Recommendations for Improving Trauma Intervention Programs for Law Enforcement Agencies: Ideal Programming to Replace Current Trauma Intervention Programs for Law Enforcement Agencies in the United States

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Abstract

Law enforcement officers face secondary trauma every call that they respond to. Law enforcement officers are exposed to large amounts of stress on a daily basis, and this can lead to developing posttraumatic stress disorder (PTSD), burnout, compassion fatigue, and mental health issues such as anxiety and depression. The effects of these disorders can include physical illnesses, high turnover rates, and suicide. In order to maintain officer health and safety, mental health issues cause by secondary trauma must be addressed. Law enforcement agencies must address the secondary trauma that negatively affects law enforcement officers.

Trauma intervention programs that are able to build resiliency for law enforcement officers include cognitive behavioral therapy. Another aspect of effective Trauma Intervention Programs includes peer support, along with family therapy. If the law enforcement officers participate in individual therapy and family therapy, coupled with gaining support from their peers, they will have the ability to combat secondary trauma that they encounter while responding to law enforcement calls.
TABLE OF CONTENT

I. Introduction ........................................................................................................................................ 8
   A. Statement of the Problem .................................................................................................................. 9
      i. There is a need to find trauma intervention programming that is sustainable among law enforcement, and can combat the mental and physical effects of trauma experienced by law enforcement officers.
   B. Purpose of the Study ....................................................................................................................... 11
      i. To generate the ideal characteristics and components of a trauma intervention program to be utilized by law enforcement agencies across the United States. These ideal components of trauma intervention programs will help reduce mental health issues for law enforcement, based on previous studies completed and programs evaluated based on current trauma intervention programs.
   C. Significance of the Study .................................................................................................................. 12
      i. Creating or generating the ideal trauma intervention program that may prove effective in reducing the rate of law enforcement officer suicide, and reducing the burnout of law enforcement as well. Additionally, this study will prove that current trauma intervention programs are ineffective in combating the trauma that law enforcement experience in their jobs on a daily basis.

II. Literature Review ............................................................................................................................... 13
   A. Law Enforcement Suicide Rates ...................................................................................................... 13
   B. Burnout Among Officers .................................................................................................................. 14
      i. Study Conducted on Portuguese National Police Force ............................................................... 15
      ii. Occupational Stress of Law Enforcement Officers ...................................................................... 17
   C. Trauma Officers Face ...................................................................................................................... 18
      i. PTSD Cognitive Performance Study ............................................................................................ 19
   D. Psychological Impact of Trauma ....................................................................................................... 20
      i. Study Regarding Traumatic Events and Negatively Affecting Psychological Health ............... 21
   E. Current Trauma Intervention Programs .......................................................................................... 22
Recommendations

Australian Department of Veterans’ Affairs

Family Therapy

New York Law Enforcement Assistance Program

Mental Health Commission of Canada

New York City Schools

New Haven Police Union

Recommendations
Introduction

The lack of effective trauma intervention programming has led to high rates of burnout, turnover, mental health issues, and suicide rates among law enforcement officers in the United States. When law enforcement officers experience a traumatic event while on duty, this makes them susceptible to a plethora of issues. They can experience mental health issues, such as depression, post-traumatic stress disorder and anxiety (Heyman et al., 2018). Heyman and collaborators (2018) indicated that police officers are five times more likely to develop post-traumatic stress disorder compared to the general public. It was also recorded that one out of every 15 police officers will experience depression at some point in their lives, or are currently experiencing depression (Heyman et al., 2018). While law enforcement officers have some access to trauma intervention programming, these programs are often ineffective in helping officers handle the crisis they are facing. Currently, the average rate for suicide among law enforcement officers is 18.1 per every 100,000 officers (Violanti et al., 2014). The suicide rate among law enforcement officers can be attributed to trauma officers are exposed to, a lack of mental health resources, accessibility to firearms, and a lack of trauma intervention programs that focus on the officer and their well-being.

Officers often mask any emotions that they are feeling due to the stigma mental health issues have on police officers. Sharp and collaborators (2015) reported that over 60 percent of military officers who were having mental health issues elected not to seek help for these issues. Rather than seek help, law enforcement officers are likely to develop negative coping skills, such as alcohol dependency, repression of their feelings, tobacco use, and isolation (Berking et al., 2010). Suffering in silence can lead to negative emotions, thoughts and memories. Due to a fear of being diagnosed with a mental illness due to their trauma, officers avoid seeking help (Berg et.
Al, 2006). Male police officers were found to be less likely to see help compared to female officers, as they did not want to be seen as anything other than masculine (Haar and Morash, 2013).

A trauma intervention program is able to provide immediate emotional and mental health support to those who have experienced trauma. Through the use of volunteers, other law enforcement officers, and professionals, they are able to create a safe and welcoming environment for officers who have had to handle traumatic events in the line of duty. A trauma intervention program has the ability to allow officers to work through their emotions, mental health issues, and trauma in order to become more resilient. The trauma intervention programs have the ability to help officers regulate their emotions, reduce their hostility, and improve any physical symptoms they may be experiencing (Papazoglou & Tuttle, 2018).

Statement of the Problem

The lack of effective trauma intervention programs is leading to higher burnout rates, turnover rates, mental health issues, and suicide rates among law enforcement officers. Through the inability to properly cope with secondary trauma they experience, law enforcement officers are experiencing a rising suicide rate (Papazoglou, 2017). The average rate for suicide among law enforcement officers is 18.1 per every 100,000 officers (Violanti et. Al, 2014). Law enforcement officers are exposed to traumatic events every day while on the job. Heyman and collaborators (2018) reported that police officers are five times more likely to develop posttraumatic stress disorder compared to the general public. Through the lack of effective trauma intervention programs, law enforcement officers are forced to deal with the trauma they face on the job by themselves.
RECOMMENDATIONS FOR IMPROVING TRAUMA INTERVENTION PROGRAMS

Ineffective trauma intervention programs for law enforcement officers can include crisis hotlines, debriefing with management in regards to specific events, and mandated counseling. Deborah Spence and collaborators (2019) reported that the effectiveness of crisis hotlines has not been proven. These hotlines are an important tool for helping a law enforcement officer in need immediately, but these hotlines do not provide follow up or aftercare to the officers. Hofer and Savell (2021) found that if officers are mandated to attend mental health counseling, these officers can value their mental health less. Also, mandated mental health counseling can lead officers to experiencing higher rates of social stigma. Regarding debriefing with management, law enforcement officers disclosed that they work in a culture that often tells them to “suck it up and get over it.” (Burns and Buchanan, 2020). Police officers are also told by management to have tough skin, and that they are to not show weakness (Burns and Buchanan, 2020). Ineffective trauma intervention programming currently has officers participate in mandated counseling, along with debriefing with management. The officers are also told to contact crisis hotlines regarding suicidal ideations, or any sort of mental health illness. These interventions have all proven to be ineffective when combating suicidal ideations, burnout rates, and mental health issues among police officers.

Some research states that utilizing Cognitive Behavioral Therapy can help combat negative effects of experiencing trauma. The New York City School-Based Mental Health Committee focuses on Cognitive Behavioral Therapy for their students who have been affected by traumatic events. These students are able to attend group sessions, along with individual sessions that focus on healing from the trauma they suffered (Nadeem et. al, 2018). The Australian Department of Veterans’ Affairs implemented both family and couples’ counseling when interacting with veterans who experienced secondary trauma while in combat (Oster, et.
Al, 2019). This type of counseling allowed the families to heal together as a unit. The New Haven Police Union (Fox et. Al, 2012) focuses on allowing peer supporters to interact with officers who have experienced great trauma, and help them heal through the trauma through interacting with fellow peers.

Finding and implementing ideal trauma intervention programs for law enforcement officers and agencies in order to prevent the increase of suicide rates among law enforcement officers should be a major focus in the United States. With a limited number of trauma intervention programs available to law enforcement agencies, a new type of program is needed in the United States. A program that implements psychotherapy, family therapy, and peer-support programs should be utilized in law enforcement agencies throughout the United States. If these interventions were utilized, the problem of ineffective trauma intervention programs, along with the growing suicide rates among police officers could be addressed effectively.

**Purpose of the Study**

The purpose of this research paper will be to explore and compile previous studies completed on the effects of secondary trauma on law enforcement officers, and the negative effect this trauma has on the officers’ lives. Additionally, this paper will research the lack of effective trauma intervention programs being provided by law enforcement agencies across the United States, along with offer ideal suggestions for proper trauma intervention programs for these law enforcement agencies to properly handle the trauma experienced by the law enforcement officers. An ideal description for trauma intervention programs will be described, and the research will show that these trauma intervention programs should have cognitive behavioral therapy, peer support, along with family therapy.
Significance or Implications of the Study

This research paper will argue that current trauma intervention programs being utilized for law enforcement officers are ineffective when combating secondary trauma. It will also argue that trauma intervention programs should involve cognitive behavioral therapy as CBT has shown to be a successful program in combating trauma experienced by law enforcement officers (CBITS, New Haven Police Union), peer supporters that help peers work through the trauma, (New Haven Police Union and Mental Health Commission of Canada, and the use of family therapy to help families heal from secondary trauma (Australian Department of Veterans’ Affairs). Through the combination of cognitive behavioral therapy, family therapy, and peer supporters, the ideal trauma intervention program will be created, and will be able to be utilized by law enforcement agencies across the United States.

This research paper will also shed light on how ineffective current trauma intervention programs are for law enforcement officers. This research could be significant because the rate of suicide is increasing for law enforcement officers due to mental health issues and inability to cope with the trauma they experience. With incorporating CBT, family therapy, and peer supporters into trauma intervention programs, these programs can combat the trauma that law enforcement officers face on a daily basis. Through the trauma intervention programs, law enforcement officers can learn how to cope with their trauma, and how to handle their various mental health issues through positive methods.

Due to the ineffective trauma intervention programs that are currently offered to law enforcement officers, it is vital to create a trauma intervention program officers are able to effectively utilize. This paper will go into details about the ineffectiveness of the current programs regarding crisis hotlines, debriefing with management, and mandated counseling. This
paper will also create the proper trauma intervention program that law enforcement officers and the agencies can apply to their daily lives. Through the use of case studies, literature reviews, and examples of effective intervention programs, this paper will explain how to create a useful trauma intervention program. An effective trauma intervention program can combat the mental health issues the law enforcement officers face due to the trauma they experience on the job.

**Extensive Review of the Literature of the Research Problem**

**Law Enforcement Suicide Rates**

Mental health illnesses in law enforcement can be seen as anxiety, depression, post-traumatic stress disorder, or suicidal ideations (Jetelina et al., 2020). A study completed by Jetelina and collaborators (2020) conducted a survey on 434 Dallas Police Department police officers. This was a survey that officers took 30 minutes before their shift. Another aspect of the study was focus groups, where 18 officers participated in 5 focus groups. Each officer in the focus group was asked how they handled stressors on the job, and their various coping mechanisms, along with how they decompressed after a shift (Jetelina et al., 2020).

Results of the study included that 26 percent of the officers that were surveyed displayed signs of mental illnesses. The mental illness diagnosis was higher in female officers, officers who had been divorced or widowed, and officers with military experience. A lack of a support network outside of work also was associated with higher rates of mental health issues. The focus groups concluded that officers had become numb to the traumatic events they faced at work. Jetelina and collaborators (2020) also discovered that officers were less likely to seek any mental health services for the traumatic events they experienced on the job due to lack of confidentiality, not trusting the psychologists, and feeling that they would be unfit for duty if they sought help. They discovered that though these officers are facing hardships surrounding their mental health issues,
they were unlikely to seek help for these issues. With better intervention programs, these officers would have been able to utilize the necessary support systems to help them combat their traumatic experiences.

Bachmann (2018) reported that an average of 800,000 people will die from suicide each year. Mental health issues are one of the main reasons individuals commit suicide (Bachmann, 2018). Bachmann (2020) also reported that male police officers are 7 times more likely to commit suicide than the public, and female police officers are 40 times more likely to commit suicide compared to the general public. Guerro-Barona and collaborators (2021) stated that depression among law enforcement officers in the United States is estimated about 12 percent. Guerro-Barona and researchers (2021) conducted a study where they gave 98 law enforcement officers questionnaires.

The first questionnaire was regarding the officer’s gender, marital status, age, work situation, experience, and education. The second questionnaire was a self-reporting questionnaire that asked various questions regarding suicidal ideations. They were given scores between 3 and 18, and the higher scores reflected a higher risk of engaging in suicidal behavior. The final questionnaire asked questions on various coping mechanisms the officers utilized. Results from this study indicated that 29.6 percent of the officers given the questionnaire were at risk of suicidal behavior Guerro-Barona et. Al, 2021). The study also reported that 13.3 percent were slightly depressed, 10.2 percent were moderately depressed, and 4.1 percent showed extreme depression. Guerro-Barona and collaborators were able to demonstrate that having mental health issues such as anxiety or depression can often predict a law enforcement officer engaging in suicidal behaviors.

**Burnout Among Officers**
Due to the high stress of law enforcement officers’ jobs, they are more prone to develop mental health issues, and develop burnout. They face uncertainty and danger due to their job on a daily basis. Through the violence that they experience, along with the lack of understanding from the community, officers experience a very high rate of stress (Queirós, et. Al, 2020). Queirós and collaborators (2020) completed a literature review on multiple studies that involved the burnout rates of police officers in Portugal. Through analyzing the questionnaires given to help assess the occupational stress police officers experience, along with analyzing the Operational Police Stress Questionnaire answers, Queirós and collaborators (2020) were able to identify 108 studies that were able to measure either burnout rates of law enforcement, or the occupational stress the officers experienced while at work.

**Study Conducted on Portuguese National Police Force**

Through the utilization of tools that measure burnout and stress law enforcement officers experience, this allows trauma intervention programs to better combat burnout or suicide rates, along with help the officers build resilience and coping skills (Queirós et. Al, 2020). Queirós and collaborators (2020) were able to obtain a sample of 2057 police officers from the Portuguese National Police Force. These officers were 78.8 percent agents, 14.6 percent chiefs, and 6.5 percent were commanders. The frequent tasks these officers conducted were criminal investigations, maintaining road traffic, and patrolling. The age of the participants ranged from 21 to 65 years old. 92 percent of the officers were males, while 8 percent were female. The demographics of these officers were recorded, and then they completed the Operational Police Stress Questionnaire. This questionnaire consists of 20 items that were based on a 7-point scale ranging from 1 to 7. 7 indicated that this item was very stressful. A Spanish Burnout Inventory was also given to the officers who were participating in the study. This consisted of 20 items that
the officers were able to use a 5-point scale ranging from 0 to 4. If the officers scored low on such items like enthusiasm for the job, and higher scores for guilt, and psychological exhaustion, they were more likely to experience burnout (Queirós et al., 2020).

When the study was completed, Queirós and fellow researchers (2020) found that if officers who scored higher on the PSQ-Op questionnaire often had problems with work impacting their family and social life. The higher scores on the PSQ-Op were associated with distress and burnout as well. If officers were found to have a higher level of distress in the Spanish Burnout Inventory, they were more likely to develop and experience burnout, along with anxiety and depression. In over 75 percent of the study sample presented higher levels of stress and work-related issues. This study was able to be consistent with other studies regarding the burnout and distress rates of law enforcement officers. Queirós and collaborators (2020) discussed that stress is detrimental to law enforcement officers, and stress needs to be measured in order to prevent it among the officers. If these officers are suffering from anxiety and depression, they will be more likely to develop burnout at work due to the inability to cope with the psychological problems.

Another study completed by Purba and Demou (2019) found that policing is within the top 3 occupations for stress and mental illness. Stress that is associated with policing include working with the public on a daily basis, violence they experience on the job, and the exposure to danger. Due to the stress that officers face, they are at risk for occupational stress, anxiety, depression, psychiatric symptoms, burnout or suicidal ideations (Purba and Demou, 2019). Purba and Demou (2019) reviewed literature in order to assess the relationship between the mental wellbeing of police officers, and the stressors they face while on the job. They found studies that only portrayed to police officers, and included officers of any age or gender, and who had any
Purba and Demou (2019) conducted a literature review on 15 studies. These studies were mainly from developed countries such as North America and Europe. They included both female and male officers in the study. Through all of the studies, 15,150 police officers participated all together. The studies indicated that their response rate ranged from 33.9% to 96%. There were 9706 males, and 2592 females studied throughout the 15 studies. The average age of the participants ranged from 33 years old, to 40 years old. Other demographics included in the studies were marital status, race or ethnicity, and their educational background (Purba and Demou, 2019).

**Occupational Stress of Law Enforcement Officers**

Three of the 15 studies were able to assess occupational stress. This included over 3060 participants out of the 3 studies (Purba and Demou, 2019). Officers experienced occupational stress through ethnic or racial bias while on the job. They also experience occupational stress through lack of support from their superiors. If there is no support while at work, this leads to a higher rate of occupational stress. Issues within the department, such as a low budget, or the inability to retain employees, was associated significantly with higher rates of occupational stress (Purba and Demou, 2019). One study that Purba and Demou (2019) assessed surveyed 3272 participants, and was able to find that job pressure was a predictor of anxiety in police officers.

Two of the studies reported on depression in law enforcement. These studies that Purba and Demou (2019) were able to assess found that there is no association between the lack of support and a heavy workload, and the development of depression in police officers.

There were conflicting results when Purba and Demou (2019) when they were assessing the studies done on depersonalization. 3 studies researched the impact of organizational stressors
and the relationships police officers had while at work. If they had a high level of social support, this resulted in a lower level of depersonalization. If there was a lack of social support while at work, law enforcement officers had a higher rate of depersonalization. While conducting their research, Purba and Demou (2019) found another study that showed there was no significant association between depersonalization, and the lack of social support among police officers.

A summary of Purba and Demou’s findings (2019) include that workload, job pressure, and the hours police officers are working are the strongest predictor of anxiety and burnout rates. If the officers that were being studied did not have a strong social support, such as positive co-workers or supportive management, they are more likely to develop burnout, and feel isolated (Purba & Demou, 2019). The studies that Purba and Demou (2019) assessed were able to gather self-reports from law enforcement agencies all across the world, including Europe, North America, Africa, and Asia. Through the assessment of the surveys and studies, Purba and Demou (2019) were able to conclude that stressors have a significant impact on the mental well-being of police officers and interpersonal relationships that officers maintain. Job demand, job pressure, long working hours, and a lack of support all correlate with the burnout rates and mental health issues of law enforcement officers.

**Trauma Officers Face**

Papazoglou and Tuttle (2018) reported that police officers are often the first people who arrive on the scene of various critical incidents. They are there to support victims of heinous crimes, or survivors of traumatic events such as school shootings. While the officers investigate these crimes, and interact with the victims, they can develop compassion fatigue. Compassion fatigue can refer to the frontline professionals and the cost of caring for the victims of crimes, natural disasters, or accidents (Papazoglou & Tuttle, 2018). Papazoglou and Tuttle (2018)
indicated that officers are not trained to be warriors nor killing machines. Another trauma these officers can face is having to shoot an armed and violent offender. While it may be necessary for their job, law enforcement officers can face extremely difficult choices, and this can lead to a moral dilemma for the officers.

**PTSD Cognitive Performance Study**

Alexandra Bisson Desrochers and collaborators (2021) conducted a study where they assessed the cognitive functioning of police officers who had posttraumatic stress disorder, and the relationship between PTSD symptoms and cognition of the officers. Thirty-one police officers with posttraumatic stress disorder, and thirty-one police officers without posttraumatic stress disorder were given a clinical assessment along with self-report questionnaires. They were also given a neuropsychological evaluation for the study. All sixty-two officers were matched in age and sex to an officer in the opposite group to make the groups comparable. The subjects’ age ranged from 23 years old to 63 years old, and the average age was 40.2 years old.

Posttraumatic stress disorder can develop in police officers due to the officers being exposed to various violent attacks, vehicle accidents, deaths, serious injuries, and shootings (Bisson Desrochers et. Al, 2021). In order to be a part of the study, officers needed to meet the criteria for PTSD as defined by the DSM-5. There could not have been a past or current diagnosis of PTSD, or the officers would have been excluded from the study. In order to enroll officers in the study, they were offered psychological treatment and were referred to the study by co-workers, newsletters, or presentations at the police departments (Bisson Desrochers et. Al, 2021). Those who wished to participate in the study were given an in-person interview, and then a clinical evaluation along with the self-report questionnaires.

The clinical assessments were administered, and 4 self-report questionnaires were
administered to the subjects (Bisson Desrochers et. Al, 2021). These questionnaires allowed various symptoms of depression, anxiety, and suicidal ideations be measured through the PTSD Checklist. The neuropsychological test was able to assess the cognitive domains that are affected the most in individuals who have posttraumatic stress disorder (Bisson Desrochers et. Al, 2021). This neuropsychological test was administered by a psychologist and 2 doctoral students. The individuals had their processing speed tested, and their verbal learning and memory was also evaluated.

Results from the Bisson Desrochers and collaborators study (2021) concluded that officers that had PTSD often had lower cognitive performances compared to officers who did not have PTSD. There was also a comorbidity of depression and posttraumatic stress disorder, and both negatively affected the police officers. The results were deemed inconclusive as there was no statistical significance found for attention and the working memory domain. The officers that displayed symptoms of PTSD were found to have difficulty paying attention or remembering things. This could be attributed to intrusive symptoms that PTSD causes for the law enforcement officers (Bisson Desrochers et. Al, 2021). Cognitive impairments can be strong indicators of PTSD in law enforcement officers as well.

**Psychological Impact of Trauma**

Compassion fatigue, posttraumatic stress disorder, anxiety, depression and other mental health issues can be detrimental to law enforcement officers due to the trauma they experience. Hypervigilance, hyperarousal, and avoidance are also symptoms of the traumatic events police officers encounter during their work (Papazoglou et. Al, 2020). Papazoglou and collaborators (2020) conducted research on moral injury, which is the psychological, social, spiritual, or behavioral outcome to exposure of traumatic events. The purpose of the study by Papazoglou
and collaborators (2020) was to examine the role of moral injury police officers experienced, and how this could be used to predict the development of PTSD in the future.

**Study Regarding Traumatic Events and Negatively Affecting Psychological Health**

The study involved 370 law enforcement officers who were working for the Finnish National Police. The participants were 73.5 percent male, and they averaged 16.87 years of policing experience. All of the officers involved in the study worked in specific units that made them vulnerable to experiencing traumatic events that could negatively affect their psychological health (Papazoglou et. Al, 2020). Demographics were collected regarding the officers’ age, gender, number of years they worked in law enforcement, racial background, and ethnicity. While collecting the demographics of the subjects, the subjects were also given survey items (Papazoglou et. Al, 2020). These survey items ranged from the officers’ current work situation, to their perception of others based on specific incidents. It was voluntary to participate in the study, and there was no compensation offered to the officers (Papazoglou et. Al, 2020).

In order for Papazoglou and other researchers (2020) to be able to assess compassion fatigue in the officers, the officers were given the Compassion Satisfaction and Fatigue Test. The officers were asked to disclose their experiences by utilizing a Likert-type scale of 66 items. The answers ranged from 0 to 5, where 0 was never, and 5 was very often. The Moral Injury Events Scale was used to assess moral injury in the subjects. A Likert-type scale was again used with 9 items. The answers ranged from 1, strongly agree, to 6, strongly disagree. 1 indicated the officer had lower moral injury, while answering 6 reported that the officer had higher moral injury.

Papazoglou and collaborators (2020) found that assessing for symptoms of PTSD came from the officers completing the PTSD Checklist-Civilian. This questionnaire involved 17 items based on a 5-point Likert Scale. The officers were told to report what symptoms of PTSD they had in the
last month. Scores greater than 50 indicated the officer was experiencing posttraumatic stress disorder (Papazoglou et. Al, 2020).

Results from this study indicated that both moral injury and compassion fatigue can significantly predict posttraumatic stress disorder (Papazoglou et. Al, 2020). Results also reported that if moral injury is high in a subject, they can often re-experience the traumatic event that lead them to develop posttraumatic stress disorder. Higher moral injury also predicted avoidance and hyperarousal in police officers that were studied (Papazoglou et. Al, 2020). This study allowed Papazoglou and collaborators (2020) to focus on various risk factors that law enforcement officers who had been diagnosed with PTSD faced. The results of the study could be utilized to help law enforcement agencies better equip their officers with trainings to combat posttraumatic stress disorder and its symptoms.

**Current Trauma Intervention Programs**

Mental health is critical to the success of law enforcement officers. Throughout the United States, and the world, there are various programs that police officers can utilize to help them cope with the stressors at work. The current trauma intervention programs include crisis hotlines for officers, debriefings with management teams, and having the officer find psychological help when they face trauma and stress. Though there are current trauma intervention programs in place, many of these programs are being underutilized (Papazoglou and Tuttle, 2018). Law enforcement officers are often skeptical of anyone who was not an officer themselves, and this can be difficult for officers to maintain healthy mental well-being.

**Crisis Hotlines Specifically for Law Enforcement Officers**

The Law Enforcement Mental Health and Wellness Act Report to Congress, written by Deborah Spence and collaborators (2019) was a report to Congress that indicated how
psychological stress can negatively affect law enforcement officers’ health. Spence and researchers (2019) discovered that crisis hotlines are often used as a reactive measure to mental health crisis, rather than a proactive way to combat mental health issues. Due to the hotlines being anonymous, there is no chance to offer the officers follow up care for their issues (Spence et. Al, 2019). Spence and collaborators (2019) also indicated that mental health crisis hotlines for law enforcement officers often do not gather information on officers with suicidal ideations. Those who are able to reach out to the hotline may be less likely to harm themselves because they have the ability to reach out to someone. Spence and other researchers (2019) discovered that crisis hotlines for police officers are beneficial because there is 24 hours access to the hotlines. Cop2Cop and Copline are two crisis hotlines that focus on mental health issues for law enforcement.

**Debriefing with Management Team**

Debriefing is done once an officer returns back to the police department, and talks about what happened at their traumatic call. Unsupportive interactions after traumatic events can lead law enforcement officers to experiencing posttraumatic stress disorder (Evans et. Al, 2013). Due to the need for law enforcement officers to debrief specific traumatic experiences with their superiors or coworkers, this can lead to mental health issues. If the superiors or coworkers are unaccommodating to the officer, this can create a link to posttraumatic stress disorder. Law enforcement officers who are in distress, and reach out to someone who are unable to support them, can be deterred to talk about traumatic events in the future (Evans et. Al, 2013). Supervisors need to act non-judgmental and offer social support when they are debriefing with officers. Evans and collaborators (2019) found that if supervisors are unable to promote a healthy work environment, and are unable to provide their officers with the adequate support they need,
this can lead officers to show PTSD symptoms.

**Mandated Counseling for Law Enforcement Officers**

Mandated counseling can be ineffective due to the shift work, and unpredictable schedule that officers work. Law enforcement officers often go through psychological testing before they are able to start the job, but there is little psychological help once they begin their job. If an officer is mandated to attend counseling due to a traumatic event they experienced while on the job, this can lead them to believing they are doing their job inadequately. There are benefits to counseling, but if an officer is mandated to attend mental health counseling, this can lead to them believing stereotypes about counseling (Papazoglou & Tuttle, 2018). Officers often believe that mental health counselors will patronize them, and assume the counselors do not know what they go through due to not being a part of law enforcement (Papazoglou & Tuttle, 2018). Papazoglou and Tuttle believe that voluntary counseling is more beneficial to police officers due to them seeking out counseling, and wanting to combat their traumatic experiences on their own.

Upon analyzing the research data in the literature review, it is evident that current trauma intervention programs for law enforcement are not sufficient. Though there are various options for law enforcement officers to combat mental health issues, the studies have shown that these options do not help reduce the rates of suicide among police officers. Studies have also indicated that officers do not actively participate in counseling that they are forced to complete, nor does this benefit the mental health of officers. Additional evidence has shown that if law enforcement officers are exposed to trauma during their work, they are more likely to display mental health issues, along with physical health issues. Therefore, there is a need for a trauma intervention program that is specifically designed for law enforcement officers and their families, to help officers move past mental health issues.
In the following section, theoretical framework will be discussed, and how it relates to law enforcement. By utilizing the behavioral theory along with the social learning theory, certain behaviors can be considered innate, or learned. Behavioral theory and the social learning theory can help to explain why police officers experience trauma while on the job, and how important it is for them to have the resources to help change their behaviors.

**THEORETICAL FRAMEWORK**

Behavioral theory as well as social learning theory can be used to explain police burnout rates, along with high suicide rates among police officers. Using theory to help understand the mental health issues that police officers face can help create trauma intervention programs that help officers cope with traumatic events they experienced. The theories used both concentrate on learned behaviors, which can contribute to mental health issues among law enforcement officers.

**Behavioral Theory**

According to McLeod (2017), Behavioral theory is when learned behaviors come from the individual interacting with the environment through conditioning. Behavior would be considered a response to the stimuli in the environment. Behaviorism is observable human behaviors, rather than how one is thinking or feeling about a situation (McLeod, 2017). Behaviorism is built on classical conditioning. This is the ability to pair a neutral stimulus with an unconditioned stimulus (Eelen, 2018). One example of classical conditioning would be Pavlov’s dog, where the dog was conditioned that every time he heard a bell, he would expect food. This caused the dog to salivate when he heard the bell.

**How Behavioral Theory Relates to Policing**
Davis and collaborators (2015) indicate that human behaviors play an important role in the leading causes of death in developed countries. These behaviors include consumption of alcohol or tobacco products, dietary behaviors, and physical activities. Police officers often have substance abuse issues, along with physical health issues that can lead to a lack of physical activity. Davis and researchers (2015) reported that if one can understand how these human behaviors negatively affect humans, they can help reduce mortality rates among police officers. When looking at the behavioral theory, Davis and researchers (2015) were able to report that evaluating public health interventions would allow police officers to improve their health drastically. They would be able to establish healthy boundaries, and focus on themselves.

**Classical Conditioning and Policing**

Classical conditioning can be traced throughout policing. If police officers are exposed to a neutral stimulus, this can trigger an automatic response in the law enforcement officers. A neutral stimulus can be a black SUV, and the automatic response can be sweating, if the officer has had experiences with black SUVs in the past. Wolfe and Nix (2016) stated that due to the public negatively talking about policing, police officers have been conditioned to act in certain ways. If they see a neutral stimulus, such as a cell phone, this can lead to an unconditioned response such as walking away from the situation, or becoming angry due to interactions with citizens with cell phones in the past.

**Criticism of Behaviorism**

According to Abramson (2013), reported that having police officers learn that all human behavior is due to stimulus and response sets them up for failure. Behaviorism can teach these law enforcement officers that they are unable to respond to certain stimuli through their own accord (Abramson, 2013). Another criticism of behaviorism is that behaviorism can be seen as a
cult among those in the psychology field (Abramson, 2013). Behaviorism can be viewed as unethical and absurd, as it has been reported that accepting behaviorism can increase criminal behaviors.

**Social Learning Theory**

The Social Learning Theory is a theory that is based on the learning process, and how new behaviors can be acquired by imitating the behavior of others (Bandura, 1977). The learner of the new behavior is able to model the behavior precisely, and therefore learn the new behaviors. These behaviors are learned in a social setting, such with friends or with one’s family (Bandura, 1977). Bandura placed great importance on observing, modeling, and imitating behaviors that one observed. This allows human beings better understand the attitudes and emotional reactions of others when they can model and imitate the behavior that is being shown to them (Cilliers, 2021).

**Social Learning Theory Relating to Policing**

When it comes to police officers completing the police academy, utilizing the social learning theory is vital (Cilliers, 2021). When the learners are actively engaging in the curriculum, they have the ability to retain more of the information being taught to them. The learning platform should be inclusive and supportive for the officers in the police academy (Cilliers, 2021). Learning for police officers can also focus on role modeling certain behaviors (Horsburgh & Ippolito, 2018). If police officers can role model behaviors, this teaches them to act in a certain way. The officers are able to observe the behaviors they should model, and then they have the opportunity to retain these specific behaviors, followed by the ability to reproduce certain behaviors that are acceptable (Horsburgh & Ippolito, 2018).
Criticism of Social Learning Theory

One limitation of the Social Learning Theory is that it is unable to grow with the learner over time (Tadayon Nabavi, 2012). It does not show much change from someone learning at the age of 10, compared to someone learning new behaviors at the age of 60. Also, it also indicates that learning can take place without a change in behavior. The learning of new behaviors may not be present in the student’s performance (Tadayon Nabavi, 2012). Another limitation would be that the learner needs to observe the behaviors first hand. This could be difficult if the student simply hears about various behaviors, but does not have the opportunity to witness the behaviors (Tadayon Nabavi, 2012).

Both the Behavioral Theory and Social Learning Theory can be used to discuss how police officers learn while on the job. This can also be used to explain how police officers can develop negative coping skills such as tobacco or alcohol dependence. By understanding Behavioral Theory along with Social Learning Theory, this could help reduce the trauma that law enforcement officers experience. If officers better understood how classical conditioning works regarding the Behavioral Theory, they would have the ability to change their reactions to neutral stimuli when exposed to the stimuli. Social Learning Theory would greatly benefit officers as well, as they will be able to better model behaviors of law enforcement officers. This could be beneficial in a law enforcement agency when officers experience trauma, and they have someone to look up to and model their reactions and behaviors around.

In the following section of the research paper, recommendations for ideal components for trauma intervention programs for law enforcement agencies will be discussed. The recommendations may help police officers better understand the trauma, and how to effectively cope with the trauma they have faced. Recommendations for ideal programming include utilizing
peer supports, having officers participate in cognitive behavioral therapy, and allowing families of law enforcement officers to actively engage in family therapy with the officer as well.

Suggestions on how to better equip law enforcement officers to combat the trauma they experience while on the job will be discussed as well. Awareness around the mental health issues of police officers should be discussed, and presented along with statistical evidence to reduce the stigma among trauma experienced by law enforcement officers.

Case Studies of Trauma Intervention Programs

Case Studies

There are various trauma intervention programs that have been utilized in law enforcement agencies throughout the United States, and throughout the world. The main concept of these trauma intervention programs include cognitive behavioral therapy, peer supporters, and the utilization of family therapy. One program that will be discussed is the New Haven Police Union. New Haven Police Union uses cognitive behavioral therapy to help law enforcement officers in their jurisdiction counteract on the job traumatic events (Fox et al., 2012). Another program that allows for effective trauma intervention using cognitive behavioral therapy is the New York City School-Based Mental Health Committee. This committee helps provide resources for school aged children, and allows these children to have access to mental health counseling (Richter, 2017). The Mental Health Commission of Canada focuses on peer supporters to help share various traumatic experiences with other police officers (Moroz et al., 2020). The New York Law Enforcement Assistance Program is a non-profit organization that allows police officers to get in touch with peer supporters who have had similar experiences while on the job. NYLEAP focuses on the mental health of law enforcement officers, along with all first responders. Each program has notable successes when it comes to certain components of
RECOMMENDATIONS FOR IMPROVING TRAUMA INTERVENTION PROGRAMS

Trauma intervention programming that should be utilized (Dowling et. Al, 2006). The Australian Department for Veteran Affairs has created a system to help veterans and partners effectively reduce distress, and combat symptoms for Posttraumatic Stress Disorder through the use of family therapy (Oster et. Al, 2019). Through the use of cognitive behavioral therapy, peer supporters, and family therapy, one can create a beneficial trauma intervention program that helps law enforcement officers.

**Cognitive Behavioral Therapy**

Cognitive behavioral therapy is a therapeutic intervention that understands that mental illnesses and disorders are caused by negative thoughts. These negative thoughts can turn into emotional distress along with behavioral problems (Hofmann et. Al, 2012). Hofmann and collaborators (2012) reported that CBT or cognitive behavioral therapy can be utilized to help treat substance abuse disorders, depression, insomnia, anger, aggression, chronic pain and fatigue. When used for substance abuse disorders, cognitive behavioral therapy can teach the user coping skills that they can use rather than turn to illicit drugs or alcohol (Hofmann et. Al, 2012). CBT has also been found to be just as effective to other psychological treatments when treating depression along with anxiety disorders (Hofmann et. Al, 2012). Utilizing cognitive behavioral therapy to combat mental health issues, substance abuse, and other behavioral issues in law enforcement officers is vital.

**New Haven Police Union**

In 2009, it was found that over 8,500 police officers in the state of Connecticut investigated various violent crimes such as homicide, armed robbery, and sexual assault. It was also found that one in 11 officers in Connecticut were physically assaulted in 2009 (Fox et. Al,
2012). Fox and collaborators (2012) indicated that through the traumatic events that these officers encountered, they were more likely to experience posttraumatic stress disorder, mental health issues such as depression or anxiety, and substance abuse disorders. Policing has been viewed as a self-reliant career path, and therefore, if officers are unable to depend on themselves, this can negatively affect the officer’s mental health.

Methods of Study

In July and August of 2011, Fox and other researchers administered a survey that they had created to New Haven police officers before their shift changes, and at the police union meetings (Fox et al, 2012). The survey asked various questions about self-reported mental health conditions, posttraumatic stress disorder screening, and alcohol misuse. The officers were also asked to self-report if they had ever accessed mental health services through the Employee Assistance Program, or through another avenue of mental health services. The survey also asked questions regarding health issues. The officers were asked if they have difficulty reporting for work due to physical or emotional health (Fox et al, 2012). Once the officers completed the surveys, they were placed into a secure drop box at the police department. Officers were offered a chance to enter a raffle to win a Subway gift card, and there were 10 gift cards to win in total (Fox et al, 2012).

Results of Study

Fox and collaborators (2012) discovered that 30 percent of the officers that surveyed had intrusive thoughts or consistent nightmares, and 22 percent stated that they avoid specific places and situations that remind them of a traumatic event they experienced. 40 percent of the officers that participated in the study had at least PTSD, alcohol abuse, or depression. Fox and other
researchers (2012) noticed that only 46.7 percent of the officers accessed mental health services. Many of those officers preferred to seek services that were outside of their police department and away from employee assistance programs (Fox et. Al, 2012). They also discovered that law enforcement agencies will lose an average of $3,522 per year due to the productivity loss officers experience regarding health issues.

**Discussion**

Having accessibility to mental health services for law enforcement officers is vital for productivity (Fox et. Al. 2012). Fox and collaborators (2012) found that having more access to mental health services, especially cognitive behavioral therapy, allows officers to combat their mental health conditions. If mental health service providers responded in real time to the traumatic events that officers faced, this would greatly benefit the mental health of the law enforcement officers involved. Through the use of cognitive behavioral therapy, the police officers would be able to face their mental health issues head on, and with the help of professionals. It is also important that mental health providers maintain the confidentiality of the officers, as this allows the officers to utilize the services more often (Fox et. Al, 2012).

**New York City Schools**

According to the New York City Department of Education (2021), about 237,000 students in New York City have some sort of diagnosable mental health condition. Diagnosable mental illnesses begin, on average, when an individual is around 14 years old (NYOMH, 2018). Anxiety disorders, followed by major depression, bipolar disorder, and schizophrenia are the most common mood disorders in the United States according to the New York Office of Mental Health (2018). New York City Department of Education (2021) has found that including mental
health instruction in the health program for students is a priority and a requirement for schools in New York.

**Cognitive Behavioral Therapy Utilization**

Through the use mental health support in New York City schools, schools are able to help students who have been struggling with their mental health (NYDOE, 2021). New York City utilizes the help of community mental health clinic staff to support the students in the district (NYOMH, 2018). These professionals include certified school social workers, school counselors, and school psychologists. School social workers and school psychologists have the ability to use cognitive behavioral therapy on school students to help them combat their anxiety, depression, or other mental health issues. Cognitive behavioral therapy can be utilized to allow students to be more comfortable talking about mental health issues that they are facing (NYOMH, 2018). When students in New York City participate in cognitive behavioral therapy, they can receive hour long therapy sessions. These sessions have been related to decreasing students’ anxiety or depression (NYOMH, 2018). These sessions can be completed one on one, or in small groups.

**Student Resources**

Every school in New York City offers different resources regarding mental health for their students. Students have access to school mental health prevention and intervention program. This program allows mental health managers assess the mental health needs of the school they are stationed at. This can allow other providers to come into the school to help combat the mental health needs of the students (NYDOE, 2021). School response teams are also utilized heavily in New York City schools. These teams are able to conduct mental health assessments on students, engage with parents in the community, make referrals to outside mental health services, and
conducted crisis intervention programs in schools (NYDOE, 2021). Social workers in schools should be considered resources as they can help students with their social-emotional learning, and help support them through their mental health programming.

**Support and Access to Mental Health Counseling**

The New York City Department of Education (2021) has the ability to create a safe space for their students. They allow these students who have been identified as having mental health issues to utilize resources while at school. The students can interact with staff they are comfortable with, rather than interact with mental health professionals they have never met before (NYDOE, 2021). School-based clinics that combat mental health issues of the students are available when schools are open. The school environment is easier for students to deal with, rather than go to a mental health treatment facility. Students have a more positive environment when they have support coming from their family, peers, and mental health professionals (NYOMH, 2018). School staff has the ability to engage students’ parents, and help the parents find supportive people from the school and in the community. The New York Office of Mental Health (2018) identified the programs as creating long-term benefits by allowing the students and parents to work together alongside the professionals.

**Peer Supporters**

Shalaby and Agyapong (2020) describe peer supporters as an equal who can feel empathy, and give encouragement and assistance to people who have had shared experiences as them. Peer supporters have the ability to involve trauma-informed care when having discussions and conversations with their peers who have gone through a traumatic event. Peer support is a relatively new concept, and were formally introduced into the mental health care field in the
RECOMMENDATIONS FOR IMPROVING TRAUMA INTERVENTION PROGRAMS

1990’s (Shalaby and Agyapong, 2020). Through the utilization of trauma-informed care, the peer supporters have the ability to ask their peers, “what happened to you?” rather than “what is wrong with you?” Due to law enforcement officers having a stressful job, and experiencing trauma throughout their daily tasks, peer supports are very useful. Peer supporters are law enforcement officers as they can build a relationship with other officers based on respect, and mutuality (Shalaby and Agyapong, 2020).

**Mental Health Commission of Canada**

The Mental Health Commission of Canada has reported that peer supporters have the ability to empower relationships between the peer supporter and the individual requesting support. They can also help the individual improve their health and wellbeing (Sunderland and Mishkin, 2013). The Mental Health Commission of Canada relays on the fact that peer supporters are people who have shared similar experiences and challenges to the people they are providing support to. These could be law enforcement officers who have had to shoot those engaging in criminal behavior while on the job. The peer supporter will have been someone who was in a similar situation, as this allows the officer and support to build rapport (Sunderland and Mishkin, 2013). Peer supporters can develop a professional friendship with those they provide comfort to as well. This allows an equal relationship to form (Sunderland and Mishkin, 2013).

**Shared Experiences**

A law enforcement peer supporter has many roles and responsibilities. The responsibilities include valuing interpersonal relations, along with having effective communication skills. They should also know how to work as a team, be dependable, and have the flexibility in their schedule to meet the needs of officers that require support (Sunderland and
Mishkin, 2013). Through the utilization of shared experiences between the peer supporter and police officer, they can build a professional relationship. When the officer experiences a traumatic event, the peer supporter can use their personal experiences as well to comfort the officer. The use of the shared experiences can help the peer by showing them the supporter understands what they are going through (Sunderland and Mishkin, 2013). The peer support can empower the peer as they navigate their way through the traumatic event, and explore the possibilities to lead them down a healthy path of coping.

Confidential Discussions

Peer support and confidentiality go hand in hand. Integrity is vital to a peer supporter, as the law enforcement officers are expecting their trauma and disclosures to remain confidential (Sunderland and Mishkin, 2013). Through a commitment to peer support and ethics, the peer supporter should have respect for the individual getting support. They need to be aware that the individual’s emotional and physical safety need to come first, and they must ensure that their confidentiality is always being respected (Sunderland and Mishkin, 2013). By ensuring that the conversations the peer supporter and officer have remain confidential, this allows the officer to have respect for their peer supporter, along with the peer support show that they support the officer. Sunderland and Mishkin (2013) stated that if the officer understands that the peer supporter is dependable and that they are there to ensure that the officer is able to recover from their traumatic events, this leads to recovery of the officer.

New York Law Enforcement Assistance Program

The mission of the New York Law Enforcement Assistance Program is to improve the mental health of all first responders and law enforcement officers in New York. The services are
free, and NYLEAP was created by peers, for peers (NYLEAP, 2020). Through the utilization of NYLEAP and peer supporters associated with NYLEAP, first responders are able to reduce substance abuse dependency, posttraumatic stress disorder, anxiety, depression, and suicide rates (NYLEAP, 2020). Mental health issues come with many stigmas associated with them, and this is even more apparent among first responders. Through providing peer support to first responders, this can help law enforcement officers become more productive and affective while on the job.

Law enforcement officers who are involved in traumatic events, such as aggravated assaults, murders, or sexual assaults while on the job, can develop trauma-related mental health issues. These events can lead the officer to believe that they have lost control of their life. If the officers have the ability to participate in a Post Critical Incident Debriefing with a peer supporter, this can help them gain a sense of control back (NYLEAP, 2020). Through the use of peer support, law enforcement officers can seek out peer-based assistance. This can help them find ways to cope with the stress they have experienced.

**Training for Peer Supporters**

Trainings and seminars should be utilized when an officer wants to become a peer supporter (NYLEAP, 2020). These trainings can be identified as post critical incident seminars. This allows the first responders who have been involved in traumatic events while on the job to participate in the peer support program. This workshop can be essential for providing the officers who are looking to become peer supporters information on field-tested coping skills that they can provide to their peers. It also allows the officers to promote recovery and resilience, and bring the information back to their peers who have experienced critical incidents while on the job as well (NYLEAP, 2020). Peer supporters can also be trained to provide support in both group
settings, and on an individual basis. The New York Law Enforcement Assistance Program (2020) provides education on trauma, and how to promote recovery through their seminars.

**Family Therapy**

Tuerk and collaborators (2012) reported that family engagement is essential for helping the therapeutic process of working through traumatic events. Family therapy can help law enforcement officers better process the traumatic events that they experience while on the job (Tuerk et. Al, 2012). Family therapy involves different aspects of therapy, such as reflective listening. Reflections from the family allow the officer to feel heard, and feel that they are being understood (Tuerk et. Al, 2012). Tuerk and researchers (2012) indicated that empathy is another skill that the families need to develop when interacting with the law enforcement officer. This allows them to understand the perspective of the officer, and experience what the officer experienced. One last skill necessary for families to have is awareness. They need to understand how the officer normally acts at home, and then realize if anything has changed or if they are behaving differently. Any changes in behavior can lead to mental health issues, or suicide risks (Tuerk et. Al, 2012).

**Australian Department of Veterans’ Affairs**

Family therapy, through the Department of Veterans’ Affairs in Australia (2019), is eligible for anyone who has been in a warlike situation since July 1, 2004. The veteran has the ability to access counseling for their family members, up to 4 sessions a year, for 5 years (AGDVA, 2019). Partners, spouses, parents, and children of the veteran have the ability to actively participate in the family therapy. The transition from returning from the Australian Defense Force to becoming a civilian again can be extremely difficult, so family therapy is
utilized to make the transition less difficult. The family therapy also helps families and veterans understand, identify, and working through traumatic events that the veteran or family has experienced (AGDVA, 2019).

Partners have a difficult time readjusting to life when the veteran returns home from deployment. They can also have a hard time managing the time apart during deployment (AGDVA, 2019). Through the utilization of family therapy, the family and the veteran can focus on building and maintaining positive familial relationships. The partner is necessary when it comes to family therapy, as they are able to recognize changes in the veteran’s behavior. They can notice if the veteran is consuming more alcohol, or using illicit drugs (AGDVA, 2019). Partners and family can also notice if the veteran is having a difficult time adjusting to normal life after deployment. The Department of Veterans’ Affairs in Australia (2019) reported that partners and family can help notice any mental health issues such as anxiety or depression, along with anger issues in the veterans once they have returned from the military. Through the use of family therapy, veterans are able to get the help that they need in order to combat mental health issues, along with substance abuse disorders.

In conclusion, law enforcement officers need programming that encompasses cognitive behavioral therapy, peer supporters, and family therapy. These programs can allow officers to combat mental health issues that they develop due to traumatic events they face on the job. If the stigma is broken surrounding mental health issues among law enforcement officers, more officers will have the ability to get the help that they need. This would greatly decrease the mental health disorders among law enforcement officers, along with decreasing the suicide rates among officers as well. The next section of this paper will focus on recommendations of
programming to help the reduction of mental health issues among officers, and how to create a proper trauma intervention program for law enforcement officers.

**Recommendations for a Successful Trauma Intervention Program**

Recommendations for ideal components of a trauma intervention program for law enforcement have been compiled based on theoretical framework, program evaluations, and findings from the literature review previously reviewed in this research paper. These ideal component recommendations were developed using components from previously reviewed trauma intervention programs, and research found from the literature review to focus on combating the mental health issues that law enforcement officers face due to their traumatic experiences.

**Statistics**

Heyman and collaborators (2018) reported that one out of every 15 police officers will have experienced depression at some point in their lives, or were currently experiencing depression. The suicide rate for law enforcement is 18.1 suicides per 100,000 officers (Violanti et. Al, 2014). Through the development of negative coping skills, law enforcement officers who have experienced trauma while on the job can become dependent on alcohol, and develop negative emotions and thoughts. These negative thoughts and emotions can lead to mental health issues such as depression, anxiety, and posttraumatic stress disorder (Berking et. Al, 2010).

Depression, anxiety, and posttraumatic stress disorder negatively affect police officers on a daily basis (Bisson Desrochers et. Al, 2021). Officers that displayed symptoms of mental health issues often had difficult remembering details and paying attention while they worked. These officers who have experienced traumatic events while on the job can also display signs of
hypervigilance, hyperarousal, and also avoidance when it comes to working (Papazoglou et. Al, 2020).

The world currently has ineffective trauma intervention programs that do not help police officers combat their mental health issues due to traumatic experiences while on the job. Ineffective trauma intervention programs often have a counselor that law enforcement officers cannot trust. If an officer cannot trust a counselor because the counselor has no idea what the stress is like being an officer, they are less likely to open up to that counselor (Laurence, 1997). Another ineffective method for trauma intervention programs are crisis hotlines. A crisis hotline is considered a reactive method to combat trauma, rather than being proactive (Spence et. Al, 2019). One final ineffective way current trauma intervention programs do not combat the mental health issues of law enforcement officers is having to debrief with the management team (Evans et. Al, 2019). If one’s supervisor does not promote a friendly, positive mental health work environment, this can lead officers to develop posttraumatic stress disorder symptoms due to the lack of support (Evans et. Al, 2019).

Through the utilization of peer supporters, family therapy, and cognitive behavioral therapy, law enforcement agencies have the opportunity to decrease the suicide rate among police officers. Peer supporters allow police officers to know that they are not alone. There have been others in similar situations, and there is the ability to get help. Family therapy can keep family units together, as it allows the police officers and families to openly communicate, rather than remain silent when it comes to what happens to officers on the job. Cognitive behavioral therapy allows the police officers to change the way that they think, and allows them to work through their trauma.

Peer Supporters
According to Milliard (2020), peer-support programs allow police officers to share their traumatic experiences with other officers. It is beneficial that officers have the ability to disclose their trauma to other officers who have been in the same situation that they have been in. Peer supporters who have been properly trained have the ability to utilize trauma-informed care when interacting with peers who have experienced trauma (Shalaby and Agyapong, 2020). Milliard (2020) indicated that peer supporters can provide validation, along with a shared sense of experience and knowledge for the peer in need of support. Peer supporters are vital for allowing police officers to cope with their mental health issues due to traumatic events.

Peer supporters can work due to the social learning theory. If they can observe behaviors that they should model from their peer supporters, they can retain those behaviors (Horsburgh & Ippolito, 2018). The peer supporters have the ability to become a role model for the officers who need support. The officers can learn how the peer supporters use their behaviors to overcome the traumatic events that they experienced.

The power of interacting with one’s peers after a traumatic incident is beneficial for law enforcement officers. Shalaby and Agyapong (2020) stated that using law enforcement officers to be peer supporters for other police officers allows the officers to build a relationship based on respect for one another. A survey conducted by the Bureau of Justice Assistance (2019) found that around 90 percent of the law enforcement officers would recommend attending peer support to their coworkers. The survey also concluded that peer supporters play a very important role in suicide prevention among law enforcement officers (BJA, 2019).

By incorporating peer supporters into a trauma intervention program, law enforcement agencies can offer their officers a listening ear of someone who has been in that situation before. The officers would have the ability to connect with a peer who has faced a similar experience
that they have just gone through. This could be a shooting, or interviewing a sexual assault victim. If the officer has someone that they can talk to, and build rapport with, this can allow the officer to disclose their trauma without repercussions. Utilizing peer supporters in a trauma intervention program is vital to the intervention program being successful.

**Family Therapy**

Family therapy is vital to maintaining a positive relationship between the police officer and their family. Family can include the officer’s parents, siblings, partners, or children. Through the utilization of family therapy, law enforcement officers have the ability to open up to their partners and family about their job. Law enforcement officers deal with constant stress and trauma while on the job. This can lead to mental and physical health issues (Bond, 2014). The mental health issues, coupled with the physical health issues, can lead to stress in the family. Stressors on the family can include being on opposite schedules, compared to their family. If the officer is working third shift, they will be up when the family is sleeping, and sleeping when the family is awake. The officer could engage in excessive alcohol consumption when they are off duty to deal with their trauma. The officer could also be unwilling to express their feelings, or talk about their work experience to their family due to wanting to appear strong (Bond, 2014).

A trauma intervention program should be able to offer the law enforcement officers family therapy. This would allow officers to not only work through their trauma at work, but also have a support system in place at home. Their family could keep an eye out for any mental health issues, such as changes in mood or behavior, and make the authorities aware of this. This could lead to a decrease in suicide rates by law enforcement officers, as their family and partners would know the warning signs. Family therapy through a trauma intervention program would also be beneficial as it allows the officers to be able to confide in their family. This can help the
officers better interact with their family, if the family has an idea of what the officers go through on a daily basis while at work.

**Cognitive Behavioral Therapy**

Trauma intervention programs that are specifically for law enforcement should include cognitive behavioral therapy. Law enforcement officers can have serious mental health issues such as posttraumatic stress disorder, anxiety, and depression. These officers often fear experiencing a traumatic event, and then being diagnosed with a mental health disorder (Berg et al., 2006). If law enforcement officers had the ability to participate in cognitive behavioral therapy, they would be able to combat the traumatic events that they had experienced, and would be less likely to develop mental health disorders. Murray and Lowe (2014) conducted research that found that after 12 sessions of cognitive behavioral therapy, police officers were able to change how they processed the traumatic events they faced.

Cognitive behavioral therapy can relate to behaviorism when it comes to trauma intervention programming for law enforcement. Officers who have experienced traumatic events such as assaults or shootings while on the job may be classically conditioned to view obsolete objects as dangerous. If an officer was involved in a case where a revolver was used to shoot a child, this can lead the officer to behave in a certain way around revolvers. The revolver would be considered a neutral stimulus, as it previously meant nothing, that can lead to an automatic response from the officer such as a raised heart rate, or negative emotions (Wolfe & Nix, 2016).

Cognitive behavioral therapy should be utilized in trauma intervention programs for law enforcement officers. These officers can face a gambit of health issues, such as anxiety disorders, substance use disorders, depression disorders, chronic pain and fatigue, along with aggression
(Hofmann et. Al, 2012). Through changing how the officer perceives their trauma, they can work through the traumatic events that they have encountered while on the job. The goal of cognitive behavioral therapy is to reduce symptoms of any mental health issues, improve the officer’s daily functioning, and to put the disorder into remission (Hofmann et. Al, 2012). Through the implementation of cognitive behavioral therapy in trauma intervention programming for law enforcement officers, the officers have the opportunity to focus on their recovery.

In summary, if the previously listed recommendations are followed, there is a possibility If law enforcement agencies can create a successful trauma intervention program to decrease the mental health issues police officers face. By implementing a trauma intervention program that utilizes family therapy, peer supporters, along with cognitive behavioral therapy, it could help to change the way law enforcement officers feel about mental health counseling, and receiving help for the trauma they have experienced while on the job. In the following concluding section, limitations of the study and recommendations for future research are given to help guide potential researchers and readers in evaluating this research paper.

**Conclusion**

Police officers face a high rate of burnout, turnover, mental health issues, along with suicide rates (Heyman et. Al, 2018). The suicide rates are higher among police officers than they are for civilian people due to a lack of mental health resources, accessibility to firearms, and a lack of trauma intervention programs that focus on the officer and their well-being (Heyman et. Al, 2018). Instead of reaching out for help, law enforcement officers are more likely to engage in negative coping skills, such as becoming dependent on alcohol, or using tobacco or other illicit drugs (Berking et. Al, 2010). Through a successful trauma intervention program, these officers
can combat their traumatic events, develop positive coping skills, and greatly improve their mental health issues.

Through an extensive literature review, it can be concluded that officers who experience traumatic events while on the job can develop mental health issues due to the trauma. The literature review can also establish that police officers are less likely to engage with counselors if they feel that they cannot trust the counselors or relate to them. In order to understand how trauma intervention programs are vital to the recovery of law enforcement officers, one can apply the behavioral theory along with the social learning theory.

The ideal program components for a successful trauma intervention program could prove to effectively reduce the mental health issues that police officers face due to experiencing traumatic events. By incorporating peer supporters, family therapy, and cognitive behavioral therapy, many of the negative coping skills utilized by police officers could be targeted. Additionally, through the peer supporters, family therapy, and cognitive behavioral therapy, law enforcement officer suicide rates could be decreased significantly as they would have access to mental health counseling that can allow the officers to learn positive coping skills.

Limitations of the Research

There are some limitations to the research performed for this paper. One notable limitation is that the research relied on the self-reporting of law enforcement officers. Though the surveys were anonymous, police officers understand that if they display any mental health issues, they may be taken off of the police force. Another limitation would be that none of the surveys or research had very large sample sizes. None of the sample sizes were over 400 law enforcement officers. If there were surveys that could reach larger law enforcement agencies, this would be
beneficial to future research. One final limitation would be the lack of reporting or research done on rural police departments. It appears that the research completed has been done on urban, larger police departments, compared to smaller, rural police departments.

**Recommendations for Future Research**

In the future, it could be recommended that more information about why police officers reject mental counseling be gathered—specifically their unwillingness to participate in the counseling on their own. It may also be beneficial to research if police officers receive trauma intervention literature while in the police academy, or from their superiors when they begin their job. Research should be done on the utilization of information give to police officers about mental health issues law enforcement faces before they begin their employment. This could be beneficial to future research to see if there is a way to reduce mental health issues among law enforcement officers before they begin their career as police officers. This could help recommendations on how to successfully combat mental health issues for law enforcement agencies across the United States. Additionally, studies should cover the high suicide rates of law enforcement officers along with burnout rates at a more frequent pace. This could help new officers be able to understand the harsh reality of their career. This could allow officers to combat their mental health issues before they begin, rather than reactively treat the mental health issues after they are established.
Reference List


