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Inside the stress of a police officer's job : what mental health counselors should know

Molly J. Wertz

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Inside the stress of a police officer's job : what mental health counselors should know

Abstract

Police officers have a unique responsibility within the job. They must learn to cope with stress, adrenaline, and fear during working hours while protecting themselves as they are protecting society. Becoming burdened and overwhelmed by the stress of the job can have many consequences, including suicide attempts and the development of post-traumatic stress disorder. This paper will examine primary stressors a police officer encounters on and off the job, suicide, posttraumatic stress disorder, peer support, as well as implications for counselors.

INSIDE THE STRESS OF A POLICE OFFICER'S JOB:
WHAT MENTAL HEALTH COUNSELORS SHOULD KNOW

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Molly J. Wertz

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Police officers have a unique responsibility within the job. They must learn to cope with stress, adrenaline, and fear during working hours while protecting themselves as they are protecting society. Becoming burdened and overwhelmed by the stress of the job can have many consequences, including suicide attempts and the development of post-traumatic stress disorder. This paper will examine primary stressors a police officer encounters on and off the job, suicide, posttraumatic stress disorder, peer support, as well as implications for counselors.

While being a police officer is admirable to most, officers hold a profound responsibility to society and the individuals they protect (Kirschman, 2000; Stone, 1999). Young children play “cops and robbers,” and dream of perhaps one day putting on a full officer’s uniform, wearing a duty belt that contains a gun, heavy flashlight, and handcuffs. However, once officers put on the uniform they are perceived as both heroes and villains (Lindsey & Kelly, 2004). The job is demanding. It requires focus, attention to detail, patience, and communication skills, as well as an extreme tolerance for stress (Lindsey & Kelly, 2004). Although police officers can be perceived as heroes, this lifestyle can take a devastating toll on their mind and body (Kirshman, 2000, Lindsey & Kelly, 2004; Mashburn, 1993; Stone, 1999). They are trained to be stoic and lack emotional involvement, as an officer described in the following quote from Lindsey & Kelly (2004):

It is not socially acceptable for law enforcement officers to show emotion...it is a sign of weakness...a loss of control...and we are trained and programmed to not lose control under any circumstances. It is inbred into us in the academy, probationary training, and all aspects of law enforcement that if we can’t handle the stress, we need to get out. (p.1)

A police officer endures many stressors on and off the streets; however, if a stressor is severe enough and an officer cannot cope, there is danger of suicide, as well as the development of posttraumatic stress disorder (Lindsey & Kelly,

2004). Police officers may feel they should be able to cope with issues of the job on their own, therefore many may not go out of the department to seek professional help (Kirschman, 2000; Kureczka, 1996, 2002). However, within most departments there is peer counseling and debriefings, as well as referrals to mental health professionals (Finn & Esselman Tomz, 1998; Kirschman, 2000; Stone, 1999). Some officers have access to full or part time counselors who work within the department (Kirschman, 2000).

With any client a counselor sees, it is important to understand the roles the client has in various aspects of life (King, 2001). And, as with any job, police officers endure stress. However, the areas of stress and the impact can be devastating. If a counselor has a police officer as a client, education regarding the culture, lifestyle, stress, and organization of police work would be imperative (Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Stone, 1999). An officer endures stress within the organization and while patrolling (Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Mashburn, 1993; Stone, 1999; Thompson, 1999). The effects of the job can overflow into their personal life causing strain with family and in social situations (Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Mashburn, 1993; Stephens & Long, 2000; Stone, 1999; Thompson, 1999).

Defining Stress

Stress is a physiological result of perceived danger on an individual and/or their environment in which one's coping skills become impaired (Seaward, 2004). Individuals vary in their reactions to perceived stress, therefore will react differently depending on the situation (Sheehan & Van Hasselt, 2003). Because the two can be confused, it is important to note the difference between stress and a stressor (Seaward, 2004; Sheehan & Van Hasselt, 2003). A stressor is an environmental or situational cue that is understood to cause stress (Seaward, 2004). Therefore stress is the response, and a stressor is the stimulus (Seaward, 2004).

In police work, the stressor can be equated to a critical incident in which an officer perceives there is danger (Sheehan & Van Hasselt, 2003). The definition of a critical incident will vary among officers depending on their perceptions and tolerance for stress (Kureczka, 1996; Sheehan & Van Hasselt, 2003). However, examples of critical incidents include a fellow officer getting injured, working with a victim of child abuse, or becoming physical with a suspect (Kureczka, 1996). Exposure to critical incidents builds up over the course of a police officer's career and can place strain on an officer's behavior, as well as physical and mental health (Lieberman, Best, Metzler, & Fagan, 2002). Chronic stress may be a result of repeated exposure to critical incidents, which have been

linked to coronary heart disease and hypertension (Seaward, 2004; Thompson, 1999).

Areas Related to Police Officer Stress

Personal

Although a police officer goes home, he or she really has not left the job. Many times officers will want to leave work behind; however, society does not let them forget who they are (Lindsey & Kelly, 2004). For example, family members may seek legal advice during family gatherings, or at a social function with their spouse they may be constantly questioned and or ridiculed about the job (Lindsey & Kelly, 2004; Stone, 1999). Both the officer and spouse are vulnerable (Came, 1989; Lindsey & Kelly, 2004; Stone, 1999). During conversations, a friend or family member may discuss racial profiling or getting a speeding ticket, then question why officers are not working to arrest the true bad guys (Came, 1989; Kirschman, 2000; Stone, 1999). During these discussions, officers may feel defensive or stereotyped and blamed for other officers' actions (Came, 1989; Kirschman, 2000; Stone, 1999). Feeling uncomfortable and vulnerable in certain social situations may lead to the break down of relationships outside of the police department, causing officers to stick together and socialize together outside of work (Came, 1989; Kirschman, 2000; Stone, 1999).

Police work can also be destructive for marriages (Came, 1989; Kirschman, 2000; Stone, 1999). Police spouses often believe the disheartening

nature of the job can be devastating to a marriage (Came, 1989). And, although an organizational factor, shift work can be frustrating for couples due to the inability to form a normal social life together (Came, 1989; Stone 1999). Many officers work six or seven days in row, having three or four days off in between (Came, 1989; Kirschman, 2000; Stone 1999). However, their spouse is usually at work during their days off, leaving the officer and spouse to plan their time together carefully (Came, 1989; Kirschman, 2000; Stone 1999). Because time and careful planning are essential for police couples to manage their marriage, a key ingredient is communication (Came, 1989; Kirschman, 2000; Lonsway & Conis, 2003; Stone 1999). If communication breaks down, damage to the marriage is almost certain (Came, 1989; Kirschman, 2000; Lonsway & Conis, 2003).

Organizational

Organizational stress is stress that officers feel from within the department and from being on the streets (Solan & Casey, 2003). With community and organizational expectations, police officers can feel obligated, or feel a sense of duty to pick up extra shifts, sometimes working seven to ten days in a row, or more (Solan & Casey, 2003; Stone, 1999). Shift work is one of the primary organizational stressors, and obviously, this can carry over into an officer's personal life (Kirschman, 2000; Liberman et al., 2002; Solan & Casey, 2003; Stone, 1999). In addition to shift work, officers have to testify in court, attend

regular training sessions, and many are concerned about equipment safety and management (Lieberman et al., 2002). Also, overtime within the department is necessary and if an officer chooses to, there are related jobs at which to work outside of the department (Lieberman et al., 2002).

Patrol

In addition to personal and organizational stressors, there is another element involved in police work. This element is the stress of the job itself. Patrolling, viewing dead bodies, chasing and wrestling with suspects, and dealing with child abuse, are a few of the stressors of police work (Herron, 2001; Kureczka, 1996; Lieberman et al., 2002; Lindsey & Kelly, 2004). These examples all involve citizens in the community, enforcing the law, and being in the public eye. At the core of police work is dealing with the public, and dealing with public ridicule (Lieberman et al., 2002). A quote from Thompson (1999), stated, “We deal with the worst of people and people at their worst” (p. 107). Identifying stress, and understanding the impact of these events is necessary for a counselor dealing with a police officer as a client (Kirschman, 2000).

Physiological, Psychological, and Behavioral Effects of Stress

Physiological Effects of Stress on a Police Officer

Although police officers may not appear visibly stressed during their shift, most feel the effects of stress internally (Lindsey & Kelly, 2004). A study by Anderson, Litzenberger, & Plecas (2002) looked at the physiological effects due

to stress that an officer encounters while working. In the study from Anderson et al. (2002), a random sample of police officers was surveyed from 12 different police departments in British Columbia regarding physical demands of the job and various critical incidents within the past year (Anderson et al., 2002). In addition to the survey, on-duty police officers had their heart rate recorded (Anderson et al., 2002). A research assistant rode along with individual officers to document the necessary data (Anderson et al., 2002).

Because previous research regarding police officer stress has been mostly self-reported, there has been speculation about the influence of stress on officers because self-reporting reveals individual perceptions of stress (Anderson et al., 2002; Lindsey & Kelly, 2004). Anderson et al. (2002) investigated the physiological effects of stress because what is perceived to be stressful to one officer may or may not be perceived as stressful to another officer. Also, one cannot directly observe what is happening internally (Anderson et al., 2002). The officers involved in this study wore a heart monitor so that each heartbeat could be documented (Anderson et al., 2002). Heart rate was documented at the beginning of each shift as a baseline (Anderson et al., 2002). The purpose was to record any changes in heart rate throughout the course of the shift. Due to technical difficulties and issues of reliability, 76 of the 121 individual cases were used in the results of the study (Anderson et al., 2002).

The results showed an increase in heart rate (Anderson et al., 2002). On average, the baseline heart rate was 59 beats per minute (Anderson et al., 2002). Throughout the shift, each officer's heart rate increased to an overall average of 82 beats per minute (Anderson et al., 2002). It is also interesting to note that the officer's heart rate was, on average, lower at the end of the shift than at the beginning of the shift (Anderson et al., 2002). An increase in heart rate occurred during physical struggles, handcuffing, and when placing their hand on the holster of their gun (Anderson et al., 2002). Results also indicated anticipatory stress prior to starting their shift including an increase in heart rate while putting on their uniform (Anderson et al., 2002).

With the results of this study, it seems clear a police officer's job is stressful. The events that occur during an officer's shift are unpredictable and unknown (Anderson et al., 2002; Harpold & Feemster, 2002; Herron, 2001). While an officer can speculate what may happen, there is no absolute. The anticipation of the unknown can cause stress on the body and mind (Herron, 2001; Sheehan, Everly, & Langlieb, 2004).

In 1999, the U.S. Department of Justice's National Institute of Justice conducted an anonymous survey of law enforcement officers from a large law enforcement agency (Harpold & Feemster, 2002). The survey offered insight into the physiological effects of long-term stress on police officers (Harpold & Feemster, 2002). The results indicated that, according to Harpold & Feemster

(2002), “Officers experienced increased risk of mortality and morbidity from cancer, heart disease, hypertension, acute migraine headaches, reproductive problems, chronic back problems, foot problems and insomnia” (p. 3). Volanti’s study (as cited in Lindsey & Kelly, 2004) indicated an increase in certain types of cancer, such as digestive cancer, and found the average age of death for an officer who has worked 10-19 years is 66.

Psychological and Behavioral Effects of Stress on a Police Officer

Although officers may be suffering from depression, or experiencing grief, many will not seek counseling outside of the department (Kureczka, 1996). Many feel weak for seeking help, thinking and feeling as though they can handle the issue on their own (Kirschman, 2000). However, this burden may become too difficult to bear and some officers do attempt and complete suicide (Baker & Baker, 1996; Brosnan, 1999; Lindsey & Kelly, 2004; Stone, 1999). Among stress related jobs, police officers have the highest suicide rates (Lindsey & Kelly, 2004; Stone, 1999). Police suicide doubled between the years of 1950 and 1990 (Lindsey & Kelly, 2004; Stone, 1999). More recently, 400 officers across the United States completed suicide in the year 2000 (Lindsey & Kelly, 2004). Although the research on police suicide is limited, it is apparent that there is a need for suicide education and prevention within police departments (Baker & Baker, 1996). According to Brosnan (1999), “Some researchers believe that many police suicides are the ultimate desperate acts of victims of PTSD” (p. 5).

Some psychological effects of stress and critical incidents include grief, excessive worry, depression, loss of motivation, post-traumatic stress disorder, and isolation (Harpold & Feemster, 2002; Herron, 2001). These effects may not be visible but may surface in behavior changes such as an increase in the consumption of alcohol, gambling, smoking cigarettes, domestic violence, and suicide attempts or completions (Atkinson-Tovar, 2003; Harpold & Feemster, 2002; Herron, 2001; Lindsey & Kelly, 2004; Lonsway & Conis, 2003).

Most police officers enjoy what they do and work hard to ensure the safety of their respected community (Herron, 2001; Liberman et al., 2002; Stone, 1999). However, as previously discussed, officers are exposed to dead bodies, domestic and child abuse victims, shootings, car accidents, as well as involvement in high speed chases, wrestling with suspects, and self-injury, or the injury of a fellow officer (Herron, 2001; Kureczka, 1996; Liberman et al., 2002; Lindsey & Kelly, 2004). These critical incidents can hold an officer emotionally captive. As with most human beings, exposure to these incidents would be traumatic, however, police officers have repeated exposure during the course of their career (Herron, 2001; Kureczka, 1996; Liberman et al., 2002; Lindsey & Kelly, 2004).

Depending on how an officer perceives the situation, the long-term psychological aftermath can be devastating and sometimes deadly (Finn & Esselman Tomz, 1998).

Posttraumatic Stress Disorder

Although police officers are vulnerable to severe stress, most officers observe and live through life threatening situations without developing posttraumatic stress disorder (Baker & Baker, 1996; Sheehan, et al., 2004). However, an obligation still exists to attend to the psychological needs of officers (Sheehan et al., 2004). Social support, coping abilities, perception of stress, personality type, and academy training are all factors in how officers respond under extreme stress (Brosnan, 1999; Heiskell, 2000; Stephens & Long, 2000).

Nevertheless, posttraumatic stress disorder does exist among police officers. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (2000), "The essential feature of Posttraumatic Stress Disorder (PTSD) is the development of characteristic symptoms following exposure to an extreme traumatic stressor" (p. 463). Brosnan (1999), indicated that research has shown 13 to 35 percent of police officers meet the requirements for PTSD as classified by the American Psychiatric Association. Other research has shown that about four to ten percent of people involved or exposed to a critical incident will develop PTSD (Kureczka, 1996). Overall, police seem to have a higher rate of PTSD due to the nature of their job (Brosnan, 1999; Kureczka, 1996; Stephens & Long, 2000). It is their job to face violence and hostility (Brosnan, 1999). Exposure to traumatic events, such as physical assaults to the individual or another officer, dead bodies, and life

threatening situations where officers are forced to use their gun, are a few of the stressful events that can become a serious issue for the officer if not addressed (Brosnan, 1999; Stephens & Long, 2000). Individuals who develop PTSD experience extreme, paralyzing fear and helplessness during the stressful event, as well as after the event has occurred (Brosnan, 1999; DSM-IV-TR, 2000; Heiskell, 2000). They also experience flashbacks, emotional withdrawal, irritability, anxiety, difficulty sleeping, difficulty concentrating, as well as substance abuse (DSM-IV TR, 2000; Heiskell, 2000).

Treatment of PTSD can include the combination of psychotherapy and medication for coping with fear and anxiety (Heiskell, 2000). Occasionally, a tranquilizer may be prescribed to help the individual sleep (Heiskell, 2000). With psychotherapy, the individual is encouraged to, according to Heiskell (2000), “Recall all details of the event, express grief and complete the mourning process” (p. 10). In addition to psychotherapy, acupuncture, relaxation techniques, massage therapy, and exercise can also assist in dealing with tension and anxiety produced by PTSD (Heiskell, 2000). An alternative treatment for this disorder is Eye Movement Desensitization and Reprocessing, or EMDR, and is administered by a mental health professional (Gilliland & James, 1998; Heiskell, 2000; Kirschman, 2000; McNally & Solomon, 1999).

Eye Movement Desensitization and Reprocessing

Developed by Francine Shapiro, EMDR redefines and desensitizes a person to traumatic memories by having the individual maintain awareness of the negative event throughout the treatment (Gilliland & James, 1998). The process uses imagery and verbal description of the negative event to recreate a positive event while closely watching the therapist's finger move back and forth creating a rhythm (Gilliland & James, 1998; Kirschman, 2000; McNally & Solomon, 1999). The movement is repeated 12 to 24 times to form a set (Gilliland & James, 1998). A set is also called a saccade (Gilliland & James, 1998). When a set, or saccade, is completed, the individual is verbally prompted to expunge the memory from their mind and then deeply inhale (Gilliland & James, 1998). This process allows the brain to reprocess a "frozen" traumatic event by stimulating the brain's natural information processing system, and in turn, the memory is able to be processed normally (McNally & Solomon, 1999).

As previously discussed, EMDR is used to treat severe cases of PTSD. However, addressing stress and trauma immediately may be helpful. In an attempt to prevent the impact of stress, which can lead to PTSD, as well as depression, suicide, and marital problems, there are interventions to help officers cope after encountering a stressful event or critical incident.

Coping with Critical Incident Stress

Critical incidents are events that occur quickly, without warning, and are outside the realm of normal experiences (Kureczka, 1996). These events were discussed previously, however, additional examples of critical incidents include high media cases, a high speed chase, injury to self or others, an occurrence of multiple deaths, an officer suicide, or an incident in which deadly force is used (Kureczka, 1996, 2002; Mashburn, 1993). Such incidents require immediate discussion to process the events (Atkinson-Tovar, 2003; Mashburn, 1993; Stevens & Long, 2000). Police departments refer to this as debriefing. Whether it is individual or with a group, critical incident debriefing occurs following the event to discuss the situation and stress involved (Atkinson-Tovar, 2003; Kureczka, 1996; Mashburn, 1993; Stevens & Long, 2000). This immediate response from the police department is crucial to help prevent emotional and cognitive manifestation of the event (Atkinson-Tovar, 2003; Kureczka, 1996; Mashburn, 1993; Stevens & Long, 2000). Following debriefing, officers may wish to further discuss the incident or other stressors. Officers tend to utilize support from their peers (Atkinson-Tovar, 2003; Kureczka, 1996; Mashburn, 1993; Stevens & Long, 2000). Many departments have trained officers to be peer counselors (Atkinson-Tovar, 2003; Kureczka, 1996; Mashburn, 1993; Stevens & Long, 2000).

Peer Support and Peer Counseling

Police officers seem skeptical of trusting someone other than a fellow officer to help them cope with critical incident stress (Finn & Esselman Tomz, 1998; Kureczka, 1996, 2002; Mashburn, 1993; Stephens & Long, 2000). It is unclear to them how someone outside the department could be of assistance (Finn & Esselman Tomz, 1998; Kureczka, 1996, 2002; Mashburn, 1993; Stephens & Long, 2000). Officers believe those outside the department would not be able to understand what the officer has seen and experienced (Finn & Esselman Tomz, 1998; Kureczka, 1996, 2002; Mashburn, 1993; Stephens & Long, 2000). Therefore, some departments across the United States have assigned certain officers to be peer counselors, or peer supporters (Finn & Esselman Tomz, 1998; Kirschman, 2000; Stone, 1999). Their job is to assist in preventing and dealing with stress (Finn & Esselman Tomz, 1998). The peers are taught basic counseling skills such as Carl Roger's client centered approach (Kureczka, 1996). Building trust through the counseling relationship seems necessary for officers in need of help (Kureczka, 1996). Peer counseling and support exist, however, it is important to note that there are specific officers trained for this purpose (Finn & Esselman Tomz, 1998; Kureczka, 1996, 2002; Mashburn, 1993; Stephens & Long, 2000; Stone, 1999).

Finn & Esselman Tomz (1998) suggest that peer counselors have two purposes. The first reason to have peer counselors in the police department is

they are a source of help for officers in need who are skeptical of mental health professionals (Finn & Esselman Tomz, 1998). Secondly, peer counselors can serve as a reliable source for referring an officer to someone outside of the department (Finn & Esselman Tomz, 1998). Their role is to listen, process and assess the officer's stress, then refer if needed (Finn & Esselman Tomz, 1998). It is recommended that following a critical incident, an officer utilize a peer counselor, or debrief with another officer (Finn & Esselman Tomz, 1998; Mashburn, 1993). In some cases, a peer counselor is also trained to counsel an officer's family (Mashburn, 1993).

Seeking Therapy Outside of the Police Department

Larger police departments, such as New York and Los Angeles, have mental health professionals working on site (Kirschman, 2000). Unfortunately, not all departments have this luxury. While most police officers will not discuss events with anyone outside of their culture, some will seek professional help from an outside source (Kirschman, 2000). This is a risk for a police officer because of feared backlash if anyone finds out (Atkinson-Tovar, 2003). Officers feel embarrassed, and fear being perceived as weak (Atkinson-Tovar, 2003; Kirschman, 2000). There is also a fear of losing their jobs or being demoted if someone knows they have sought counseling (Atkinson-Tovar, 2003). The fear is their reputation will be jeopardized due to the nature of the job and the secretive

nature of the police culture will be lost (Atkinson-Tovar, 2003; Kirschman, 2000). Within the police culture, secrecy is equated with loyalty (Atkinson Tovar, 2003).

A police officer who seeks help outside of the department remains skeptical and untrusting of the mental health professional (Atkinson-Tovar, 2003; Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Mashburn, 1993; Stone, 1999). Since many officers socialize together outside of work, an advantage of seeing a counselor outside of the department rather than seeing a peer counselor is that boundaries are clear (Kirschman, 2000). It may be uncomfortable for an officer to socialize with a peer counselor on days off (Kirschman, 2000). A disadvantage is counselors outside the department may not be aware of or understand the culture of police work (Kirschman, 2000; McNally & Solomon, 1999).

Implications for the Mental Health Counselors

As with anyone who begins counseling for the first time, there is a sense of vulnerability (King, 2001). Clients trust a counselor to be confidential and ethical (King, 2001). A police officer is no different, and may initially be a challenging client (Kirschman, 2000; Kureczka, 1996, 2002; McNally & Solomon, 1999). Police officers have built an image for themselves, within their culture, and fears having someone skew the image (Atkinson-Tovar, 2003). If the image is discredited within the community, the officer may no longer feel empowered to do their job (Atkinson-Tovar, 2003). A police officer who seeks

therapy outside of the police department may need to be reassured of confidentiality, and may appreciate having some of the counselor code of ethics explained to them (Atkinson-Tovar, 2003; Kirschman, 2000; Kureczka, 1996, 2002). Building rapport and trust will be crucial to the therapeutic process with a police officer because self-disclosure is intimidating for them, and they may fear being betrayed (Kureczka, 1996, 2002).

Often, humor is used as a defense mechanism within the police culture (Kureczka, 1996, 2002). This proves to be a safe way to vent anger and cope with what they may view as abnormal feelings (Kureczka, 1996, 2002). A counselor may view this behavior as sarcastic and initially have a hard time empathizing with the client because they may appear resistant (Kureczka, 1996, 2002). This could hinder the therapeutic process. Kureczka (1996) stated, "Counselors must have a thorough understanding of policing, as well as comprehensive knowledge of the police force and its demographics" (p. 16). Therefore, if a mental health counselor has a police officer as a client, it is imperative to be educated about police work (Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Stone, 1999). An officer will more than likely be resistant to the therapeutic process and will be cautious and perhaps inquisitive about the counselor's experience (Kirschman, 2000; Kureczka, 1996; McNally & Solomon, 1999). Some police officers feel as though they learned all they needed to know about managing the job and stress in the academy (Kirschman, 2000; Kureczka,

1996). A mental health counselor can use their skills and abilities to build rapport with the client, and be proactive to learn more about police work (Kureczka, 1996, 2002).

Counselors have much to offer a client, if they are educated about the culture (Atkinson-Tovar, 2003; Brosnan, 1999; Kureczka, 1996). Counseling will be more successful if the police officer is comfortable and less resistant (Atkinson-Tovar, 2003; Brosnan, 1999; Kureczka, 1996). Counselors can provide a safe and neutral environment conducive for therapy (Atkinson-Tovar, 2003; Baker & Baker, 1996; Kirschman, 2000). In addition, counselors should explain to the officer that therapy is not a magic fix, and is a process that will require several sessions (Baker & Baker, 1996; Kirschman, 2000).

Counselors should be prepared to discuss depression and anxiety, and assist the client with identifying feelings and thought processes (Atkinson-Tovar, 2003; Baker & Baker, 1996; Brosnan, 1999; Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Stephens & Long, 2000; Stone, 1999). Learning and understanding PTSD may assist counselors in helping clients understand their feelings better (McNally & Solomon, 1999). It may be beneficial for counselors to learn more about EMDR and possibly become trained to use it, if they will be working with a lot of police officers, or anyone exposed to repeated trauma (McNally & Solomon, 1999). Officers may be in need of stress management techniques, relaxation techniques, as well as discussing healthy

coping skills (Kirschman, 2000). Communication skills may be another area to address with police officers (Came, 1989; Kirschman, 2000; Lonsway & Conis, 2003). As with most relationships, police officer marriages must have constructive communication to survive shift work and critical incident stress (Came, 1989; Lonsway & Conis, 2003).

Mental and physical health are both imperative for police officers to perform their job (Atkinson-Tovar, 2003; Baker & Baker, 1996; Brosnan, 1999; Finn & Esselman Tomz, 1998; Kirschman, 2000; Stephens & Long, 2000; Stone, 1999). Mental health professionals may consider further educating themselves regarding stress and disease to better understand the effect of stress on physical health (Atkinson-Tovar, 2003; Baker & Baker, 1996; Brosnan, 1999; Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Stephens & Long, 2000; Stone, 1999). If a counselor has a client who is a police officer, it may be helpful to suggest having a physical to rule out any medical conditions as part of therapy (Atkinson-Tovar, 2003; Baker & Baker, 1996; Brosnan, 1999; Finn & Esselman Tomz, 1998; Kirschman, 2000; Kureczka, 1996, 2002; Stephens & Long, 2000; Stone, 1999). Nutrition and exercise are essential factors in job performance as well (Harpold & Feemster, 2002; Lindsey & Kelly, 2004; Thompson, 1999). A police officer is active and has to be mentally and physically alert at all times (Lindsey & Kelly, 2004). Officers appear to have a difficult time putting away their “cop hat,” and seem powerless to physically come down from a

stressful state (Lindsey & Kelly, 2004). Because stress is difficult to manage, counselors should offer suggestions such as running and lifting weights as stress management techniques (Harpold & Feemster, 2002; Lindsey & Kelly, 2004; Thompson, 1999).

Conclusion

Police officers deal with many types of stress. As discussed, there is adaptation to shift work, frequent overtime, relationships with family to manage, societal standards and stereotypes, physical complaints that may hinder job performance, critical incidents to work through, depression, and the development of, or exhibiting symptoms of posttraumatic stress disorder. Although resistant to going outside of their culture to seek assistance, a counselor will inevitably see a client who is a police officer, knows a police officer, or is related to a police officer.

A counselor is trained to be empathic and non-judgmental. These skills must carry over even to the most difficult clients. Understanding the culture of police work is crucial to helping police officers, as well as being knowledgeable of the impact that stress has on the body and mind.

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