as law enforcement officers. Many guest speakers come and share their critical incident experiences with the recruits. Those critical incidents may include their exposure to officers being killed in the line of duty, career injuries, an OIS, motor vehicle accidents, fight-for-your-life incidents, and career accumulated job stress. The BSU sergeants and the speakers talk about the effect these incidents have on them not only when it is happening but also well after the event as the realization of what happens starts to replay in their mind. They talk about the impact these events had on them personally and with their families as well as professionally and with their peers. They often discuss the importance of recognizing stress and the coping skills they lacked or used to deal with the experience. The stigma of seeking assistance and the importance and effectiveness of using those available resources is also discussed. This class has also been adapted and used for new civilian crime scene personnel as they also will experience these types of trauma through the lens of a camera.

The Family Day Presentation is a class taught to the family members of graduates of the SALETC. During the presentation, the BSU staff members discuss the effects a career in law enforcement might have on their loved ones and ways for them to minimize that impact. They also discuss resources that are available to them as family members of a law enforcement officer. The BSU Basics course presented post-academy to the TPD's new officers makes them aware of the available confidential resources for them and their families. The course presents the mission of the BSU along with the various ways officers can access both in-house and external assistance. The Surviving a Career in Law Enforcement course is sometimes taught in conjunction in with the BSU Basics class. The class covers stumbling blocks that have negatively affected others' careers. Personnel are taught about ways they can improve their outlook of the job, setting goals for their careers, and being the example to others of how to do it the right way at work.

The Suicide Awareness and Prevention course was taught to all sworn personnel during annual officer training in order to help officers recognize that suicide is a very real problem in the law enforcement community. It also provided valuable information regarding risk factors that officers should be aware of in their own lives, ways to identify others that may be thinking of suicide, and ways to intervene and secure assistance. Another important part of the training consists of giving the officers ways to find treatment and self-care resources for themselves or others within the department and the availability of the BSU to assist

them while they work through the situation. The Resiliency course is taught in smaller settings both with sworn and nonsworn personnel. Its focus is on how an employee can be changed by the effects of a specific critical incident or by years of working in the law enforcement field and seeing the carnage around them. The class explains that the employee can rise above negative experiences and have a healthy outlook about the job and their lives. Specific resiliency enhancing coping strategies are discussed and available internal and external agency resources are reviewed.

The TPD recently revised its FTO program to incorporate a presentation from the department psychologist regarding strategies for coping with anxiety and uncertainty during the field training experience. BSU staff members are sometimes asked to monitor recruit progress, review the officers' strengths, monitor stressors, and attempt to determine if trainees are intimidated by their training officer or having trouble with decision-making. The BSU sergeants also work with trainees who appear to be struggling by facilitating additional scenario training, working on the management of specific stressors, creating a positive learning environment, and generally building their capacity to perform as solo officers in the field. This shift is seen as an important step in preparing officers to better manage stress and decision-making as they transition from a controlled training environment to a fully functioning field officer.

BSU staff members typically respond to critical incidents as a team, which includes the director and sergeants. Shortly after the incident, they meet with the involved focus or witness officers and employees and provide written materials and educational information about the range of possible responses following a critical incident that they can take home and review. Focus officers are scheduled to meet with the department psychologist, and witness officers are encouraged to meet with someone from the BSU. The BSU follows up several times during the weeks and months after the incident to make sure the post-trauma impact is properly assessed. BSU also provides support to personnel scheduled to have investigative and administrative interviews regarding the incident or who review body-worn video of the incident and who attend the Critical Incident Review Board process.

The BSU is currently hoping for approval for the implementation of an auxiliary team to provide additional personnel with specialized training and resources to support and supplement the unit as needed during critical incidents specifically relating to officer wellness, prevention, and other specialties. The goals and objectives of the BSU Auxiliary Team will be consistent with those established for the TPD BSU as a whole. The highest priorities of the team are to provide support and psycho-educational information to agency members, maintain confidentiality and respect the responses of the individuals involved.

There are a number of other topics the BSU ties into that might not be perceived as related to behavioral health but which the TPD has recognized as having a contributing role in stressors and risks that employees and the organization deal with. These include the following:

Officer reintegration after OIS. This protocol aims to ensure that officers are fully ready to resume the full scope of their duties following an OIS. In addition to meeting with the department psychologist for a psycho-educational meeting to discuss the range of responses the officer may experience after a critical incident and the importance of self-monitoring and accessing of psychotherapy when warranted, the training academy has expanded the protocol from a 30-minute process to a more involved four-hour process. This process still includes having the officer discharge their firearm at the firing range. The officer also participates in multiple scenarios

using the virtual training use of force simulator and de-escalation scenario training and decision-making simulation and tactical firearms training system. The officer then meets with one or more agency personnel who have also been involved in an OIS to discuss their experiences and to encourage self-monitoring and use of resources.

Mental health counseling for traumatic events. In August 2018, Arizona enacted legislation that provides police officers and other first responders exposed to calls involving the death or threat of death or serious injury to children or others up to 36 paid visits to a licensed psychologist or psychiatrist. This legislation creates a window of opportunity to destigmatize mental health services and make access to treatment easier and more accepted.[64] This program is currently administrated by human resources, and BSU offers assistance to employees interested in obtaining these resources.

Individual first aid kit (IFAK). The use of the IFAK has shifted from only using it to save the lives of officers to using it with the public and offenders as well. The goal is to save lives and reduce the trauma inflicted and experienced by sworn staff.

Fleet safety. Motor vehicle accidents are the major cause of death for officers. The TPD has 200 marked units with a Verizon monitoring unit with speed reporting. The monitoring unit is not used in a disciplinary fashion right now but rather as an education, learning, and behavior change tool.

The TPD Military Reintegration Program. When an officer returns from deployment, he or she initially reports to the training academy to review the updates to general orders and procedures that occurred during their absence from the agency. He or she also gets the opportunity to refresh job skills as necessary. The department psychologist also meets with him or her to discuss the available support and counseling resources for the officer or their family members.

Advantages and challenges

TPD staff members involved in the case study interviews discussed the value of having behavioral health services and some of the challenges that still need to be addressed. These challenges included the following:

- The importance of understanding the current generation of recruits
- The importance of sleep
- Understanding how to conduct research to enhance organizational effectiveness
- The need for resiliency training for all personnel*
- Applying the lessons of vicarious trauma across the department
- How best to deal with PTSD and other mental health concerns

The TPD recognizes that a part of recruiting and retaining new police officers is understanding the social, emotional, and mental health dynamics of the current pool of recruits. As a result, the TPD has adopted new recruitment and retention strategies to address barriers to recruitment, processing, and retention of new officers.

Potential recruits are not willing to wait 6 to 12 months to get hired and placed in the training academy, so the TPD has developed new ways to compress the hiring process and get them hired

64. Ariz. Rev. Stat. § 38-673 (2018), https://www.azleg.gov/ars/38/00673.htm.

*Resiliency training recognizes the impact of cumulative stress and seeks to equip employees with the tools to understand and manage stress; the BSU and the Training Division are working on updating the department's resiliency training to expand the existing training to include all agency members. The training is designed to address the needs of detectives to ensure the resiliency training is relevant to their work experience.

before they lose interest. They are also now given flexibility in the testing process. Candidates are given options on the dates and times of the written and physical tests to make it convenient for them. They also have the option of attending "courtesy days" where they can experience the job requirements and qualification standards before actually engaging in the formal testing process. Close contact is maintained throughout the hiring process through orientation events and mentoring strategies to keep them focused on their employment with the agency.

The TPD recognizes the importance of social media and frequently use it in conjunction with direct contact with applicants. Emphasis is placed on interpersonal communication coaching and practice.

The TPD does an end-of-academy evaluation with the recruits. Recruits say they appreciate the changes and flexibility in testing. This is also bearing itself out in the numbers. TPD has seen a three to fourfold increase in recruitment—the changes have doubled the turnout from people who have completed everything to get into the initial pool of applicants.

Key learnings for replication

- When employees take advantage of the services offered by the BSU, they are safer and better equipped to handle the stressors of the profession. A strong officer wellness program increases the recruitment of strong candidates and improves productivity, retention, and career path advancement and job satisfaction. It affects the culture and health of the organization as well as the employees.
- Confidentiality is essential.
- Be very careful about who is selected to be in the unit; they must have credibility with the troops and positive relationships in the field. They must understand the culture of law enforcement agencies.
- It is important for BSU services to be offered proactively. Early identification of potential stressors and concerns is essential to reducing their impact. Proactive services are positive, validate the BSU's credibility, and help break down the stigma and increase comfort in BSU staff.
- A constructive relationship with police unions is an important part of making the BSU work. Both have the best interest of the officer at heart. The level of trust has a lot to do with the success of the working relationship.
- Flexibility in how the BSU works is essential. While there are defined programs, it is important to be able to respond to unique situations.

Conclusion

The BSU is an actively engaged unit that continues to evolve and expand the scope of services provided to contribute to the overall health and well-being of sworn and professional staff, their family members, and the organization. It is a strong example of the positive impact a long-term commitment to officer wellness can have over time.

Abbreviations, Acronyms, and Initialisms

ABPP	American Board of Professional Psychology
AIM	Administrative Investigations Management
BHS	Behavioral Health Services
BPD	Bend (Oregon) Police Department
BPI	Brain Performance Institute
BSU	Behavioral Sciences Unit
C2C	Cop2Cop
CIRT	Critical Incident Response Team
CISD	critical incident stress debriefing
CISM	Critical Incident Stress Management (Mitchell Model)
CIT	crisis intervention training
CMPD	Charlotte-Mecklenburg (North Carolina) Police Department
COPS Office	Office of Community Oriented Policing Services
DeVRT	de-escalation and verbal resolution training
DMSU	Deployed Military Support Unit
DoD	U.S. Department of Defense
DOJ	U.S. Department of Justice
DPD	Dallas (Texas) Police Department
DSPO	Defense Suicide Prevention Office
DV	domestic violence
EAP	employee assistance program
EIP	early intervention program
EMDR	eye movement desensitization and reprocessing
ESP	Employee Support Program
ESSU	Employee Support Services Unit
FOP	Fraternal Order of Police
FTO	field training officer
I/O	industrial/organizational
IA	Internal Affairs
IACP	International Association of Chiefs of Police
ICISF	International Critical Incident Stress Foundation
IFAK	individual first aid kit
IMPD	Indianapolis (Indiana) Metropolitan Police Department
LACPD	Los Angeles County Probation Department
LAPD	Los Angeles Police Department
LASD	Los Angeles County (California) Sheriff's Department
LEMHWA	Law Enforcement Mental Health and Wellness Act
LEP	law enforcement psychologist
LVMPD	Las Vegas (Nevada) Metropolitan Police Department
MHST	Mental Health Support Team
MHU	mental health unit
MNPD	Metropolitan Nashville (Tennessee) Police Department
MPD	Milwaukee (Wisconsin) Police Department
ODU	organizational development unit
OIS	officer-involved shooting
OPDW	Office of Professional Development and Wellness

OPS	Office of Professional Standards
OSU	operations support unit
PASS	Police Advocacy and Support Services
PBA	Patrolmen's Benevolent Association
PEAP	Police Employee Assistance Program
POS	Performance Outcomes System
POST	Police Officer Support Team
PRO	Performance and Recovery Optimization
PSB	Psychological Services Bureau
PTSD	post-traumatic stress disorder
QPR	question, persuade, refer
RPS	Reciprocal Peer Support
SAIF	State Accident Insurance Fund
SALETC	Southern Arizona Law Enforcement Training Center
SAPD	San Antonio (Texas) Police Department
SMART	Strategic Memory Advanced Reasoning Training
SOP	standard operating procedure
TPD	Tucson (Arizona) Police Department
VA	U.S. Department of Veterans Affairs
VIP	victim intervention program

About the Authors

21CP Solutions, LLC was created to help law enforcement agencies and communities effectively tackle the challenges of policing in the 21st century. We assist state and local governments in employing best practices for effective, integrity-driven policing that works for the whole community. We focus on building trust, strengthening relationships, and enhancing community collaboration for public safety.

Our team of consultants brings decades of experience in law enforcement, academia, and community leadership to help law enforcement agencies tackle the toughest issues and improve the quality of the relationship between the police and the communities they serve. As experts in social science, civil rights, law, psychology, and organizational management we can assist communities in navigating significant and difficult change—identifying opportunities, providing specific road maps to progress, and actively helping to implement new approaches.

From Baltimore and Cleveland to Grand Rapids and Sacramento, large and small departments alike turn to 21CP. We work for and with those who need real-world results that work for their agencies, their officers, and the communities they serve.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than $14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office–funded training organizations.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

The Law Enforcement Mental Health and Wellness Act of 2017 calls for the COPS Office to publish case studies of programs designed primarily to address officer psychological health and well-being. Aiming to focus on innovative but replicable programs in law enforcement agencies of various sizes around the country, the authors conducted 11 case studies of programs in 10 departments and one call-in crisis line. Each chapter of this publication describes agencies' programs and their origins, focusing on elements that can be implemented elsewhere in the effort to protect the mental and emotional health of law enforcement officers, their nonsworn colleagues, and their families.



COPS
Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
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To obtain details about COPS Office programs, call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at **www.cops.usdoj.gov**.

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