

Mental Health Resources at the Leon County Sheriff's Office: Are more needed?

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Abstract

The purpose of this research paper was to establish if there is a need for more mental health resources for officers at the Leon County Sheriff's Office. This paper offers that officers are repeatedly exposed to traumatic and stressful situations throughout their careers. It also discusses resources currently being used by other law enforcement agencies. A survey was conducted focused on establishing if there is a need for additional resources and if officers would use them. Based on the responses from the participants, ninety-nine percent (99%) indicated they experience stressful situations at work, sixty-nine percent (69%) believe there is a need for more mental health options and seventy-three percent (73%) agree with one of the additional resources being a Peer Support Group. It is also recommended that as part of the agency's new health, fitness, and mental health policy, this research is included to support and help implement additional mental health resources for the officers.

Introduction

Twenty-six years ago, I applied for a job at the Leon County Sheriff's Office as a dispatcher. As part of the hiring process, a psychological screening was required. It consisted of a written test and then a session with the agencies psychologist. Since that time, I have not had any type of psychological testing, counseling, therapy, etc.

I got a position as a full time deputy approximately three years after I was hired. The job transition and the difference in responsibilities, tasks, risks, and exposure that came with being a deputy, was quite the change.

Upon hiring, the psychological testing was a requirement and the only option or exposure to any type of mental health awareness or dealings. It wasn't until 2003 that my agency established an Employee Assistance Program (EAP).

The risk, dangers, and effects of the incidents officers dealt with in this community then are not the same now. Due to the growth in our population, the increase in the levels and occurrence of violent crimes, to name a few, the exposure to traumatic events and stressors that impact us as law enforcement officers has increased tremendously.

As law enforcement officers, we are more likely to encounter potentially traumatic events and be exposed to a wider variety of trauma and stressors than the civilian population. Due to the nature of the profession, it is unique with respects to the frequency in which law enforcement officers can be exposed to traumatic events. Not only are officers exposed to a variety of traumatic events, but the various factors involved make it more difficult for officers to deal with the traumatic experiences, which can span over their entire career. This exposure, I believe, is greater than any civilian

may be exposed to in their lifetime. How officers cope with the trauma and stress they are repeatedly exposed to can greatly affect the way they function in their personal and professional lives.

Since beginning my career, the identification of and treatment options for the civilian world, as it relates to mental health, has grown by leap and bounds. For law enforcement officers, at least at my agency, I see that there may be a lack of options available for officers, to first, feel comfortable to speak out about the effects of exposure to traumatic events or stress and then secondly, the options available to officers to seek mental health counseling or treatment to help with techniques to manage and cope with trauma and stress may also be lacking.

Officers receive an abundance of training in the academy and routinely throughout their careers on how to stay safe and make good decisions on situations as they present themselves. However, it is unfortunate that officers received little to no training on how to deal with trauma and stressors they experience.

Therefore, the purpose of this study is to help assess the need for mental health options for officers and to identify some of those options in efforts to implement them as part of an overall officer wellness program at my agency. The focal point of this study will be on the mental health aspect, although the officer wellness program will have a health and fitness component as well.

Several questions come to mind considering this issue. Will an officer be willing to speak out about the effects exposure to trauma and stressors has or is causing them? Do they feel that the agency has offered adequate options for seeking help? Do officers feel the need for options offered by the agency? Do officers feel the need for more options? Would officers be more inclined to speak out and seek help if they had more options, internally and externally? Do officers feel that implementing mental health policy/options would be beneficial?

Literature Review

Let's start with, what is a critical incident? A Critical Incident is "any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at a scene or later" as described by Dr. Jeff Mitchell (as cited by Solomon, 2011). Another definition is, "Any situation beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and or lack of control over a situation" (Solomon, 2011).

Several critical incidents as it relates to law enforcement can be:

- Officer involved shooting
- Near shoot situation
- Death of a fellow officer
- Severe trauma or death of a child (particularly if the officer has a child the same age)
- Vehicle crashes resulting in death or serious injury
- Felonious assault on an officer

While this list does not completely cover all of the traumatic events officers are exposed to, it provides a glimpse of what officers are faced with. Some incidents officers respond to may occur rarely, while some occur more frequently. Officers are likely to respond throughout the span of their careers repeatedly to calls for service involving vehicle crashes with serious injury or fatality, suicides, child abuse, sex abuse, and domestics as opposed to officer involved shooting or deaths (Moad, 2011).

Nevertheless, all of these incidents contribute to the exposure and repeated exposure of traumatic events and stressors law enforcement officers deal with. The episodic nature of these critical incidents means they are low frequency; however, are a high impact source of police stress (Brown, Fielding, & Grover, 1999). Officers have to be prepared to face a variety of traumatic and stressful situations, which all have some effect on their psychological health. Psychological stress is increased when a person regularly puts oneself in harm's way (Timpani-Martin, 2014).

A definition of stress offered by the American Psychological Association is "emotional experience accompanied by predictable biochemical, physiological and behavioral changes". Stress, however, can be difficult to define. The term "stress" has been used to make reference to the impetus that causes the stress response, the stress response itself, the stimulus-response interaction or even the whole spectrum of interacting factors (stimulus, cognitive appraisal, perception, and coping style) related to the stimulus and response (Violanti & Aron, 1995).

The stress of being an officer differs from the stress civilians experience and other first responders. The difference is officers are consistently placed at risk of physical harm, responding to dangerous, unknown, and unpredictable situations (Sadulski, 2017). Also, officers experience psychological stress due to the responsibilities of constantly dealing with victims and conducting investigations at crime scenes. Lastly, officers may also feel stressed while performing their duties due to public scrutiny (Bishopp & Boots, 2014).

Stress affects officers' job performance and personal relationships (Finn & Tomz, 1997). Researchers have also associated stress among officers with job burnout, depression, substance abuse, marital problems, and suicide (Violanti, 1995).

While research has shown that officers show more resilience than the average population (Galatzer-Levy et al., 2013), the prolonged, chronic, and ongoing exposure to traumatic incidents and extreme stress may come at the price of officer's health and well-being (White, Shrader, & Chamberlain, 2016). By the time an officer puts on their uniform and begins their patrol shift, their stress-related cardiovascular reactivity is already elevated (Anderson, Litzenberger, & Plecas, 2002). John Violanti, a research professor at the University of Buffalo in New York, has devoted much time to research on examining the impact of work-related stress and trauma on officers' health and well-being. Violanti and his colleagues have found experiential evidences showing that officers have a higher risk of experiencing cardiovascular disease compared to the general population (Hartley, Burchfiel, Fekedulegn, Andrew, & Violanti, 2011).

The stress officers face from work increases mental health issues such as depression, anxiety, and post-traumatic stress (Collins & Long, 2003). An officer's physical health has also been found to be negatively impacted by stress (Gershon, Barocas, Canton, Li, & Vlahov, 2009). Behavioral effects like absenteeism, domestic violence, substance abuse, and excessive use of force have also been found in the

studies of officer stress. Research also indicates that the impact of critical incident stress may be long-term. (Paton, Violanti, Burke, & Gehrke, 2009).

Exposure to potentially traumatic and stressful experiences on a regular basis sets the stage for mental health complications to include posttraumatic stress disorder (PTSD). Several factors such as prior trauma, negative life events, and routine work environment stress can increase the risk for PTSD symptoms. This exposure can compromise an officer's mental health and well-being, as well as affect their ability to perform their duties and lead to the behavioral dysfunction. It is estimated on average that 15% of officers in the United States experience PTSD symptoms (Violanti, 2018).

When the public thinks of PTSD they relate it to the trauma experienced by soldiers. Soldiers often get PTSD from a single or brief exposure to trauma or stress. For law enforcement officers, over time PTSD manifests, resulting from multiple traumatic and stressful experiences. This is known as cumulative PTSD. Cumulative PTSD is likely to go unnoticed and untreated, therefore; it can be more dangerous than PTSD. Most law enforcement agencies have policies and professionals to assist when there is a traumatic and horrific incident such as an officer involved shooting and/or death. However, throughout an officer's career the build-up from their exposure to trauma and stressors, generally do not warrant such attention (Beshears, 2017).

Policing is challenging and officers are called upon to protect and serve and while doing so, they need be "compassionate warriors" (Donahue, 2017). Officers adopt dual roles: that of a "crime fighter" and that of a "social worker" (Manzella & Papazoglou, 2014). However, officers are human beings and they too have personal and family lives. At the end of each shift, they return home and have to step back in the role of a spouse, parent, and sibling and so on. Their families expect them to turn off the officer switch and be the family member they expect (Wester & Lyubelsky, 2005).

Mental Health Programs currently being used and/or available to officers

I have found several programs are available and currently being used by some law enforcement agencies:

Employee Assistance Program (EAP)

What is EAP? EAP is a confidential service designed to help employees deal with stressors caused by work-life, family issues, financial problems, relationship issues, and with substance abuse issues. EAP is a service paid for and offered by employers. While employers pay for this service, it is confidential and they do not gain insight into the employee's specific use of the service.

EAP provides outside counselors, resources, and referrals to assist employees and their families. EAP's professional counselors provide services on a range of topics including, but not limited to: workplace personality conflicts, mental health issues, grief counseling, and substance abuse issues. EAP only provides a set number of sessions and is not for long-term counseling needs. (Handrick, 2018).

Critical Incident Stress Management (CISM)

CISM was developed specifically for dealing with traumatic events. CISM is an intervention protocol that is professionally recognized. It is a formal and structured procedure used to help people involved in a critical incident. CISM was developed for

military veterans and then for first responders. CISM can be used for groups or individual families, and the workplace. There are several types of CISM:

Debriefing – is used for group meetings or discussions about a particular critical incident. It's designed to mitigate the impact of a critical event and to help with the recovery from the stress associated with the event. Debriefing is ideally done between 24 and 72 hours after the incident. It is also referred to as Critical Incident Stress Debriefing (CISD).

Defusing – a shorter and less formal intervention than can generally last 30 to 60 minutes and is usually conducted within 12 hours of the incident. The main purpose of a defusing is to stabilize those affected by the critical incident in efforts to get them back to their normal routines without the stress.

Grief and Loss Session – this can be a group or individual session helping people to understand their grief after a death.

Crisis Management Briefing – a group intervention used before, during, and after a crisis to discuss facts, facilitate a brief, controlled discussion, and with Q&A and information on stress survival skills. This session may be repeated as the situation changes.

Critical Incident Adjustment Support – this provides a multi-faceted humanitarian assistance to individuals, families, or groups to help them cope with the aftereffect of a critical incident.

Pre-Crisis Education – this basically is the CISM handbook providing incident awareness, crisis response strategies, and developing stress management coping skills in the event of a critical incident (CISM International, n.d.).

Peer Support Program

The Peer Support Program is not a component of the Employee Assistance Program nor does it replace the need for professional help. The Peer Support Program is private and informal and available 24 hours a day for officers to speak to someone like them. Law enforcement agencies nationwide have been using peer support for years. However, being that the peers are not mental health providers, there's no official record maintained. (FLETC, n.d.). Peer support is a way for officers to have a means of discussing their mental health needs or concerns with someone they can trust. Peer support is an additional option agencies can offer and agencies should continue to provide other services like EAP, counseling, etc. Officers talk and tell "war stories" to each other consistently and usually do so in a humorous manner without realizing this is a benefit and helps them cope (Conrad, 2017). Officers most times choose not to talk with mental health professionals; however, they will talk to other officers due to them sharing similar experiences.

Jack A. Digliani, PhD, EdD wrote a manual, Police and Sheriff Peer Support Team Manual. In it, he states that the mission of a Peer Support Team is to "function as a support and debriefing resource for employees and their families. The PST provides support to personnel experiencing personal and work related stress. It also provides support during and following critical or traumatic incidents resulting from performance of duty" (Digliani, 2014: pg. 2). The manual breaks down the roles of the team members, the stages of peer support, the confidentiality aspect of peer support, intervention

considerations, and protocols for dealing with the various issues officers experience professionally and personally. This manual basically provides step-by-step instructions and/or is guide book on how to have an effective and successful peer support team (Digliani, 2014).

The Franciscan Center

The Franciscan Center is a Catholic, non-profit, and private retreat located in Tampa, Florida. The Franciscan Center opened in 1970 and became the first spiritual center owned and operated by the Franciscan Sisters of Allegany, NY.

The Franciscan Center has a program for first responders called “Operation Restore”. This program is led by Sister Anne Dougherty, the director of the Franciscan Center. Officers stay four days at the center, which is in a private and peaceful setting located on eight acres in Hillsborough County. This program serves all faiths and consists of educational sessions, group exercises, and one-on-one sessions. As part of this program, a team of Eye Movement Desensitization and Reprocessing (EMDR) practitioners, who are psychologists and mental health counselors and trauma experts, work with officers. This program offers holistic training to help officers understand the physical, mental, emotional, and spiritual impact a critical incident may have on them and it provides them with tools for coping with the daily stressors. Participants of Operation Restore receive a certification for 40 hours of CEU’s. There have been numerous officers to attend the program from the Tampa Police Department, as well as some from other law enforcement agencies (Operation Restore, n.d.).

Methods

The purpose of this research was to determine whether there was a need for additional mental health resources for the sworn law enforcement officers at the Leon County Sheriff’s Office. Research has shown that law enforcement officers respond to critical incidents throughout their careers which contribute to them being repeatedly exposed to trauma and stressors. Officers most often don’t seek or are not provided with some sort of counseling or therapy unless it is related to the death of an officer as a result of a violent act. This research was gathered from officers at the Leon County Sheriff’s Office on whether they felt there was a need for additional resources to assist them to cope with the exposure and repeated exposure to traumatic and/or stressful events.

Data was gathered through a survey given to the sworn law enforcement officers at the Leon County Sheriff’s Office in the Law Enforcement Divisions. The survey questions were designed to gather the age group, gender, and years of service. Also, the survey questions asked if the employee had experienced trauma or stress and if they had used the current EAP Program. Additional questions were aimed at gathering the employee’s response to the need for the availability of additional mental health resources and the likelihood that they would use the resources if available. The survey questions consisted of three multiple choice questions, and the other questions required a yes or no answer. The goal of the survey was to determine if the employees saw a

need for mental health resources and if they would be likely to use those options if available.

The survey was anonymous and officers were encouraged to provide truthful answers. A weakness in the collected data was the sworn officers who have left this agency, were not surveyed.

Results

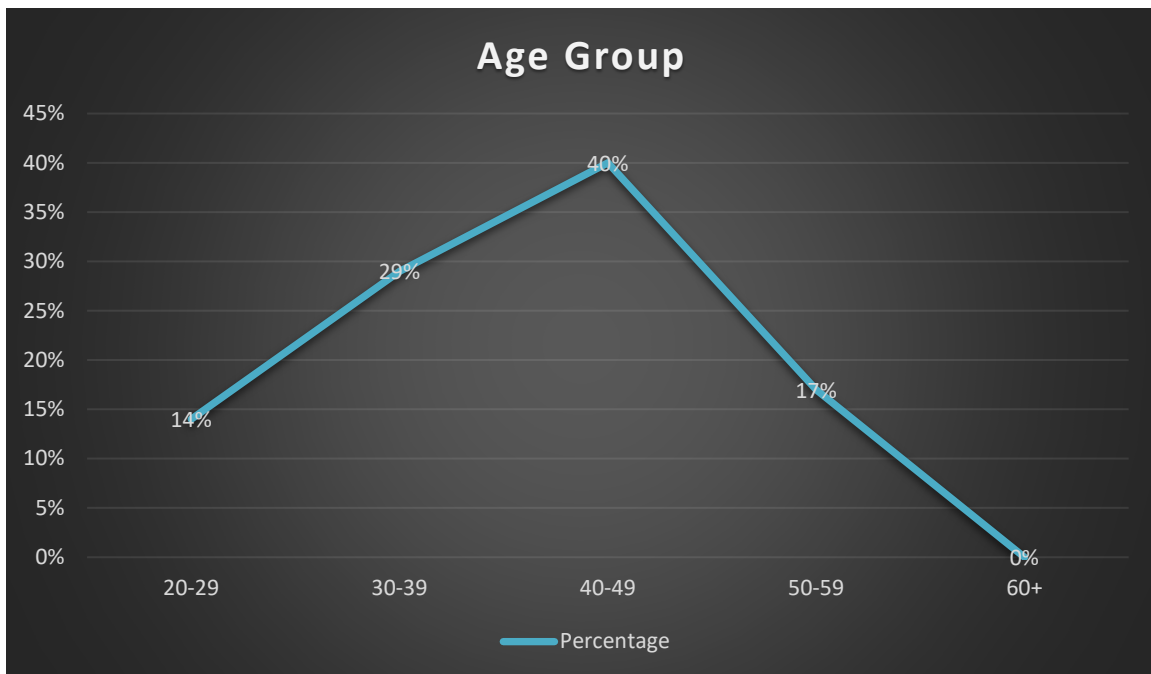
The survey was sent to 231 sworn law enforcement officers within the Leon County Sheriff's Office. I received 108 responses, for a response rate of 47%. Of the 108 responses, all of the questions were answered. The last question was open for any comment(s) on the topic and some participants chose to leave a comment and others did not.

The first three questions on the survey were biographical related questions. Participants were first asked to identify which age group they are in: 20-29, 30-39, 40-49, 50-59, and 60+:

- Fifteen (14%) of the participants reported they are in the 20-29 age group.
- Thirty-one participants (29%) reported to be in the 30-39 age group.
- The 40-49 age group had forty-three (40%) of the participants represented.
- Nineteen (17%) participants reported being in the 50-59 age group.
- There were zero participants in the sixty plus age group.

All participants answered the question.

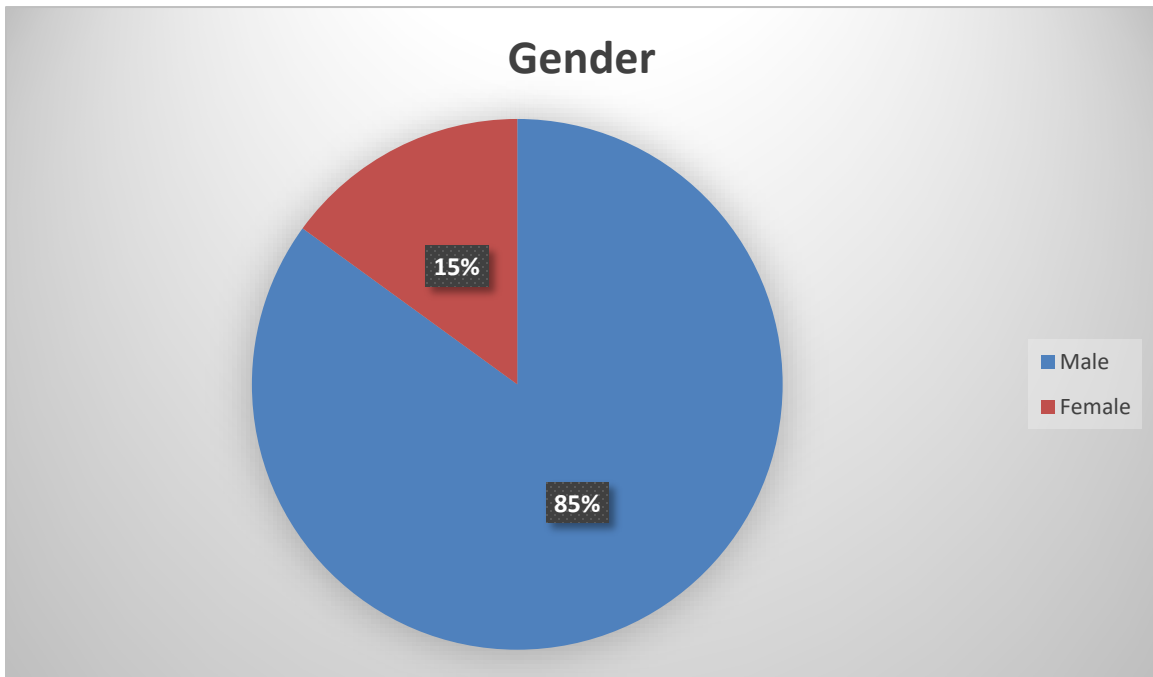
TABLE 1: Age Group of Participants:



The second question asked for participants to identify their gender. Ninety-two (85%) of the participants are male and sixteen (15%) of them are female.

All participants answered the question.

TABLE 2: Gender:

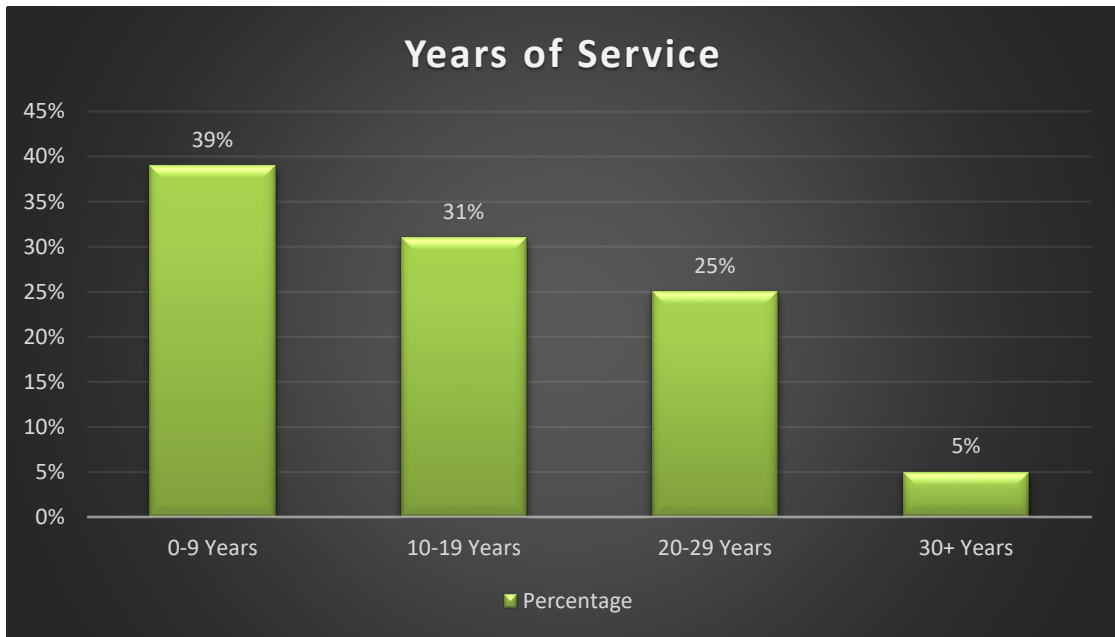


The third question asked participants for their years of service as a sworn law enforcement officer with the Leon County Sheriff's Office. This question was also in years by groups: 0-9, 10-19, 20-29, and 30+:

- Forty-two (39%) participants indicated they have 0-9 years of service.
- Thirty-four (31%) participants indicated they have 10-19 years of service.
- Twenty-seven (25%) participants indicated they have 20-29 years of service.
- Only five (5%) participants indicated having 30+ years of service.

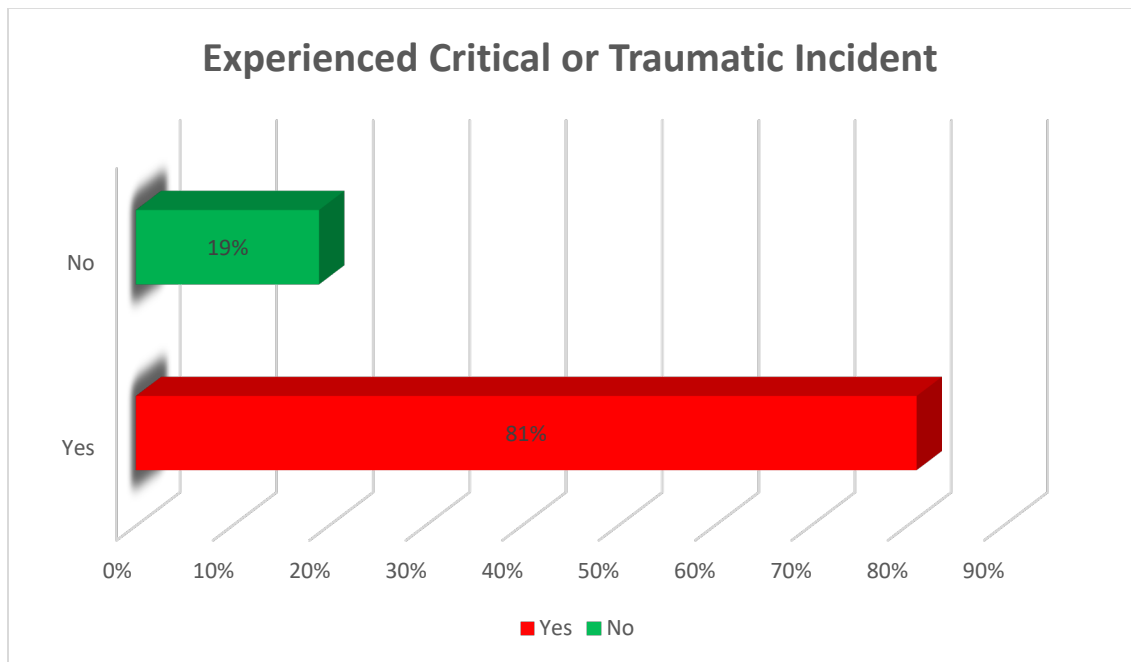
All participants answered the question.

TABLE 3: Years of Service:



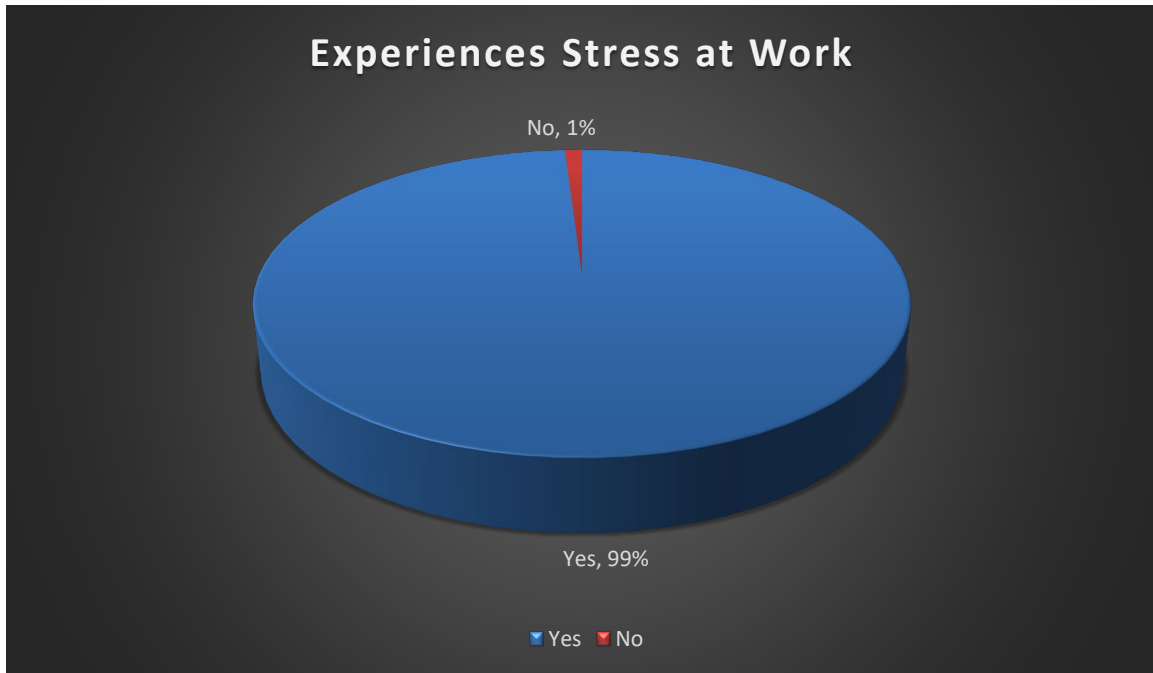
Question 4 asked participants if they have experienced a critical or traumatic incident during your employment with the Leon County Sheriff’s Office. Eighty-eight (81%) of the participants answered yes to this question. Twenty (19%) participants answered no to this question. All participants answered the question.

TABLE 4: Experienced a critical or traumatic incident:



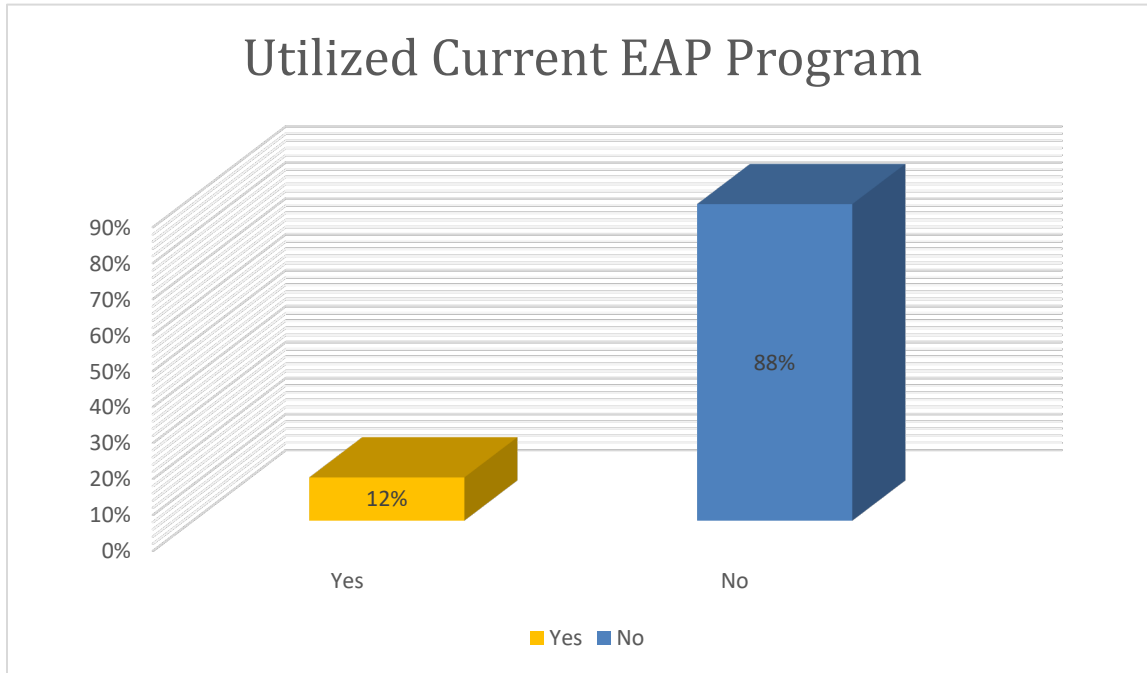
Question 5 asked participants if they experience stressful situations at work. One hundred and seven (99%) of the participants responded yes to this question. One participant (1%) responded no to this question. All participants answered the question.

TABLE 5: Experience stressful situations:



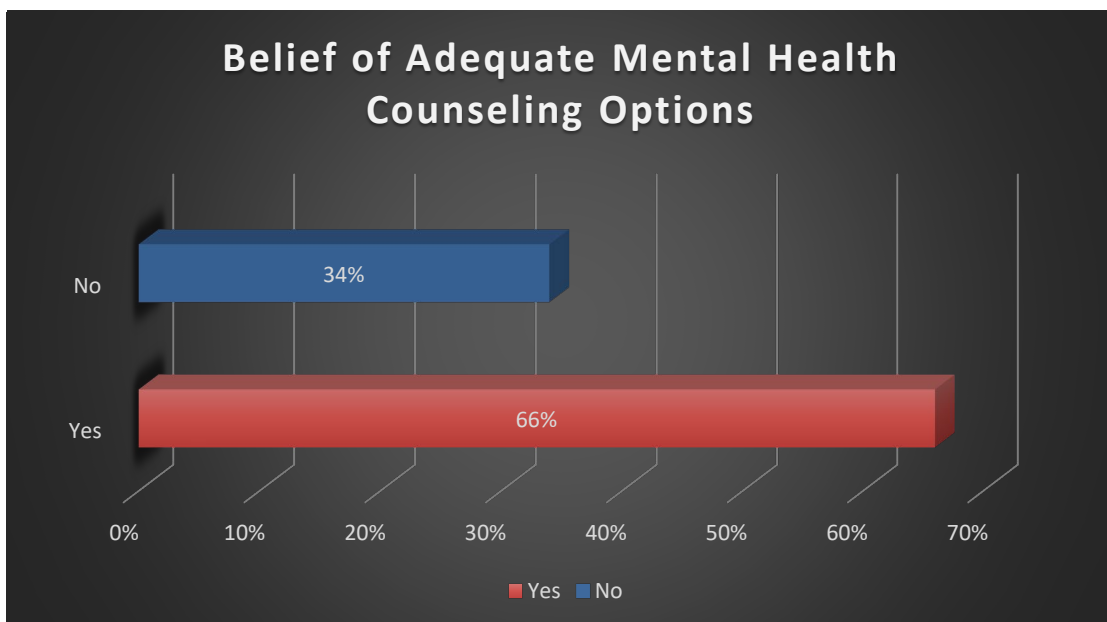
Question 6 asked participants if they have utilized the current EAP Program. Thirteen (12%) participants indicated they have used EAP. Ninety-five (88%) participants indicated they have not used EAP.

TABLE 6: Utilized EAP:



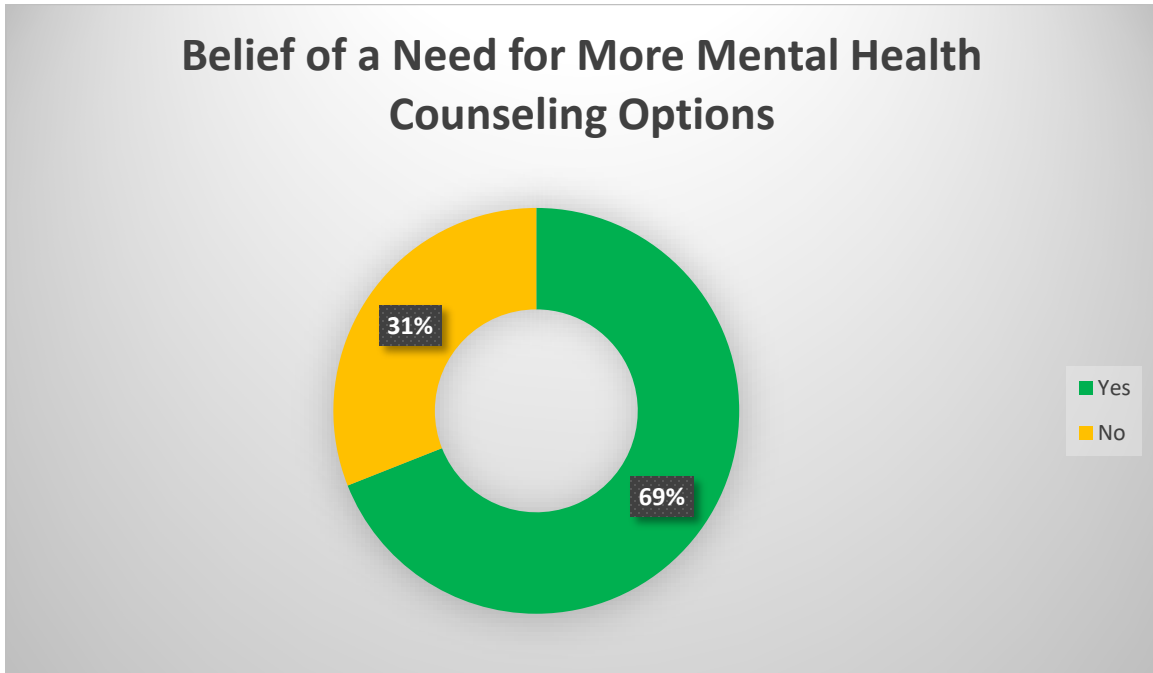
Questions 7 asked participants if they believe the agency offers adequate options for employees to seek mental health counseling. Seventy-one (66%) participants answered yes to this question. Thirty-seven (34%) participants answered no to this question. All participants answered the question.

TABLE 7: Agency offers adequate options for employees to seek mental health counseling:



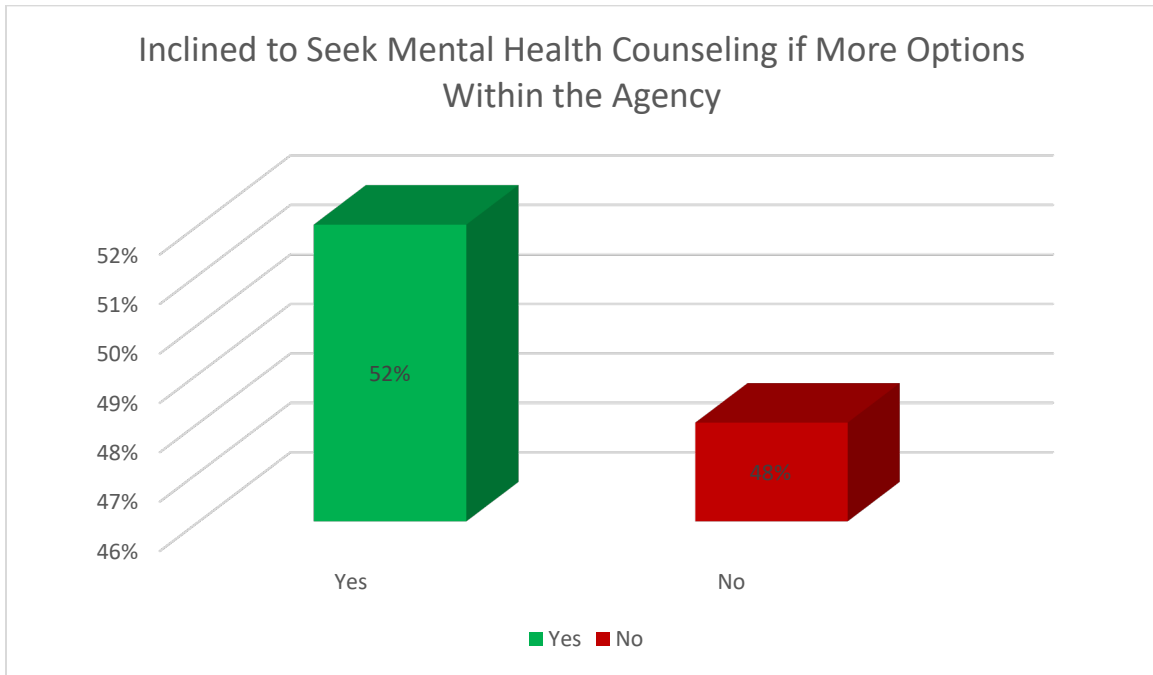
Questions 8 asked participants if they believe there is a need for more mental health counseling options to be offered by the agency. Seventy-five (69%) participants responded yes to this question. Thirty-three (31%) participants responded no to this question. All participants answered the question.

TABLE 8: Need for more mental health counseling options offered by the agency:



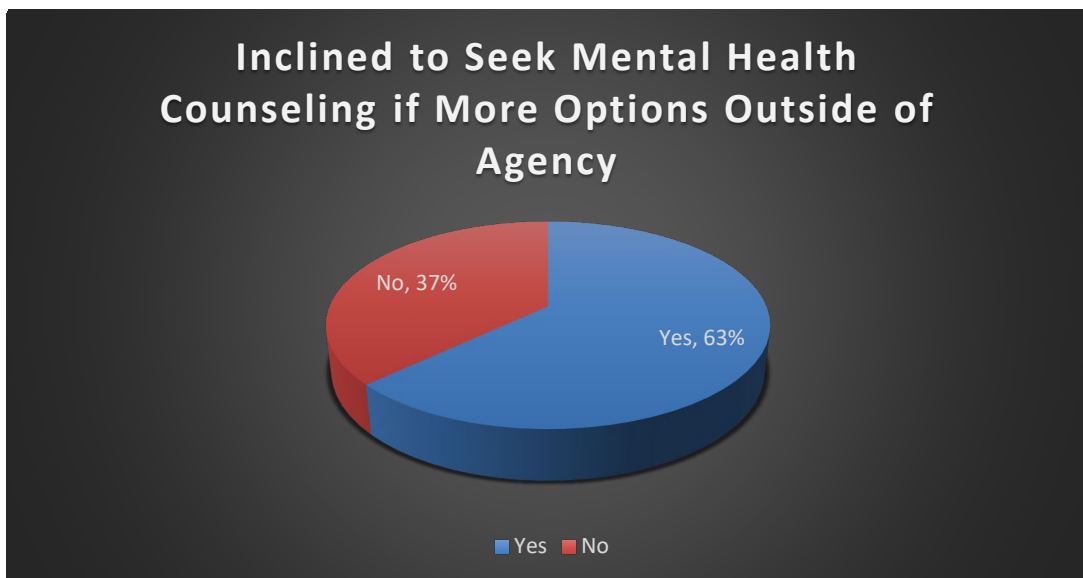
Question 9 asked participants if they would be more inclined to seek mental health counseling if there were more options, within the agency. Fifty-six (52%) participants responded yes to the question. Fifty-two (48%) participants responded no to this question. All participants answered the question.

TABLE 9: More inclined to seek mental health counseling if more options within the agency:



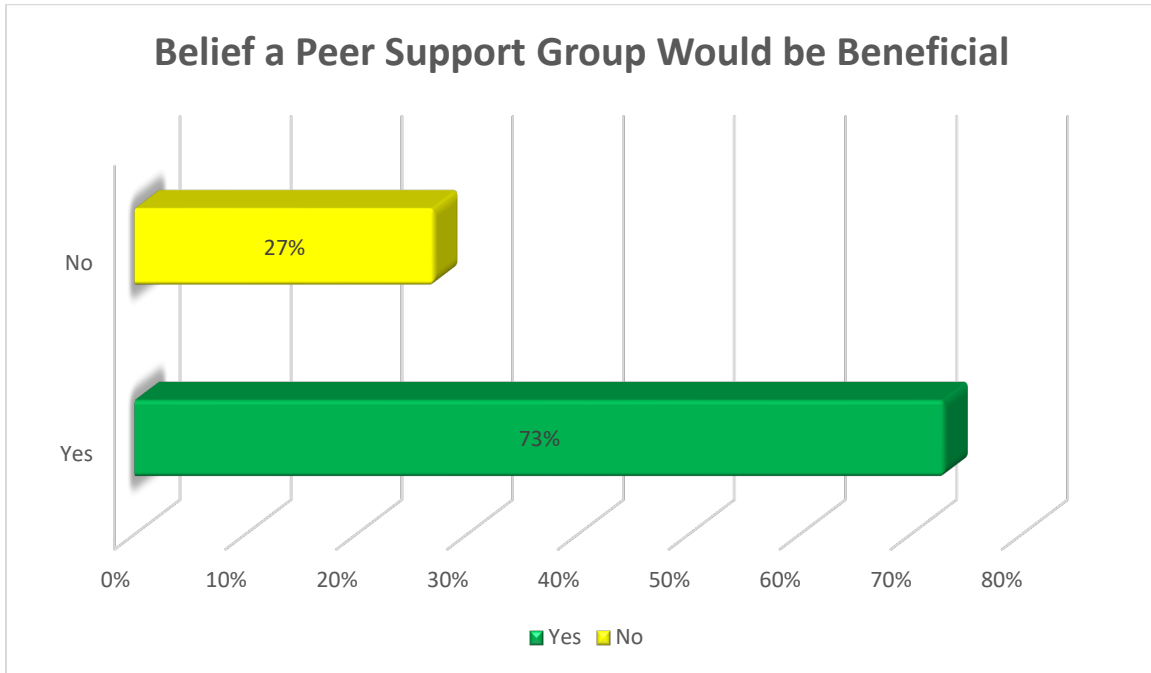
Question 10 asked participants if they would be more inclined to seek mental health counseling if there were more options, outside of the agency. Sixty-eight (63%) participants answered yes to this question. Forty (37%) participants answered no to this question. All participants answered the question.

TABLE 10: More inclined to seek mental health counseling if more options outside of the agency:



Question 11 asked participants if they believe that a Peer Support Group would be beneficial. Seventy-nine (73%) participants responded yes to this question. Twenty-nine (27%) participants responded no to this question. All participants responded to this question.

TABLE 11: Peer Support Group:



Question 12 was an opportunity for the participant to add any comment on the topic of mental health resources or if they did not wish to add a comment, they were instructed to indicate "none". Twenty-six (11%) participants choose to leave comments. The comments addressed the stigma attached to law enforcement officers when seeking help as it relates to mental health and efforts need to be made to reduce that stigma. Also, the comments were supportive of additional mental health options and a Peer Support Group (with a confidentiality agreement), as long as there are measures in place to prevent those seeking help from experiencing negative effects in their career.

Discussion

When I decided my focus for this research paper would be on Mental Health Resources, I did so due to the fact in my now over 26 years in law enforcement and all of it being with the Leon County Sheriff's Office, in my opinion, we have minimal resources available to our officers. Also, my agency is in the process of developing a new health, fitness, and mental health policy. Therefore, this research can be a contributing factor in the development of the policy.

As a result of the survey conducted, although the participation rate was 47%, the results I feel, still support there is a need for more mental health resources and a willingness to utilize the resources.

Forty percent (40%) of the participants indicated they are in the age group of 40 – 49 years of age, Eighty-five percent (85%) of the participants were male, and thirty-nine percent (39%) of the participants have between 0 – 9 years of service. I found it interesting that there was almost as many officers in the 40 – 49 age group to complete the survey, as both the age groups of 20 – 29 (14%) and 30 – 39 (29%) combined. Those two groups made up forty-three percent (43%) of the applicants.

When it came to years of service, there was a combined seventy percent (70%) of the applicants who have between 0 – 19 years of service. Only thirty percent (30%) of the participants have 20 or more years of service.

Considering the total rate of participants, this offers a good range of responses. I'm not surprised by the percentage of male participants, because this is still a male dominated field. The rate of participation for females was 15%, which indicates there being sixteen (16) total females to complete the survey, which is in close proximity to the total number of female officers.

Of the forty-seven percent (47%) of participants, when asked if they have experienced a critical or traumatic incident, eighty-one percent (81%) responded yes. When asked if they experience stressful situations, ninety-nine percent (99%) of the participants responded yes.

As for the results directly related to mental health resources, I found this to be a little conflicting. When asked if the agency offers adequate options for employees to seek mental health counseling, sixty-six percent (66%) of the participants responded yes. However, sixty-nine percent (69%) of the participants also believe that there is a need for more mental health counseling options. I wasn't surprised by the results of the two questions related to officers being inclined to seek mental health counseling, if there were more resources within the agency or outside of the agency. Fifty-two percent (52%) of the participants responded yes to being more inclined to seek mental health counseling with there being more options within the agency, but sixty-three percent (63%) responded yes to being more inclined to seek mental health counseling, if there were more resources outside of the agency. I expected with the stigma's attached to law enforcement officers speaking out about their mental health needs, they would be less willing to seek counseling within the agency. However, rather it be within or outside of the agency more than half of the participants would seek mental health counseling. I was pleased to see that seventy-three percent (73%) of the participants feel a Peer Support Group would be beneficial. I feel based on the responses, there's likely to be an increase in officers who utilize the mental health resources made available to them more so than in previous years. Especially considering the fact that of the survey participants, there's only twelve percent (12%), which indicated it being thirteen (13) of the one hundred and eight (108) participants, who have utilized the current EAP Program. As well, the comments that were provided were positive and supportive of additional resources, one in particular being a Peer Support Group. The comments also indicate that the participants are thinking about the topic of mental health counseling for our officers.

Overall, the results of the survey support my thoughts and observations over the years. I still feel there is some hesitance by officers to participate seeing that approximately half of them elected to not participate in the survey. Based on some of the comments provided by those who did participate, there is still a concern about possible consequences if officers speak out about any mental health issues. I do believe considering thirty-nine percent (39%) of the participants have 0 – 9 years of service and with the crime rates becoming what they are, those in that group, as well as those to come will continue to be exposed to possible increased amounts of traumatic and stressful situations. Having a variety of mental health resources would be beneficial and show officers that their well-being is important to the agency.

Recommendations

The survey results support that as law enforcement officers we are repeatedly exposed to traumatic and stressful incidents. It also indicates that the officers feel there is a need for more mental health resources to be offered. However, due to concerns officers have about seeking mental health counseling, there is a need for policies to be in place.

As part of the new health, fitness, and mental health program/policy that is being developed, it is incumbent upon the leaders to make resources available without criticism and consequences. It should also be considered making it mandatory for all officers to attend mental health counseling, on some basis; therefore, helping to remove the stigma attached to officers seeking help. A strong focus should be on the policies related to mental health and they should support confidentiality and help officers feel more comfortable in seeking help, if needed. Of course, the policy should address action to be taken in the event of there being any disclosures related to criminal activity or if action is required due to an officer's mental health state.

Resources outside the agency should be sought out and vetted and partnerships formed. Also, additional internal resources should be created beginning with a Peer Support Group based on the results of the survey.

Lastly, if necessary additional surveys should be conducted to obtain feedback from LCSO Corrections Officer's, as well as all civilian staff members and they too should be offered the same resources.

Lieutenant Melinda McBride has been in law enforcement over 26 years. She began her career as a communications officer and then became a deputy in 1996 where she was also a Field Training Officer. She then became a School Resource Deputy until she promoted to Detective in 1999. As a Detective, she worked in various areas of investigations to include Property/Burglary Crimes, Financial Crimes, Internal Affairs, and Violent Crimes. She then returned to Uniform Patrol as a Field Training Officer II and was promoted to the rank of Sergeant. As Sergeant, she supervised Patrol, FTO Program, Financial Crimes and Violent Crimes before being promoted to Lieutenant. She has also been a member of the Hostage Negotiation Team for 18 years and has been the Team Commander for almost 3 years. She is currently a Lieutenant in the Uniform Patrol Division.

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Appendix A

Survey Questions

Introduction:

Hello LCSO Family,

I am currently attending the Senior Leadership Program at FDLE. As part of the program, there is a required research paper and I choose the topic of Mental Health Resources. My goal is to learn if you all feel that there should be more resources available to us to assist with managing and coping with the trauma and stress this career brings upon us. With that, I have included a link for a survey. Your participation is needed in order to complete my research paper. I ask that you please take a moment to complete it as soon as possible. The survey is anonymous, so I pray this places you all at a comfort level that allows you to participate. Thanking you all in advance.

Demographic Information

1. What age group are you in?
 - a. 20 – 29
 - b. 30 – 39
 - c. 40 – 49
 - d. 50 – 59
 - e. 60+

2. What is your gender?
 - a. Male
 - b. Female

3. How many years of service as a sworn officer do you have with LCSO?
 - a. 0 – 9
 - b. 10 – 19
 - c. 20 – 29
 - d. 30+

Exposure to Trauma/Stress and Resource Information (YES or NO responses)

4. Have you experienced a critical or traumatic incident during your employment with LCSO? Examples are: officer involved shooting, near shoot incident, vehicle crash w/injuries, trauma or death of a child, being the victim of an assault, or any similar situation that caused you to experience strong emotional reactions.

5. Do you experience stressful situations at work?

6. Have you utilized the agencies current EAP program?
7. Do you believe that the agency offers adequate options for employees to seek mental health counseling?
8. Do you believe there is a need for more mental health counseling options to be offered by the agency?
9. Would you be more inclined to seek mental health counseling if there were more options, within the agency?
10. Would you be more inclined to seek mental health counseling if there were more options, outside of the agency?
11. A Peer Support Group functions as a support and debriefing resource for employees and their families. The PSG provides support to employees experiencing personal and work related stress. It also provides support during and following critical or traumatic incidents resulting from performance of duty. Do you believe that a Peer Support Group would be beneficial?

Comments

12. Any comments you would like to offer on the topic of mental health resources for employees? If no comment(s), answer "none".