Officer Wellness: Strategies for Law Enforcement Agencies

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Officer Wellness: Strategies for Law Enforcement Agencies

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Abstract

Law enforcement officers within the United States are faced with many challenges both on and off the job which contribute to law enforcement being considered one of the most stressful professions within society. The result of the stress impacts both mental and physical health of officers, law enforcement agencies, as well as communities. Attempts to mitigate officer stress by improving officer wellness have been made for decades. It has been well established that the goals of improving officer wellness is not only to provide support for individual officers, but also to attain a higher level of policing and improve communities. Officer wellness strategies continue to be researched, implemented, and critiqued within our current criminal justice climate. This paper will examine sources of law enforcement stress as well as its impact on individual officers, agencies, and communities. It will also focus on a review of multiple officer wellness strategies recently implemented in various agencies throughout the United States and finally provide recommendations for the implementation of these strategies.
TABLE OF CONTENTS

Approval Page ................................................................................................................. 1
Title Page ......................................................................................................................... 2
Acknowledgments ............................................................................................................. 3
Abstract .......................................................................................................................... 4
Table of Contents ............................................................................................................. 5

Section I – Introduction .................................................................................................. 6
  -Introduction ............................................................................................................... 6
  -Statement of the Problem ......................................................................................... 7

Section II – Review of Officer Wellness Strategies ..................................................... 19
  -On-duty Physical Fitness ......................................................................................... 19
  -Peer Support Programs ......................................................................................... 23
  -Chaplain Programs ................................................................................................. 27
  -Eye Movement Desensitization and Reprocessing ................................................. 30
  -Critical Incident Stress Debriefing ......................................................................... 32

Section III – Recommendations .................................................................................... 34
  -Effectiveness of Various Officer Wellness Strategies ............................................. 34
  -Considerations for Implementation ........................................................................ 36
  -Cost Efficiency of Agency Implementation .......................................................... 37

Section IV – Conclusion ............................................................................................... 39

Section V – Reference List ........................................................................................... 40
I. Introduction

Out of all chosen occupations, law enforcement is considered as one of the most stressful (Bishopp et al., 2018). Not only is stress believed to be one of the most treacherous threats to the profession, but it is also one that is poorly understood by the public (Schmalleger, 2017). Issues such as unclear work roles, agency conflict, lack of support from supervision, and interpersonal relationship conflict are organizational stressors which Bitner (2019) identified as contributing to overall law enforcement stress impacting the lives of officers. Outside of organizational stress other aspects of law enforcement including shift work, excessive overtime, demanding workload, suspect conflict, and traumatic events are all unique aspects which contribute to the mental health of officers (Korre et al., 2014).

Law enforcement related stress frequently results in various negative issues such as depression among other mental health issues (Arter & Ménard, 2018). Furthermore, law enforcement subjected to high stress can increase the chance of heart disease (George et al., 2017). Officers experience higher levels of cortisol which is associated with physical health problems like heart disease and diabetes (Gaines & Miller, 2015). In a multi-decade study, researchers identified that law enforcement officers died of circulatory system disease at a higher rate than the general population. In fact, the average age of death for an officer was 68 which is also younger than the general population (Office of Community Oriented Policing Services, 2018).

Unfortunately, agencies are not providing effective officer wellness solutions to the physical and mental stresses of law enforcement. Deficiencies in officer wellness were recognized in 1996 when the National Institute of Justice released a guide for law enforcement agencies to develop stress programs (Finn et al., 1997). In 2014, United States President Obama created a 21st Century Policing Task Force which identified Officer Wellness and Safety as one
of six pillars of recommendations for American policing due to its identified weakness (Office of Community Oriented Policing Services, 2015). In 2018, Congress unanimously signed into law the Law Enforcement Mental Health and Wellness Act that required COPS submit a report to Congress regarding case studies for programs to address psychological health and well being (Spence et al., 2019). A clear trend has emerged within American policing that officer wellness is an unresolved issue which agencies have not yet been able to remedy. This paper will examine recently developed and evaluated mental health and wellness programs to identify optimal wellness strategies for law enforcement agencies. Minimizing stress will lead to the development of improved community relations, employee morale, employee physical and mental health, and overall effectiveness of agency goals.

I. Statement of Problem

Stress among law enforcement is believed to be one of the most treacherous threats to the profession, but it is also one that is poorly understood by the public (Schmalleger, 2017). The general public believes that officers hold a stressful position due to the image of police frequently pursuing violent criminals; this belief is often reinforced through movies and television shows. However, the reality is that law enforcement is a challenging and stressful career for a variety of reasons which can include shift work, regular overtime, organizational stress, dangerous tasks, injury, and side effects such as mental and physical health issues.

All law enforcement officers belong to some sort of agency whether it be a local agency (village, town, city, or county), state agency (state police or highway patrol), or federal agency (Federal Bureau of Investigation, Drug Enforcement Administration, U.S. Marshals, etc). These agencies are all considered criminal justice organizations which rely on structure and purpose in the pursuit of their goals (Stojkovic et al., 2015).
The structure of law enforcement agencies generally includes a leader(s) as well as staff, a clear hierarchy of rank, division of labor, and written policies or rules. Typically, the ranking hierarchy is modeled around the military. This type of ranking produces a clear structure of authority where there are distinct superiors and subordinates (Peak, 2015). Many local law enforcement agencies have a basic subordinate as a patrol officer with no rank, a first-line supervisor with a rank of sergeant who will supervise patrol officers and answer to higher ranks such as captains, lieutenants, chiefs, or sheriffs. The size of the agency generally dictates the amount of officers and the need for different ranks. Sizes of law enforcement agencies vary greatly throughout the country with about 71% of local police departments operated in populations with less than 10,000 residents (Bureau of Justice Statistics, 2019). As a result of this structure of clear authority, other aspects of law enforcement agencies such as training, tactics, and culture are also similar to the military structure despite not being part of the armed forces.

The purpose of law enforcement agencies can vary greatly throughout the country due to the vast community differences as it relates to population, social issues, diversity, and crime rates. Similarly, the goal of a federal agency like the U.S. Marshals is mainly to apprehend fugitives while the goal of local agencies is generally to enforce laws and address quality of life issues for local communities (Office of Public Affairs, 2020). However, even within local agencies there can be many differences. For example, a city police department may mainly focus on enforcement of laws and quality of life issues while a sheriff department has these same functions within their jurisdiction while also addressing tasks such as maintaining jail inmates, executing evictions, and serving civil paperwork. At times the multiple goals of a single agency can even conflict with each other and cause strife. An example of such conflict is an agency encouraging its officers to increase intoxicated driving arrests with the goal of improved roadway safety. To increase intoxicated driving arrests officers are likely to make more traffic stops which could inadvertently sabotage community relations when officers suddenly become stricter
In contrast to officer stress derived from activities on the job, organizational stress plays a large role in officer wellness. Organizational stress stems from matters that occur within an agency or its associated agencies. Organizational affairs such as agency roles, communication, and expectations play a large role in the wellness of an officer. Some of the specific organizational stressors include the expectation of high-performance, demanding reporting, disappointment in court processes, and police culture (Cohen et al., 2019). While it may be easy to dismiss the stress levels of tasks that are not physically dangerous, several non-active police tasks have been found to be just as stressful, or even more stressful, than potentially dangerous situations (Korre et al., 2014).

The expectation of officers to perform at high levels, even perfection, is something that is expected by the public as well front line supervisors. Individual officers know that mistakes are frequently documented in the form of body camera video, witnesses to incidents, defendants disputing enforcement action, and defense attorneys arguing cases. Mistakes made by officers in the field are often exposed and can easily be displayed to an officer's peers, courtrooms, communities, and even into major media outlets. The mistakes being exposed can lead to embarrassment, formal discipline, job loss, legal action, or even death. A study comparing the stress levels of various police tasks found that an officer simply testifying in court is more stressful than responding to disturbing the peace calls, rescue operations, and conducting patrol in a squad car (Korre et al., 2014).

The demand for accurate police reporting is also an organizational stress which is multiplied by other variables within an organization. Police reports are made for various reasons, but arrest reports are to document the arrest of an individual (oftentimes to detail probable cause for an arrest and later conviction). These reports are later sent to the prosecuting agency for review and will be used as the basis for conviction which can include a sentence of
imprisonment or even death for a defendant. Officers authoring these reports are often completing them in less than ideal situations. For example, an officer working second shift may be forced to make an arrest at the end of his or her shift. This arrest may mean that the defendant goes to court the following day, which requires the officer to write a report at the end of his or her shift. The end of a shift, or even after a shift, is not an ideal time to document reports because the arresting officer will more likely be physically tired, want to conclude their shift as soon as possible, and may be getting pressure from their supervisor to complete the report quickly so that overtime is minimized. This becomes problematic for writing quality reports because individuals not obtaining enough sleep at the right time can have a lower ability to learn, recall, use appropriate judgment, and focus (Stanojevic et al., 2016). Once a report is sent to the prosecuting agency, they may decide to file charges against the defendant. After charges are filed against a defendant, the court process begins and there can be several court hearings potentially spanning over multiple years. This can result in an officer not actually testifying on the matter until years after the arrest leaving the officer to rely solely on their report which could have been written in a poor mental state.

Another area of stress within policing is disappointment with the court system. Officers make many arrests per year but find that many of these arrests do not end in conviction. For example, an officer making an arrest may find that the state or federal prosecuting agency does not wish to pursue charges and the defendant is released facing no further action. In 2016, federal prosecutors declined to prosecute 16.4% of cases they were presented with (Bureau of Justice Statistics, 2019). Other times the prosecuting agency will work with the defense and offer a plea bargain where the defendant agrees to pleading guilty to an offense (which could be a lesser offense or only one or some of the original multiple charges) while the prosecuting agency dismisses other charges. This is common practice in the court system for multiple reasons: defendants are able to conclude their cases more quickly and receive a lesser sentence, courts are
able to process more cases, and attorneys are able to take on more cases and clients. However, many officers find that their hard work investigating criminal cases, apprehending dangerous criminals, and documenting reports goes without purpose if a convicted criminal receives what an officer believes to be a lesser sentence. These circumstances can cause officers to feel powerless when there are repeat offenders committing crimes against innocent victims (Schmalleger, 2017).

Police culture is a unique set of norms (values, beliefs, and behaviors) within the career of law enforcement (Schmalleger, 2017). When recruits attend academy, they generally find that the program is in a paramilitary setting. Recruits are taught several courses which include constitutional law, emergency driving, and firearms. Throughout the academy, recruits are subjected to situations that subject them to emotional, physical, and mental stress so that they can be socialized into individuals capable of defending themselves and others (McCarty et al., 2016). This environment encourages recruits to value strength, caution, and tactics which in turn leads to perceived top performers having these qualities. Once recruits graduate academy and become employed with an agency, they are again introduced to a new setting where their strength and ability to remain safe is tested. New officers feel the need to prove themselves to their new coworkers as well as their peers within the agency. Other officers are leery of accepting new officers until they are confident that the individual can be physically aggressive enough to protect themselves and their coworkers. This constant work environment of aggressiveness encourages hiding emotional difficulties and other problems both on and off the job. The need to appear strong can be more important to officers than effectively dealing with life issues, which can create further problems and stress for officers.

While it is important for law enforcement agencies to understand the sources of organizational stress, experts should understand that it is unlikely that the reduction of this type of stress will be greatly reduced (Cohen et al., 2019). Therefore, it is important that agencies
focus on wellness programs.

In contrast to organizational stress, the other major stress factors are experienced by officers on the job. These are the issues that the general public often is subjected to in movies, television shows, and news broadcasts. Issues such as exposure to traumatic and dangerous events, shift work in addition to overtime, and heavy workload contribute to officers issues. Some of these stressors are believed to be the most stress inducing activities that an officer will complete (Korre et al., 2014). When considering officer wellness programs it is important to ensure that programs will appropriately deliver solutions to the problems that on the job stress can cause.

Throughout a police officer’s career, they will often be subjected to traumatic events such as motor vehicle crashes, injury, death, abuse, and physically uncooperative subjects. These events subject officers to an increase risk of post-traumatic stress disorder (PTSD). It is estimated that responding to a critical incident can result in 5.9 to 22% of first responders developing PTSD (Flannery, 2015). A survey done with both front line police officers and police chiefs found that the three highest stress-inducing tasks an officer engages in are foot pursuits, vehicle pursuits, and witnessing traumatic events (Korre et al., 2014). Events such as foot and car chases are likely to be stressful to an officer as they are at great risk of injury as well as risk of agency policy violations and lawsuits. In a study conducted from 1996 to 2015, it was found that there were over 6,000 fatal crashes as a result of vehicle pursuits. Of these 6,000 fatal police vehicle pursuits, approximately 34% of those killed were innocent individuals not involved in the pursuit (Bureau of Justice Statistics, 2017).

Most agencies staff officers at all hours of the day meaning that officers will likely spend a significant portion of their career working on shifts other than normal daytime hours. Furthermore, officers will be expected to frequently work through holidays and weekends as well as required to work overtime. Officers are often mandated to attend court dates when the court
deems it necessary, even if it is during an officer's typical sleep schedule or their day off. Due to all of these issues; officers are subjected to less time for their personal lives, family affairs, and individual sleep all of which contribute to increased stress levels and negative job performance. In fact, in a study conducted with police officers in a large department it was found that shift work was the sixth highest ranked stressor; ranking above uses of force, aggressive crowds, and felonies in progress (Royberg et al., 2015).

Organizational stress along with stress on the job are factors which heavily impact an officer, their agency, as well as communities they serve. Society often looks at police officers and their tasks through sources such as television shows, movies, and news outlets. These often feature exciting and dangerous officer acts with clear endings and characters that fall in the category of good or evil. However, the truth is that many of the most stressful tasks that officers deal with are not necessarily dangerous acts in the streets but can occur within the confines of a police station or courtroom. As professionals develop officer wellness programs, the accurate sources of stress should be considered to ensured optimal results.

Since law enforcement stress frequently results in negative issues like depression, the issue of depression should be strongly considered in officer wellness programs (Arter & Ménard, 2018). The World Health Organization (WHO) explains that depressive disorders refer to feelings of sadness, guilt, low self-esteem, decreased interest in normal activities, lack of pleasure, disturbed sleep or appetite, tiredness, and poor concentration (WHO, 2017). These symptoms can recur often or be long lasting which can significantly interrupt the ability of a person to function personally and professionally. Professionals can identify depression as being mild, moderate, or severe; all of which can impact officers (WHO, 2017).

When studying depression as it pertains to law enforcement, it is important to understand the statistics associated with the general population. The WHO (2017) estimated in 2015 that 4.4% of the global population suffers from depression while the United States has a higher
estimate at 5.9%. Typically depression rates will vary by age with gradual increases throughout adult working years (WHO, 2017). The estimated number of individuals with depression worldwide has increased by 18.4% between 2005 and 2015 (WHO, 2017).

Although depression rates of the general public are studied by the WHO, data for depression rates among law enforcement is minimal (MqQueston et al., 2019). The limited data is not a result of lack of evidence, but rather a lack of specific studies (MqQueston et al., 2019). Rates of depression among law enforcement is difficult to accurately identify due to the stigma associated with mental illness in the field. According to the International Association of Chiefs of Police (IACP), citizens not working in law enforcement often identify mental health issues and seek treatment, but this does not hold true within policing (IACP, 2017). This stigma is related to officers fearing consequences such as lowered chance of promotion or even losing their job. Furthermore, officers fear that if peers discover their mental illness they will be labeled as unfit to safely respond and assist fellow officers. Many agencies lack the resources to provide appropriate wellness and employee assistance programs or there may be confusion surrounding the ability of officers to obtain help confidentially. Despite the difficulty in identifying depression rates among law enforcement, it has been reported that 12.5% of female and 6.2% of male officers have reported depression (Kirschman et al., 2015). These statistics show that there is a higher rate of depression in law-enforcement compared to the general population.

Law enforcement frequently highlights the importance of safety, staying alive, and being injury free in the face of dangerous work conditions. Tragic deaths are mourned by law enforcement every year. Officers are encouraged to wear their ballistic vest out on every shift as well as ensure their seat belt is on while driving. Studying police suicide is difficult because unlike line-of-duty deaths, there is no central database for the number of police suicides or circumstances surrounding the suicide (Police Executive Research Forum, 2019). In 2019, the
Police Executive Forum (PERF) identified that there are several volunteer groups gathering data, but it is likely incomplete and underestimating the actual number of police suicides. However, the truth is that it is estimated there are twice as many officers successfully committing suicide every year compared to officer deaths resulting from traffic crashes or assaults (IACP, 2017).

Suicide across the general population within the United States shows it is a serious problem with a 35% increase in the suicide rate from 1999 through 2018 (Hedegaard et al., 2018). Within these same years, suicide was the tenth leading cause of death among all ages, and the second leading cause of death for those between the ages of 10-34 (Hedegaard et al., 2018). Males are found to be more likely to commit suicide, and between both genders one of the most common method of suicide is by firearm (National Institute of Mental Health, 2019). Knowing these statistics, it is clear that suicide is an increasing public health problem within the United States and not foreign to the career of law-enforcement.

When compared to the general population, law enforcement officers have a considerably higher risk of suicide. Fiedler (2011) found that the suicide rate for law enforcement officers is 17 per 100,000 while the general population rate is only 11 per 100,000. More recent data shows the risk of suicide is 54% higher with policing compared to other American workers (PERF, 2019). Just as the general population has had an increased rate of suicide within the past 20 years, law-enforcement has too. Since there are higher rates of depression within policing, and depression increases the risk of suicide (United States Department of Health and Human Services, 2015), it should not be a surprise that the field of law enforcement observes increased risks of suicide. Another risk associated with officer suicide is the easy accessibility of firearms. In 2017, suicide by use of a firearm accounted for 51% of all suicides with males having an even higher percentage at 56% (National Institute of Mental Health, 2019). According to the PERF (2019), 95% of officers who committed suicide did so using a firearm; most with their service firearm. This is significant because among the general population only 10% of suicide attempts
without a firearm are fatal while 90% of suicide attempts using a firearm end in death (PERF, 2019). To put it bluntly, officers are more effective at killing themselves than the remainder of the population. The simple fact that officers have almost unlimited access to firearms is a factor which is likely contributing to the excessive suicide rate. Some agencies, in attempt to reduce suicide, are even encouraging officers to keep their service firearm locked up at work rather than taking it home (PERF, 2019). Evidence that officer suicide is the number one killer of active law enforcement should squarely grab the attention of the American public, law enforcement agencies, officer wellness programs, and individual officers.

The physical health of officers is another aspect of policing which can be associated with officer stress. The overweight American police officer has been a stereotype for years and for good reason. Officers struggle with physical fitness and much of it is associated with the nature of the job. Contrary to popular belief, much of an officer's day is spent doing sedentary tasks (Crawley et al., 2016). This combined with other aspects of the job such as lack of or irregular sleep and less availability for healthy foods during shift-work contribute to officers being dangerously unfit. Officer wellness programs should be sure to incorporate physical fitness strategies to aid in overall success of officers.

Despite the fact that officers are at times responsible for physically demanding tasks, officers have poor physical health when compared to the general population (IACP, 2018a). Part of the reasoning for poor physical health is the nature of the profession itself. Most patrol officers spend the majority of their shift inside of a vehicle which limits exercise, the options for nutritional food, and necessary time to consume food (Parker, 2014). Officers who are still fresh in their careers are considered to be more physically active when compared to the general population, but they are more likely to become obese or have obesity related diseases over time (Da Silva et al., 2014). In a study completed by Can and Hendy (2014), it was found that among 172 officers within multiple Pennsylvania police departments, 41.9% were found to be obese. It
should be noted that this obesity rate is also higher than the 35.5% average of all males in the United States (Can et al., 2014). These statistics are concerning due to nearly half of the officers involved in this study being obese in a profession where physical fitness is considered an important component of policing. Many law enforcement agencies have physical fitness programs for employees, but unfortunately most are only voluntary (Bissett et al., 2012). Law-enforcement agencies and its officers need to do a better job remaining physically fit so that officers can be more effective when working while also maintaining a higher quality of life.

The issue of officer health is particularly important to individual officers and law enforcement agencies because of the long-term impacts of unhealthy officers. Obesity among law-enforcement is so common that it is the reasoning for 20-50% of early retirements within the profession (Kuhns et al., 2015). A critical factor to many officers is the shortened lifespan. In 2018, the average life expectancy within the general U.S. population was 78.7 years (Xu et al., 2020). In contrast, the average age of death for an officer is 68 years (COPS Office, 2018). The COPS Office (2018) further noted that studies show 46% of officers died of cardiovascular disease with 35% of deaths by the age of 60. These same studies indicate that when accounting for all reasons for death; 50% of officers will die by age 65, 66% by age 70, and 80% by age 75 (COPS Office, 2018). Many officers are excited about retirement, which is considered an early retirement compared to many other professions but fall victim to unhealthy lifestyles that can drastically reduce their lifespan and non-working years.

The issue of officer stress, mental health, and physical health is critical in the progress of law enforcement. However, this is not only a fundamental concern within the criminal justice system, the impacts of officer wellness reaches all areas of society. Since officers are funded by taxpayers, agencies must be efficient in their spending to maximize their community goals. By having officers who are suffering from illnesses, agencies are not being cost-effective. For example, one study indicated that among various law enforcement agencies, the cost for an in-
service heart attack will be between $400,000 and $750,000 (Kuhns et al., 2015). In another study among only 18 law-enforcement studies (of varying size), one year of injuries which were classified as preventable (through the use of body armor, safety training, seat belt use, and physical fitness) cost the agencies over three million dollars (IACP, 2018a). Within the general population, simply being obese means that the average yearly amount of days missed from work increases from 1.1 days to 1.7 days (Andreyeva et al., 2014). Specific to law enforcement, officers reporting a healthy body weight missed almost half as many days of work following an injury compared to those who were overweight (IACP, 2018b). Officer wellness issues contribute to deficiencies between law enforcement and the community they serve. A clear example of this would be officers struggling with quality sleep affecting their mood which is more likely to cause irritability and impaired judgment when working with community members (IACP, 2018a). In short, when officers are affected by substandard health conditions their judgment, capabilities, and behavior is poorly executed making those officers of little use and a potential danger to the community they serve (President's Task Force on 21st Century Policing, 2015).
II. Review of Officer Wellness Strategies

Stress in law-enforcement has many sources and impacts officers, agencies, and communities. The stress has been proven to lead to physical and mental health issues which can unfortunately lead officers to an early death by an unhealthy lifestyle or even suicide. These issues have been identified within policing for decades as proven by the National Institute of Justice releasing 1997 guidelines for law enforcement agencies to develop stress programs (Finn et al., 1997). Even recently the federal government is developing officer wellness strategies for local, state, and federal law-enforcement to reduce the impact of officer wellness related issues (Spence et al., 2019). Some of the officer wellness strategies have included on-duty physical fitness programs, peer support programs, chaplain programs, eye movement desensitization and reprocessing therapy (EMDR), and critical incident stress debriefing (CISD).

**On-Duty Physical Fitness Programs (Bend, OR & Boca Raton, FL)**

*Bend, Oregon*

For the purpose of this study an on-duty physical fitness program refers to a law-enforcement agency providing time for a sworn law-enforcement to exercise while working their shift. During this exercise the officers are compensated the same as if they are completing their typical police-related tasks. Providing on-duty fitness time for officers is not a program that all agencies provide to their employees. Agency leadership may be hesitant to start a paid exercise program out of fear that they will not have available staffing to complete their necessary work, costs associated with equipment, and concerns of officers injuring themselves during exercise. However, some agencies have found that on-duty physical fitness programs provide many benefits.

One agency that has implemented an on-duty fitness program is the Bend Police Department in the State of Oregon. The Bend Police department serves a city population of over
77,000 (Bend Police Department, 2015). According to the Bend, OR Strategic Plan (2015), their employees are their number one asset and priority and therefore they plan to continue enhancing their officer wellness program. As of 2019 the department has approximately 100 law enforcement officers employed (Copple et al., 2019). The department reported that in the early 2000's they recognized officer wellness issues and then began to focus on officer wellness programs; most recently the department found that approximately 75% of officers participated in at least one of their wellness programs regularly (Copple et al., 2019).

Bend Police Department's wellness program was initiated through an officer assessment program where the department received a $25,000 grant from a local foundation (Peacher, 2018). Peacher (2018) also reported that Bend Police worked with doctors and physical therapists, who donated their time and expertise, to assist in the assessment. While there are different aspects of the overall wellness program, the on-duty fitness program was a central focus. The Police Chief, Jim Porter, recognized that the department would have to change officers schedules to ensure everyone would have access to the program. To achieve every officer having access to the program their schedule was adjusted so that officers work 11.25 hour shifts three days a week and rotate to a new shift (one of three) every two months (Copple et al., 2019). Among this same study in 2019, the Chief reported that the shift rotation is key because overall it is less disruptive to the officers natural sleep cycle.

The Bend Police Department brought in yoga instructors for five months as they piloted yoga classes for officers; these instructors targeted the hips, back and shoulders as a result of these areas being identified as problem areas for officers (Copple et al., 2019). A study of police officers in Canada found that 89.2% of injuries were diagnosed as sprains or strains with the back and shoulder being the most frequently injured (Lentz, et al., 2020). The 2019 study reported that following 29 yoga sessions the officers increased flexibility in their hips, spine, quadriceps, hamstring, lower back, and shoulder. Since the pilot program the department
expanded the yoga program to include four different one-hour sessions per week as well as a
different ten minute session at the end of an officers shift (SAIF, 2016). Police Chief Porter
reported that since starting on-duty yoga his department has observed a 40% decrease in injuries
occurring on the job. Data from Oregon's worker compensation insurance provider was
consistent with Chief Porter's claims: during the first six months of 2018 overall injury claims
were down 27% from the previous year, and time loss days were reduced 77% from 2017
(Copple et al., 2019). According to another source (SAIF, 2016) there was a large drop in
estimated injury claim costs at the start of the program: in 2016 the estimated cost was $43,000
while the total amount from 2013 to 2015 was approximately $380,000. Chief Porter also
reported that from 2015 to approximately 2018 there has been an increase in 911 calls for
service, but yet his department has observed a 40% drop in use of force incidents for the same
time period (Copple et al., 2019). These statistics suggest that while the department is responding
to more potentially emergency calls, they have decreased use of force incidents rather than
increased them.

Many of the administrators among the Bend Police Department believe that their on-duty
fitness program has provided valuable benefits like reduced injuries, reduced loss days, and
money saved from injury claims (Copple et al., 2019). Furthermore, they believe that their
officers who are well-rested, physically fit, and working with a clear mind will also better
interact with the public and provider greater outcomes in their job duties (Copple et al., 2019).
However, while this same study (Copple et al., 2019) recognizes these results, it is argued that at
this point it is still anecdotal evidence. Further research, including in-depth data tracking of the
programs impact on officers, will need to be conducted to fully identify the benefits of Bend's
fitness program.

*Boca Raton, Florida*

The Boca Raton Police Department employs approximately 216 sworn police officers and
offers a generous benefit package which includes perks such as a take-home vehicle, bonus for working without vehicle crashes, uniform allowance, issued firearm, pension, and an on-duty fitness program (Boca Raton, 2020). In 2010 the population of the City of Boca Raton was listed at 89,407 (Kuhns et al., 2015). The Boca Raton Police Department offers all employees, not limited to sworn officers, three hours per week of on-duty workout time at facilities that are provided and maintained by the city (Kuhns et al., 2015).

Boca Raton Police documented written policy around the on-duty fitness to ensure clear understanding of the program as well as to minimize abuse. The following is a breakdown of rules that, according to the same study, the policy outlines for their employees (Kuhns et al., 2015):

- Employees working 10-hour or 12-hour shifts can exercise during their meal break with supervisor approval and if the exercise does not interrupt other work tasks. Employees working a shift of eight hours may exercise for a maximum of three hours per week.
- Exercise can be completed at the city-provided workout area, at any licensed fitness facility within city jurisdiction, or by jogging along approved routes. Employees cannot conduct their exercise at home.

The administrators of the program initiated the fitness program so that officers complete their workouts within smaller units (Kuhns et al., 2015). Boca Raton Police believed the smaller units encouraged slight peer pressure to increase participation, brought about a culture of support, encouraged competition, and promoted camaraderie within the officers (Kuhns et al., 2015).

For the Boca Raton Police Department to start the fitness program they were required to gain the support of local government, secure city funding, and develop progress and performance measures (Kuhns et al., 2015). Representatives of the Boca Raton Police Department reported that the program has had a positive impact on the wellness culture of the department and that
they have improved specifically in the areas of recruiting new officers and retaining already employed officers (Kuhns et al., 2015). However, this evidence appears to be anecdotal at this point as their data tracking has not been appropriate for an empirical evaluation (Kuhns et al., 2015). However, since Boca Raton Police are initiating progressive officer wellness programs, the data they could produce for research would likely assist in the future of American policing. By doing so Boca Raton Police could expand their success and potentially solidify their role as a leading agency within the area officer wellness.

**Peer Support Programs (San Antonio, TX, COP2COP, & Copline Program)**

Peer support programs are formal programs where an officer's peer (another officer) is available for formal or informal assistance in reference to stress related issues on or off the job. Peer support programs were considered an innovative police wellness strategy in the 1980's and research on the strategy was being conducted by the National Institute of Justice in the 1990's (Finn et al., 1997). The National Institute of Justice at this time highlighted that peer support programs may be beneficial for several reasons: officers are suspected to be more likely to reach out to a peer than a mental health professional, peers are believed to be more likely to empathize due to shared experiences, there is no cost to those officers seeking help, and officers often have quick or instant availability compared to a mental health professional. Oftentimes it is preferred that the peer conducting the support is of the same rank so that there is less fear of retribution. Some programs, such as Copline, offer confidential assistance provided by retired officers so that any fear of retribution is eliminated (Copline, 2020). Agencies are able to offer peer support programs using already existing employees with minimal training meaning that this can be an initial low-cost option for employers.

*San Antonio, TX*

The San Antonio, TX Police Department has developed a peer support program that has been used since 2001 (IACP, 2018a). The departments peer support program is only a portion of
the overall officer wellness program that also includes in-house psychologists and mental health units (Copple et al., 2019). The department has a total of 2,134 sworn officers (San Antonio Police Department, 2020) and serves a community that is 495 square miles with a diverse population of about 1.5 million people (Copple et al., 2019). In 2011 a small group of sworn officers started the peer support program when they observed that some of their co-workers were having issues surrounding officer involved shootings (IACP, 2018a). This initial group of officers began the program by identifying individual officers who had been involved with critical incidents and then making contact with them for support; since the start of the program the volunteer officers now also support officers dealing with other stressors such as health, finances, and personal relationships (IACP, 2018a). If during the course of a volunteer peer support meeting it is suspected that an officer needs further mental health assistance a recommendation can be made to a formal counselor (IACP, 2018a). The peer support team attempts to pair a volunteer officer with an officer potentially in need based on likelihood of compatibility and their experience (Copple et al., 2019).

Since the start of San Antonio's peer support program in 2011 they have expanded the number of peer support volunteers to 65 as of 2018 (Copple et al., 2019). The training for the volunteers has been formalized to include 16 hours of initial training, eight hours of quarterly follow-up training, and a quarterly debriefing to ensure that the volunteers are remaining healthy for the position (Copple et al., 2019). This type of accountability is important so that volunteers don't fall victim to issues such as vicarious trauma, which is when individuals hearing firsthand experiences of trauma can receive secondary exposure of the trauma (Grundlingh et al., 2017). The volunteers receive training in topics such as ethics and confidentiality; they also are required to have a cleared internal affairs record and a recommendation from their supervisor (IACP, 2018a). Any officer meeting these requirements can volunteer to serve the program and there is no limit on rank within the department (IACP, 2018a). The training of the volunteers is done to
have qualified individuals available to officers of all ranks who may be in need within short notice. Having trained volunteers within all ranks of departments creates a peer support program that can be available to everyone, not just patrol officers.

One of the key aspects of peer support is keeping the help confidential. It is suspected that if officers know that the help they would receive within peer support is kept anonymous then they are more likely to come forward to receive help. According to the IACP (2018a), one of their goals with peer support is to provide intervention early within officer issues so that problems do not escalate. By keeping matters confidential, officers are believed to come forward before small issues become a crisis. Unfortunately, due to the emphasis on confidentiality in the support program there is no reporting data surrounding its effectiveness (Copple et al., 2019). However, the agency continues to support the peer support program based on feedback within their agency. Due to the believed success of the peer support program it has expanded the number of volunteers to over 60 so that the agency can have availability for officer needs (IACP, 2018a). Furthermore, it is a common belief within the agency that the peer support program serves as an essential aspect of its overall culture of wellness (Copple et al., 2019).

Cop2Cop

Another peer support program intended specifically for officers is Cop2Cop. This program was developed after multiple officer suicides between 1996 and 1998 within the State of New Jersey (National Institute of Corrections, 2017). As a result, in 1998 the Department of Personnel mandated a creation of a police officer crisis intervention service which was in turn created in the form of a hotline (Cop2Cop, 2020). The program originally received financial support through law enforcement asset forfeiture at the time of creation (Copple et al., 2019). The service is available 24 hours a day and seven days a week for phone calls where officers in need can receive peer support, clinical assessments, and critical incident stress management services (Cop2Cop, 2020).
The Cop2Cop hotline is staffed by retired police officers so the focus remains on officers having a peer to speak with; many of these retired officers are also professional mental health specialist. (Copple et al., 2019). The Cop2Cop program director reports that the retired officers working for Cop2Cop are trained in the reciprocal peer model which includes that four tasks are done during a call for help: making a connection between the caller and Cop2Cop employee, gathering information and assessing risk, managing the case, and building resilience through officer strengths (Russell, 2017). At the end of a callers first contact with Cop2Cop they are given information about further mental health services and are also offered continued phone contact (Copple et al., 2019). Cop2Cop is limited to officers within the State of New Jersey, but topics of conversation are not limited to work stress only. The program will also field calls related to issues like alcohol or substance abuse, finances, or divorce.

Cop2Cop has remained busy since they have started in 1999 by fielding over 76,000 calls from over 7,000 officers (Russell, 2017). While Cop2Cop receives calls and assists officers from states outside of New Jersey, they are not able to guarantee the same level of service due to limited staffing (Copple et al., 2019). According to Russell (2017) about 34,000 calls were for depression, 26,000 for anxiety, and 27,000 for PTSD. From 1999 to 2017 Cop2Cop estimates that they have assisted in averting over 200 officer suicides. Over 70% of callers opt to receive additional calls from a Cop2Cop employee and the average relationship between the client and Cop2Cop is approximately six months with 15 calls during that time frame (Copple et al., 2019). Since the creation of Cop2Cop it has been found to be so effective that they were able to expand from a call-center only to hosting suicide prevention and resilience training in New Jersey police academies (Milgram et al., 2009). In 2018, the American Psychological Association awarded their silver award to reciprocal peer support which oversees and is a guiding principle of Cop2Cop (American Psychology Association, 2018). Cop2Cop is a model that appears successful based on results, continued financial support, and replication into other programs like
Vets4Warriors (Copple et al., 2019).

**Copline**

Similar to Cop2Cop is an international hotline called Copline. The founder of Copline played an integral role in passing the legislation for New Jersey's Cop2Cop program (Copline, 2020). Copline's phone number is specifically for any officer as well as an officer's family (IACP, 2017). Copline is available 24-hours a day seven days a week, is manned by trained retired officers (and a therapist) available to speak about law enforcement related stress. In contrast to Cop2Cop being publicly funded, Copline is a non-profit organization (Spence et al., 2019). According to Copline (2020) they have modeled themselves in a similar aspect to Cop2Cop but place a higher priority on confidentiality for callers. Copline data was not available, but it has been identified as an ideal officer wellness entry point for officers experiencing a mental health crisis (Spence et al., 2019).

**Chaplain Programs (San Diego, CA & Camden County, NJ)**

Chaplain programs have roots not only in law enforcement but also in the military, hospitals, and fire departments (Braswell et al., 2017). Braswell (2017) reports that many experts argue the role of chaplain programs is too broad to be effective, but Braswell believes that the varied nature of chaplain programs gives them strength to be effective. According to Rinchich (2015), American law enforcement agencies of varying size have seen a dramatic increase in the use of chaplains. Many agencies have chaplain services available to them for a variety of services such as officer wellness, community relations, and death notifications. While chaplains are spiritual leaders within their community, their role within a law enforcement agency should not be to pursue new religious followers. This notion is guided by the Establishment Clause of the First Amendment which requires chaplains be secular in nature and avoid entanglement between church and state (US Courts, 2020).

**Camden County, NJ**
The City of Camden in New Jersey dissolved their police department in 2013 after increasing numbers of public homicides and local government dissatisfaction (Holder, 2020). After the police department was dissolved, they formed a county law enforcement agency currently known as the Camden County Police Department which has since observed a declining homicide rate and praise from former President Obama (Holder, 2020). They have attributed much of the success to their focus on community policing which included a focus on community engagement, community relationships, foot-patrols, and reduced focus on enforcement metrics (Tsuruoka, 2018). Since 2014, Camden County has observed a 95% reduction in excessive force complaints (Everett, 2019).

The Camden County Police Department in New Jersey has what they consider to be a successful chaplain program which is featured in by the IACP (IACP, 2018a). The agencies chaplaincy is led by a retired officer of 25 years who then became a senior pastor at a Camden County church (IACP, 2018a). According to the IACP (2018a), the chaplaincy is notified by a supervisor when there is a need for a chaplain who then responds for various situations including traumatic events, officer involved shootings, deaths, and car crashes. This same article indicates that chaplains with Camden County will continue follow-up with affected officers to provide healthy directions in their personal and professional life.

San Diego, CA

The San Diego Police Department has provided officers with many wellness programs over several years, but the various programs operated independently (Miller et al., 2018). As Miller (2018) reports, in 2011 the San Diego Police created a centralized Wellness Unit staffed by two sworn police officers who manage various programs which include peer support, psychological services, alcohol / substance abuse programs, and the chaplain program. The Wellness Unit has been recognized nationally for its officer wellness program in 2016 by the National Law Enforcement Officers Memorial Fund (National Law Enforcement Officers
The San Diego Chaplain Program was originally created in 1969 and consisted of volunteer faith leaders from the San Diego community providing emotional support and spiritual direction for officers (PERF, 2018). During this time the chaplain program was loosely organized with no training or policy; however, in 2007 the chaplain program advanced to a formalized program with clergy training, qualifications, and a preventative as well as reactive approach to officer assistance (PERF, 2018). In fact, the Wellness Unit has an operations manual that specifically outlines the chaplain program across five pages (San Diego Police Department, 2019). Within this manual, the minimum qualification for a chaplain includes a master's degree, five years experience in ministry, experience and training in counseling, and the passing of an interview, background check, and polygraph exam. As of 2018, the department has 11 chaplains, but has nine vacancies to fill the 20 total positions (PERF, 2018). The chaplains report that several of them also serve in other departments (PERF, 2018). This indicates that there is likely a need for chaplains within the San Diego area, and the chaplains may not be able to keep up with the departments need. According to the department manual (2019) chaplain duties include responding to traumatic incidents, death notifications, counseling to officers and their families, attending a minimum of two patrol ride-alongs per month, and crisis intervention training.

The San Diego Police Department also values confidentiality within their officer wellness program (PERF, 2018). It is believed widely among the department that their officers are more likely to seek and receive treatment if they know that they can remain anonymous while doing so (PERF, 2018). Specifically within the chaplain program it is outlined that communication between the employee (sworn or non-sworn) and chaplain have a relationship which is protected with penitential communication meaning that chaplains have an obligation to keep the professional communication confidential unless it violates mandatory reporting laws (San Diego Police Department, 2019).
Success of the chaplain program is difficult to measure since by the nature of the program much of the work is done in confidence. However, the San Diego Police Department has made attempts to measure their success. Approximately two years after the creation of the wellness unit, the agency believed that it had made progress. Results of the survey indicated that most employees have heard of the wellness services, 79% would feel comfortable entering the wellness center building, and some programs have seen a significant increase in the use of services (PERF, 2018).

**Eye Movement Desensitization and Reprocessing Therapy (EMDR)**

EMDR therapy was developed in the 1980's as a strategy to address psychological trauma and PTSD (American Psychological Association, 2017). This method is initiated by identifying a patient's past traumatic experiences that may have not been mentally processed appropriately (Logie, 2014). Simply put, the patient will then recall this traumatic experience (likely through discussing the incident) while also integrating a dual-attention stimulus (often times a natural eye movement by the patient) (Chen et al., 2014). It is suspected that the dual-attention stimulus can unblock the portion of the brain that is responsible for information processing (Chen et al., 2014). Therefore when the patient recalls the traumatic incident during a relaxed setting while also using a dual-attention stimulus to assist in reprocessing the incident, it is believed that the patient would be able to appropriately reprocess the memory in a non-traumatic way. The therapy has eight phases according to the American Psychological Association (2017):

- Identification of patient history, conducting an assessment, and assigning goals.
- Therapist explanation of the treatment, practicing of the dual-attention stimulus, and identifying safe place exercises (in the event of a repeated traumatic incident).
- Activating the traumatic memory and assessing it based on specific scales.
- Desensitizing the patient by focusing on the traumatic memory while implementing the dual-attention stimulus. This is followed up with the patient reporting any new thoughts.
surrounding the original traumatic incident. This step is repeated until the memory of the incident becomes no longer traumatic.

- Strengthening of the positive or non-traumatic memory.
- Patients observe their own physical responses while recalling the incident.
- Closure at the end of the therapy session. If the memory was not appropriately processed, then specific techniques are given to provide stability to the patient until the next therapy session.
- Re-evaluation during the next session to gauge the patient's psychological status and evaluate the effectiveness of the therapy.

A typical session lasts for about 30-60 minutes and patients will generally have between six to eight sessions during their treatment (Calancie, 2018). As reported by Calancie (2018), after the EMDR sessions individuals with PTSD will generally find that they stop showing cognitive distortions and avoidant behaviors while also have less vivid and emotional memories of the traumatic incident.

The practice of EMDR appears to not be popular within officer wellness programs as there is little evidence found regarding agency use. However, the Tucson, AZ Police Department and the Los Angeles County Sheriff's Department have started to use EMDR for the treatment of psychological conditions such as PTSD (Copple, 2019). These agencies have recognized that EMDR has over 30 studies which validate the process and have also observed that the Department of Veteran Affairs has given EMDR their highest level of approval (Copple et al., 2019). Despite these agencies moving away from critical incident stress debriefing and towards EMDR (Copple et al., 2019) for the treatment of PTSD, these agencies do not publish information regarding EMDR use. Therefore, the agencies success with EMDR cannot be evaluated within their specific departments.
Critical Incident Stress Debriefing (CISD)

CISD is a method of group psychological debriefing that was developed in the 1980's to follow potentially traumatic events (Tuckey et al., 2014). The debriefing method aims to prevent or at least minimize traumatic stress symptoms and encourage recovery while returning the individuals to normal functioning (Tuckey et al., 2014). According to the Federal Emergency Management Agency (FEMA) CISD's generally take place one to three days following the incident and follow seven steps (FEMA, 2011):

*Introduction of attendees and a description of the critical incident.*

*Discussing the facts of what had occurred during the incident.*

*Attendees sharing their initial thought and feeling about what the incident.*

*Attendees sharing what their emotional response was to the incident.*

*Reviewing symptoms of stress that the attendees may have had post-incident.*

*Administering information about normal stress reactions.*

*Conclusion and providing an assessment of any further needs.*

The CISD is generally conducted among peers, including supervisors (COPS 2018), and may include a combination of various first responders such as police and firefighters.

There have been several studies indicating positive results for CISD; for example, a 2013 study on CISD among emergency services found that CISD was associated with 1) less alcohol use after debriefing compared to no treatment and 2) greater quality of life after briefing compared to individuals only given stress management training (Tuckey et al., 2013). However, Spence (2017) reports that studies have shown that CISD was not any more effective than an emergency responder receiving no intervention. The CISD method has seen conflicting results, including potential negative impacts (Deppa et al., 2016). This notion of the possibility of CISD causing negative outcomes was confirmed again in 2019 (Copple, 2019). In the 21st century CISD is widely used among law enforcement agencies (Spence et al., 2019), but little data is
available directly from agencies regarding the impact of CISD. According to Spence (2017) there is still question as to CISD's effectiveness in law enforcement resulting in the need for further evaluation.
III. Recommendations

Effectiveness of Various Officer Wellness Strategies

The United States has no shortage of law enforcement agencies and with the nature of the job it is clearly established as an extremely stressful job. The federal government has been publishing documentation on developing officer wellness strategies for years (Finn et al., 1997). Regardless, new studies are conducted, generational differences are found, and the job is constantly changing; all of this demands that we find successful and cost-efficient programs to protect officers. Although changes have been constant, the major problems with law enforcement persist: physical and mental health. Data indicates that officers have a shorter lifespan (COPS Office, 2018), and are more depressed (Kirschman et al., 2015) than the general public.

Of the wellness strategies researched (on-duty physical fitness, peer support, chaplain programs, EMDR, and CISD), there have been studies supporting their positive benefits in law-enforcement. On-duty physical fitness programs, according to agency leaders in Boca Rotan, FL and Bend, OR have had great benefits for their departments. Bend Police claim that they have documented greater flexibility and lowered officer injury as a result of their implemented on-duty fitness programs (Copple et al., 2019). The results of these agencies need further studying before data can be confirmed. According to the American Heart Association (2018), to lower the risk of heart disease, stroke, type two diabetes, and high blood pressure adults should exercise weekly for at least 150 minutes with moderate to intense aerobics. The Boca Rotan Police allows for three hours of exercise per week on-duty while the Bend Police only list that they are allowing two on-duty exercise activities per week (Copple et al, 2019). Therefore, these agencies are paying their officers to nearly meet or exceed the American Heart Association’s exercise recommendation.

Peer support programs appear to have had proven success but have yet to be properly
expanded. The COP2COP program from New Jersey has enjoyed documented success with a reported estimated 200 officer prevented suicides, an award from the American Psychological Administration, and the fact that they cannot commit to handling the abundance of calls they receive from outside of the state. Furthermore, a recent report to Congress suggested a key to officer wellness is the expansion of a national crisis line for officers staffed by counselors with a law enforcement background (Spence et al., 2019).

Chaplain programs remain common in law enforcement as they can serve broad purposes, only some of which include officer wellness. Agencies vary from having an informal chaplain relationship to having the chaplain program outlined in policy. Some chaplains have strict standards of formalized education and training. In agencies such as the San Diego Police Department there does appear to be a need since there are several chaplain vacancies within the department. However, outside from anecdotal evidence, it appears unknown how successful independent chaplain programs are at improving officer wellness. However, many agencies have a chaplain program imbedded within their overall officer wellness program which appear to make positive impacts (Spence et al., 2019).

The EMDR method is relatively new as it was developed in the 1980's. Likewise, there does not appear to be much use of it within agency-level officer wellness programs. However, due to it being conducted within a therapeutic setting it is less likely that law enforcement agencies will have data regarding the use of EMDR. Studies indicate that EMDR is successful in resolving PTSD issues and is likely a good candidate for the treatment of officers. Similar to EMDR, CISD is used as to minimize PTSD. However, CISD is generally conducted shortly after the potentially traumatic event. The CISD method has been popular among law enforcement, but there are documented concerns of negative impacts of CISD. Furthermore, many of the successful mental health programs within law enforcement value confidentiality which is not completely observed within CISD.
Considerations for Implementation

Some of the biggest challenges in developing officer wellness programs is the lack of data surrounding the problem and solutions. Problems are difficult to identify because law enforcement culture has been slow to allow officers to show mental health weakness. The alarming issue of police suicide is not even tracked or investigated outside of the original agency who responds to the suicide. Officer wellness programs as well as employee assistance programs are also surrounded in confidentiality, as they should be, but this makes it difficult for studies to be conducted. Another issue is the lack of funding that many agencies have for officer wellness programs. The case studies reported to Congress in 2019 are done on agencies which are considered large, but the majority of agencies within the United States are considered small (employing ten or less officers) (Bureau of Justice Statistics, 2019). It is these smaller agencies that will have less manpower to shuffle in order to create time and resources for officer wellness programs.

Due to these challenges, specifically the minimal resources available to smaller agencies, it is suggested that agencies receive support from the federal and state government. The federal government would be in the best position to track officer suicide data and require specific investigatory points throughout the suicide investigation. Officer suicide investigation and tracking would create statistically accurate data that can be used to draw attention to the issue while also support further funding. Federal and state government would also be in the best position to organize a peer support hotline. Since the anonymity of hotlines can be crucial to their success, it is important that the program is initiated by the federal or state government so clients have the availability to speak with someone away from their jurisdiction. It is also key that officers have a trained individual sharing a similar professional background available to them 24 hours a day and seven days a week; something that would be difficult to implement at a local level.
Fitness programs should remain a focus to all agencies. While smaller agencies will struggle with officer staffing to allow on-duty fitness, agencies should seek ideas to implement which are specific to their agency. Purchasing gym equipment through budgeting, grants, or even fundraising can provide equipment to be placed within the police department. Agencies should then continue to implement creative plans, such as financial incentives, to encourage on-duty fitness so that officers will remain healthy. Healthy officers have been linked to improve personal and professional life which will benefit the agency and the community they serve.

The strategies of chaplain programs, EMDR, and CISD may be less effective towards specific agency officer wellness programs. Chaplains should remain a broad resource that can supplement officer wellness, but it does not appear to be a primary focus. While research indicates that EMDR is likely beneficial to PTSD patients it will likely remain used outside of the agency walls once an individual seeks out support independently or through an employee assistance program. Similarly, despite the popularity of CISD, agencies should evaluate the effectiveness of the debriefings. CISD may actually cause harm to some of the participants and is not a confidential resource for officers making it likely to be less effective for officer wellness programs.

**Cost Efficiency of Agency Implementation**

It is now common knowledge within law enforcement that officer wellness is a critical issue within the field. Most agency leaders are supportive of officer wellness programs, but often lack funding to appropriately implement needed strategies. As a result, federal and state governments should assist all American officers by initiating a peer support hotline. The COP2COP hotline limited to New Jersey has seen continued success but is unable to serve all officers requesting assistance. A national or state program would avoid the expensive health care system associated with traditional therapy treatment as well as wait times for officers. Costs associated with the program would be limited to hiring and training experienced individuals to
answer the call. However, implementing remote services for employees can greatly reduce cost to the federal or state program.

On-duty fitness program costs will likely remain limited to individual or regional agencies. Agencies such as the Boca Rotan Police Department have shown that the price may be worth the expense in reduced injuries and use of force incidents. Furthermore, officers allowed to workout while on-duty may attract more, and better qualified, individuals to the field of law enforcement. Agencies still struggling with resources should consider initiating regional officer wellness tasks forces. These tasks forces are common in other areas of law enforcement (drug, gang, or fugitive task forces), but are not popular in regard to officer wellness. Agencies pooling together their resources for officer wellness could create multi-agency wellness programs staffed with full time officers and providing full times services or exercise programs to multiple agencies.
IV. Conclusion

Officer wellness strategies have been tasked with solving some of the worst problems in policing. Elevated rates of suicide, depression, and PTSD within law enforcement have continually caused heartache within the profession while also causing communities to suffer through poor officer performance. Many problems contributing to the issue of officer wellness stem from law enforcement culture which often shuns weakness; this problem perpetuates officers to hide their mental health illnesses related to the job. Furthermore, police suicide is not tracked or investigated in such a manner where it can be appropriately studied.

There have been many officer wellness strategies executed throughout the years of policing. Recently these strategies have included physical fitness, peer support programs, chaplains, EMDR, and CISD. Based on research related to these individual strategies it appears that on-duty physical fitness, programs, peer support programs, and EMDR provide the best benefits to officer wellness. The impacts of chaplain programs may be beneficial in overall wellness programs encompassing other strategies along with chaplaincy. The danger of CISD contributing to further mental health risks and it non-confidential nature make it a less desirable strategy. The implementation of a national or state peer to peer hotline appears to be not only beneficial to the officers it serves, it also appears to be cost-effective. On-duty fitness programs, while they may be costly, can have great impact on the health of officers and likely contribute to an overall better police agency. Local law enforcement leaders should consider pooling together resources and creating officer wellness tasks forces to overcome the resource problems related to officer wellness. It seems clear that an overall healthy officer, body and mind, will contribute greatly to the success of communities.
V. Reference List


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