Proactive Crisis Intervention for Law Enforcement Officers

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Abstract

More officers lose their lives to suicide rather than homicide. Some research indicates the suicide rate of law enforcement officers is three times that of the national average. Another researcher reported the suicide rate among police officers doubled between 1950 and 1990. Considering the emotional wreckage a suicide causes for friends, colleagues, and family members, a single suicide is one too many. Groups that track police suicides estimate that a police officer kills himself or herself every 24 to 52 hours, nationwide. Sadly, communication between suicidal officers and intervention or prevention specialists occurred in only a small percentage of these cases, which leads to the conclusion that if steps were taken to recognize and address the signs and symptoms early enough, suicide may be preventable. Law Enforcement agencies in Florida were surveyed to determine what, if any, proactive means can be done to combat this issue.

Introduction

"Sgt. ... was found dead last Saturday, in an unmarked police car. The officer who served as a chief spokesperson for the … Police Department, committed suicide sometime last week. He was the second suicide death to hit the force since Katrina. He is survived by his wife, his mother, two siblings, and eight nieces and nephews." Wikinews, September 6, 2005 (http://en.wikinews.org/) [The names have been respectfully removed for privacy – ed.]

"A … police officer shot himself in the head Monday at his home on …, becoming the 11th suicide in the Police Department this year, a spokesman said. Officer ..., 31 years old, is a seven-year veteran. He was found by his wife on the second floor of their home." The New York Times, November 15, 1994. [The names have been respectfully removed for privacy – ed.]

Recent unpublished research about law enforcement officer suicides from the U.S. Department of Justice found that among 41 recently completed suicides, 90 percent of those who took their lives communicated their intentions prior to their deaths. In 66 percent of these cases, the person directed suicidal communication to a fellow officer, spouse, family member or significant other. Unfortunately, communications with a counselor or other mental health care professional occurred in only 34 percent of these cases. Still, this predictable "pre-suicidal communication" provides an opportunity to intervene and possibly prevent suicide.

General research statistics reveal an alarming problem: officers kill themselves more than they are killed by others, and the risk of police suicide is

over three times that of the general population, and increasing. Compounding the problem is the generality that a "cop" is tough, with "thick skin" and "nerves of steel". Peer pressure from fellow officers further complicates the situation, as most officers feel they can't show emotional weaknesses, such as depression and suicidal ideations, to those they work with for fear of chastising or disciplinary action.

Often, these same officers who carry on the "macho" façade of a police officer also carry the brunt of their daily stress beyond the workplace and into the home. Family members then become secondary victims of the stress and related psychological and physiological symptoms, frequently resulting in failed relationships or domestic violence situations – adding to the overall stress factors and continuing the downward spiral towards this toxic personal disaster.

To address this growing problem, a majority of agencies have implemented an Employee Assistance Program (EAP) that usually includes free and confidential counseling services away from the workplace. However, findings from the research conducted for this project indicate that even with these programs in place, fewer than 20% of the officers who committed suicide accessed available services, while an alarming 72% showed suicidal indicators prior to their death.

These statistics clearly raise questions to the effectiveness of *reactionary* programs offered by EAP services, and if a *proactive* approach would have prevented or reduced the suicides from taking place. Given the information and statistical data related to this issue, are there procedures that law enforcement agencies can implement to assist in the prevention of stress and suicide in the law enforcement field, and should administrators take the responsibility to establish these programs?

Background

Countless studies and research has been conducted to identify risk factors for depression and suicide. While the focus of this author's research remains grounded in preventing officer suicides, general risk factors are common for both groups (sworn officers and civilians):

- Suicide is the eighth leading cause of death for all U.S. men (Anderson and Smith 2003)
- Males are four times more likely to die from suicide than females (Center for Disease Control 2004)
- Suicide rates are highest among Whites and second highest among American Indian and Native Alaskan men (Center for Disease Control 2004)
- Of the 24,672 suicide deaths reported among men in 2001, 60% involved the use of a firearm (Anderson and Smith, 2003)
- Women report attempting suicide during their lifetime about three times as often as men (Krug et al., 2002)

- In 2001, 55% of suicides were committed with a firearm (Anderson and Smith, 2003)
- Persons with clinical depression are at highest risk. (Violanti, 2006)
- Recent stress, including daily hassles, life events and experience of a traumatic incident may also precipitate suicide (Violanti, 2006)
- Prior suicidal thoughts/attempts increase the risk, as each attempt increases the likelihood of success, as well as the access to lethal means (such as an officer always having access to a firearm) (Violanti, 2006)
- A person who is isolated or has no means of social support is at greater risk, as well as a person receiving family or peer hostilities (Violanti, 2006)

It has also been found through the many forms of research and existing programs available to officers that most programs focus on what can be physically changed about a person's behavior and placing less emphasis on how to actually cope or relieve the stress to begin with. This is related to the tragically humorous statement: "The object isn't to keep the Titanic from sinking, but to avoid the iceberg altogether", reinforcing the premise that if steps are taken prior to the onset of symptoms (hitting the iceberg), a great number of suicides can be prevented (the sinking).

Of all research reports reviewed, most lack detailed information concerning external factors that may be significant and relevant. For example, one study of suicide rates of New York City Police Department (NYPD) officers indicates the "majority" of officers who committed suicide were intoxicated at the time of their death, and "most" exhibited domestic violence situations prior to their death. While these statements are in-line with current statistical findings, the particular study does not reference the effects (or the statistical values) of the relation to external events such as the terrorist attack on the World Trade Center in 2001 or the first WTC attack in the early 90's – which are certainly worthy of consideration.

Other research states that male officers 50 years and older are at highest risk, but fails to indicate if prior indicators were present. A person born in 1956 may very well have been in the military during the Vietnam conflict in the late 60's and 70's, which may play a significant role in determining risk factors for law enforcement suicide later in life.

The final, and undoubtedly most influential, piece of information that skews the results is the fact that many officer deaths are suspect in terms being reported as an actual suicide. There is an inherent philosophy amongst law enforcement officers to "protect their own" in terms of pride and integrity. Therefore, it is assumed that some officer deaths are officially "ruled" as accidents or unintentional, rather than an actual suicide, to preserve the mantra that "cops are tough".

Additionally, data was not collected to identify the driving cause behind an officer suicide, or any influencing factors beyond what is generally considered as the stressful nature of the job itself.

It is worthy to note that of several publicly available surveys, the job of a law enforcement officer is not ranked high in regards to the most dangerous, but does indeed rank consistently in the top 10 *most stressful* jobs. As listed online at www.jobstresshelp.com/archive.htm (© 1999 Job Stress Help, LLC), the ten most stressful jobs measured by a level of 21 specific job demands according to the Jobs Rated Almanac are:

1. President of the United States
2. Firefighter
3. Senior Corporate Executive
4. Indy-class Race Car Driver
5. Taxi Driver
6. Surgeon
7. Astronaut
8. **POLICE OFFICER**
9. NFL Football Player
10. Air Traffic Controller

Methods

To develop the baseline information needed for this topic, a three-page, 25-question survey was distributed to 207 law enforcement agencies in Florida. The questionnaire was designed as an "anonymous" method to collect information on a) the existence of EAP-type programs utilized by each department, b) if employee's are required (mandated) to participate in any form of crisis counseling services offered by the agency, c) if the recipient of the survey ever attended a counseling session and their impressions, and d) if the agency had any officer suicides and, if so, were counseling services offered to that officer (voluntarily or mandatory).

The survey, although not designed to measure extenuating circumstances, provided a means in which to simply identify statistical information in the above-described areas to extrapolate obvious patterns or correlations between the type of services offered, if any, and the number of actual suicides.

It is the intent of this research to lend credibility to pro-active crisis intervention programs and encourage administrators of law enforcement agencies to address these problems *before* officers feel the need to end their life

The survey/questionnaire that was distributed is attached as Appendix A, for reference. The survey was formatted with simple yes/no questions and opportunities to provide additional comments if necessary. The survey did not ask for specific identifying or confidential information, including the name of the agency or its location. This was done to not only protect the identity of the agency, but to keep the data unbiased.

The survey is lacking, however, in two areas. The survey did not yield data concerning outside influences or extenuating circumstances surrounding the

suicide(s), including the time when the suicide(s) actually occurred, or the elapsed time between suicides, if more than one occurred. The statistics also do not reveal if an EAP type of program (Crisis Intervention, Critical Incident Stress Debriefings, etc.) were in place and/or available at the time the suicide(s) took place.

The second piece of information that was not collected was the actual size of the agency (numbers of sworn personnel) in respect to the population it serves, although the total numbers of sworn and civilian personnel were indicated. Therefore, the results of the survey do not reflect any correlation between the numbers of officer suicides in relation to the size of the department (New York City Police Department, for example, had 21 reported officer suicides between 1994 and 1995 (Peer Support Training Institute, www.peersupport.com/nypd.htm), but has a 2006 compliment of 37,038 uniformed officers, serving a population of millions).

The collected data was assimilated and compiled in a simple spread-sheet, showing a percentage relationship of the number of "yes" or "no" answers, compared to the total number of answers (number of surveys returned), or compared to the yes or no answers for a particular question, creating small groups and sub-groups of information. The results yielded a proportional analysis allowing limited insight into the effectiveness of EAP programs, if those services were utilized, and if any mandatory requirements exist to attend such programs. The unfiltered results are attached as Appendix B, with their corresponding percentile (relationship) values.

Results

Of the 207 questionnaires distributed, 92 were returned, representing a 44% sample of all law enforcement agencies that employ over 74,000 sworn law enforcement officers statewide in Florida. The initial review of the results indicate several departments implemented an assistance program after an officer had committed suicide, as the initial results show that 95.6% (88 of 92) agencies have lost at least one officer to suicide and only 20.4% (18 of 92) of agencies surveyed report that EAP services were available to the officer, yet 93.4% (86 of 92) report an EAP program exists – at least at the time of the survey, not necessarily at the time of the suicide. This data infers that at the time the officer committed suicide, less than a quarter of the agencies had EAP services available.

It is implied that the number of agencies reporting that EAP services are available to officers would equal the number of EAP programs in place (93.4%), had those suicides occurred today.

The next fact uncovered through the statistics concerns whether employee's are mandated (required) to attend or participate in EAP programs, and if the individual completing the survey agrees or disagrees with the requirement. 83.6% of agencies surveyed indicate employee's are <u>not</u> mandated to participate in EAP programs, and 56.5% of respondents agree that employee's *should* be

required to attend, but 43.4% state the choice to attend should be left to the affected individual – even if early or obvious signs and/or symptoms (indicators) are present.

This is a crucial piece of information, considering the survey reveals 72.7% of officers who committed suicide, showed at least one suicidal indicator prior to their death, yet only 13.6% of those suicidal officers were mandated to attend EAP services, and less than 7% of suicidal officers sought help voluntarily.

These numbers may also mislead the interpretation, as the survey does not indicate counseling successes. The same numbers may also be interpreted as adults, in general, who make a firm decision to commit suicide will do so with or without intervention services – hence the low percentage of officers who voluntarily participated in EAP services.

Of the 92 surveys returned for analysis, four respondents indicated they had previously attended or participated in EAP services. Of those four, half (2) agreed the services were effective, but 1 of the 4 did not participate in a "group" session with their peers, feeling uncomfortable with a co-worker knowing about the situation.

The last component of the data analysis showed, not surprisingly, that all 92 agencies indicated disciplinary actions have been taken towards at least one employee (sworn officer) for the use/abuse of alcohol. All agencies similarly reported disciplinary actions have been taken towards at least one employee (sworn officer) for domestic violence.

Discussion

While the data collected yielded information on the existence of EAP programs and if they were or were not used, it is difficult to determine if the programs were effective in reducing the number of officer suicides.

It is also beyond the scope of the data collected to determine a relation between specific indicators (excessive alcohol consumption, domestic violence, etc.) and actual suicides.

However, the data supports several widely accepted concepts concerning people experiencing highly stressful environments are likely to, at least, suffer from clinical depression and possibly contemplate suicide at some point in their law enforcement career.

The focus of this topic is to determine if proactive measures should be taken by law enforcement agencies to reduce this threat. It is understandably a growing concern, even in managerial terms of directing groups of highly trained individuals who are not performing their functions as well as they need to be, due to the distractions created by both physiological and psychological symptoms of stress.

The burden of poor performance then requires administrators to provide costly personal leave and paying other employees over-time to cover the understaffed shifts. Add the element of turn-over rates due to "burn-out", and the

situation compounds itself in fiscal and logistical terms – having to train more new officers who have less experience than a "seasoned" veteran, also reducing the overall effectiveness of law enforcement efforts while trying to manage more senior officers suffering the ill effects of the high-stress job. Thus, there is a measurable financial liability to an agency with officers at risk of suicide and high stress.

One area that most EAP programs do not pursue, at least through publicly available documentation, is the introduction of stress-reducing programs for an officer's social network – one of the cornerstone components to personal well being. It is suggested, then, for EAP programs – managed either through private contracted businesses or from the agency itself – to provide on-going programs involving family members or other persons within the officer's peer network.

It is also suggested that administrators practice on-going stress-reduction programs for their employee's, instead of the standard practice of a single hour-long session on stress and CISD during a recruit training phase, with no regular programs once the officer is "on-line".

Whichever methods are employed, administrators must accept that an individual's performance will significantly impact the performance of the entire department, and poor morale (depression) is infectious. Some lifestyle and job stress factors, as identified by Mind Tools Ltd. And available online at http://www.psywww.com/mtsite/smpage.html (© Mind Tools Ltd., 1995-8) are:

- Too much or too little work
- Having to perform beyond your experience or perceived abilities
- Having to overcome unnecessary obstacles
- Time pressures and deadlines
- Keeping up with new developments
- Changes in procedures and policies
- Lack of relevant information, support and advice
- Lack of clear objectives
- Unclear expectations of your role from your supervisor or colleagues
- Responsibility for people, budgets or equipment
- Career development stress (promotions/demotions, job security, etc.)
- Internal or "client" stress (high demands, work interruptions, telephone calls, angry "clients", etc.)
- Personal and family stresses (Financial difficulties, relationship problems, ill health, birth, death, marriage, divorce, etc.)

While many readers can relate to most of these factors, the reaction to these stressors will vary from person to person. The most "fatal" effect comes from a downward spiraling effect where an employee becomes stressed when a task is rushed for completion, and doing them poorly. The under-performance creates frustration and feelings of failure, which causes more stress and distracts the employee from performing well at their next task. This cycle continues, and the stress level increases. As stress levels continue to increase over hours, days,

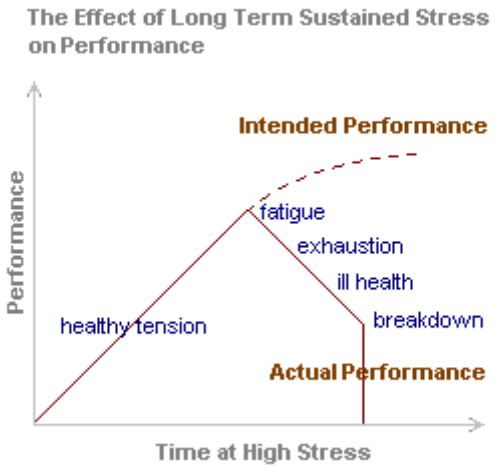
or even months and years, physiological symptoms begin to appear, adding additional stress factors.

Physiological symptoms of stress include (CERT, 2006):

- Loss of appetite
- Headaches, chest pain
- Diarrhea, stomach pain, nausea
- Hyperactivity
- Increase in alcohol or drug consumption
- Nightmares
- Inability to sleep
- Fatigue, low energy

The sum of any number of these factors usually result in a deficient immune system allowing room for more sickness and ill health, which not only adds to the overall stress levels, but creates several new health hazards such as a stroke or heart attack.

Agencies that take steps to reduce, intervene, or even attempt to manage this “long term stress” will ultimately benefit. The concept of long-term stress levels can be visualized with the following graph:



Through regular interaction between EAP programs and employees (along with family members), the employee’s performance can remain near peak levels while avoiding the catastrophic steps leading to depression and suicide, instead of the practice of intervening once the downward spiral has already started.

Regular programs can include simple measures such as encouraging employees to participate in regular exercise, such as a department softball team or weight training, or providing social opportunities in support of the department, but away from work-related responsibilities (attending ball games, hosting picnics, etc.).

These forms of interaction should also be incorporated with regular professional classroom sessions from EAP representatives, to reinforce the ongoing commitment from administrators to provide a healthy work environment for their employees.

Conclusion

Based upon the simple data collected through the surveys and coupled with extensive review of previous research and statistics, it appears that although EAP programs exist in most departments and are available to most officers, the programs may not fully apply necessary practices to reduce and/or avoid officer suicides.

Although there is no hard data supporting the effectiveness of a pro-active approach as described above, the cost-benefit consideration adds weight to the recommendation for agency administrators to implement and support on-going efforts, as opposed to "leaving it up to them" and ignoring a growing problem.

Through the implementation of a pro-active crisis management program, agencies are not just trying to plug the leak *after* the iceberg is hit, but decreasing the opportunities to actually hit the iceberg to begin with, perhaps by starting a program with the methods suggested here.

This research concludes with a statement from a fellow officer who, early in his career, shot and killed a suspect who was shooting at (and killed) others. The officer, having adjusted very well since the incident, stated: "If someone had just told me that what I felt was to be expected, *and was a normal reaction*, it would have made it a lot easier on myself and my family."

Captain Kerry Orpinuk has been with the Daytona Beach Police Department since 1988. She has worked in several divisions to include patrol, street crimes, Criminal investigations and the Boardwalk Unit. Kerry holds the rank of Captain and currently supervises the Criminal Investigation Division. She is also her agency's liaison for Critical Incident Stress Debriefings. Kerry has an Associates degree from Daytona Beach Community College.

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APPENDIX A

CRISIS INTERVENTION METHODS/ CRITICAL INCIDENT STRESS DEBRIEFING (CISD) PROCESS
RESEARCH SURVEY

# of Sworn Personnel_____

1. Does your agency currently have an Employee Assistance Program? Yes___ No___
   (If no, please skip to question # 14, if yes, please answer all questions)

2. Does the EAP program include Crisis Intervention methods? Yes_____ No ____

3. Does the EAP program include a Critical Incident Stress Debriefing Process?
   Yes____ No _____
   (If both answers to 2 & 3 are yes, please skip to question 6; if no, please continue)

4. Does your agency have a separate program for Crisis Intervention? Yes___ No___

5. Does your agency have a separate program for CISD? Yes____ No_____

6. Does your agency have a protocol where a person can be mandated to attend one of of these programs? Yes____ No____
   (If yes, please answer the following; if no, please skip to question #7)
   If yes, which programs have a protocol to mandate?
   EAP? _____
   Crisis Intervention_____
   CISD _____
   (Check all that apply)

7. Do you agree with the agency being able to mandate? Yes_____ No_____

8. Why or Why not?_____
   _____

9. Have you ever been mandated to attend one of these programs for Crisis Intervention or CISD? Yes_____ No_____

10. If you have been mandated or volunteered, did the program work for you? Yes___ No___
    Why?_____
    Why not?_____

11. When you attended the Crisis Intervention or CISD meeting, were your peers present as the organizers? Yes____ No____

Survey (Page Two)

12. If yes, were you comfortable with your peers there?

Why?_____

Why not?_____

13. If no, were you more comfortable without your peers there? Yes___ No____
Why_____
Why not?_____

14. Has you agency ever lost an officer to suicide? Yes_____ No _____.
(If yes, please continue; If no, please skip to question # 19)

15. Did the officer(s), who fell victim to suicide, ever show indicators of stress or depression that you are aware of? Yes____ No ___.

16. Were there any programs in place that were offered to the officer(s) who fell victim to suicide? Yes___ No__

17. If there were programs, was the officer(s) mandated to attend any assistance programs prior to falling victim of suicide?
Yes_____ No_____.

18. If there were programs, did the officer (s), who fell victim to suicide, seek assistance without being mandated?
Yes_____ No _____.

19. Has your Department experienced any disciplinary incidents involving a sworn employees' use or abuse of alcohol? Yes_____ No _____?

20. If yes, did any of the incidents occur while the employee(s) was on-duty? Yes____ No__

21. As a result of this incident, was the employee(s) mandated to attend some sort of counseling?
Yes_____ No_____?

22. Has your Department experienced any repeat disciplinary incidents involving the same employee(s) and the use and/or abuse of alcohol? Yes_____ No_____

23. Has you Department experienced any disciplinary incident involving a domestic issue (sworn employees). Yes_____ No_____.

24. If yes, did any of the incidents occur while the employee(s) was on-duty? Yes____ No__

25. As of result of this incident, was the employee(s) mandated to attend some sort of counseling?
Yes____ No____

Are there any additional comments that you would like to add to this study?

_____
_____
_____
_____

Would you like a copy of the survey results once the research project is completed?

Yes_____ No_____

If yes, please include a name and mailing address to send the results.

Please remember to e-mail this survey by July 14, 2006. Thanks again for your help

Appendix B
Raw Statistical Data

			Yes		No				
Total Surveys	207								
Responses	92								
	0.444444								
1		86	0.934783	6	0.065217	(Have an EAP?)			
2		77	0.895349	9	0.104651	(does it include CI?)			
3		73	0.848837	13	0.22093	(does it include CISD?)			
4		6	100	0	0	(if 1 is no, have separate CI program?)			
5		6	100	0	0	(if 1 is no, have separate CISD program?)			
6		15	0.163043	77	0.836957	(Are employees mandated?)			
	EAP	13	0.866667	2	0.133333	(which programs are "mandated")			
	CI	2	0.133333	13	0.866667				
	CISD	4	0.266667	11	0.733333				
7		52	0.565217	40	0.434783	(Do you agree about mandating?)			
8			n/a			(Generally should be the employee's option/right)			
9		4	0.043478	88	0.956522	(Have YOU been mandated to go?)			
10		2	0.5	2	0.5	(If you went, did it work?)			
11		3	0.75	1	0.25	(Were your peers present?)			
12		2	0.666667	1	0.333333	(Were you OK with your peers present?)			
13		1	100	0	0	(Were you more OK without peers present?)			
14		88	0.956522	4	0.043478	(Has agency ever lost officer to suicide?)			
15		64	0.727273	24	0.272727	(Did they show signs before they did it?)			
16		18	0.204545	70	0.795455	(Were there any EAP available to the officer?)			
17		12	0.136364	6	0.068182	70	0.795455	(unknown)	(If yes, was the officer mandated?)
18		6	0.068182	12	0.136364	70	0.795455	(unknown)	(If yes, did the officer go voluntarily?)
19			n/a			(do they want copies of the survey)			

All agencies indicated they have experienced disciplinary incidents involving sworn officers use or abuse of alcohol (100%)
All agencies indicated they have experienced disciplinary incidents involving sworn officers and domestic abuse (100%)