U.S. Department of Justice
Federal Bureau of Investigation

Law Enforcement Families

Issues and Answers

ISSUES AND ANSWERS

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NOTICE

LAW ENFORCEMENT'S

IMPACT ON FAMILIES
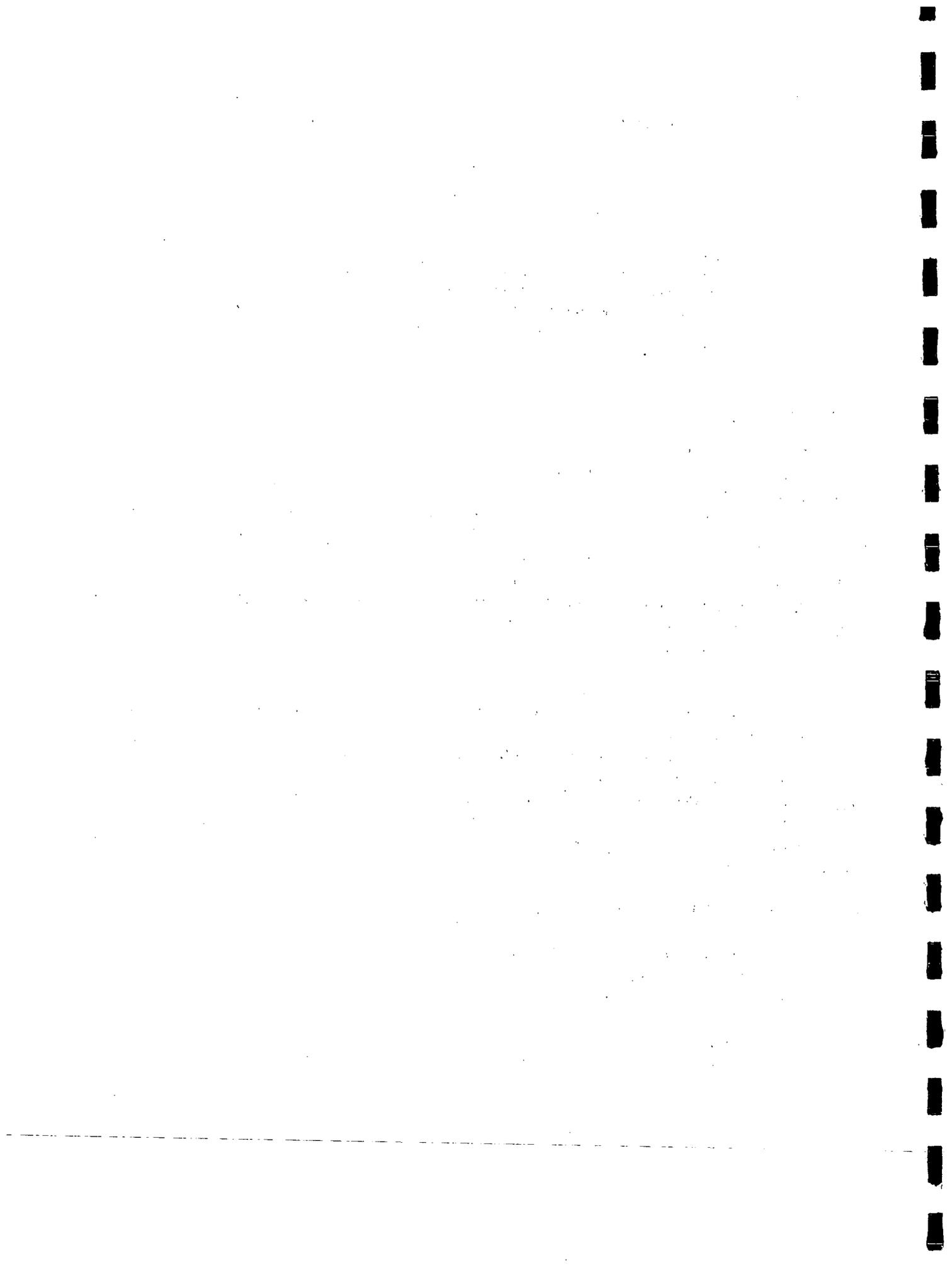
LAW ENFORCEMENT FAMILIES: ISSUES AND ANSWERS

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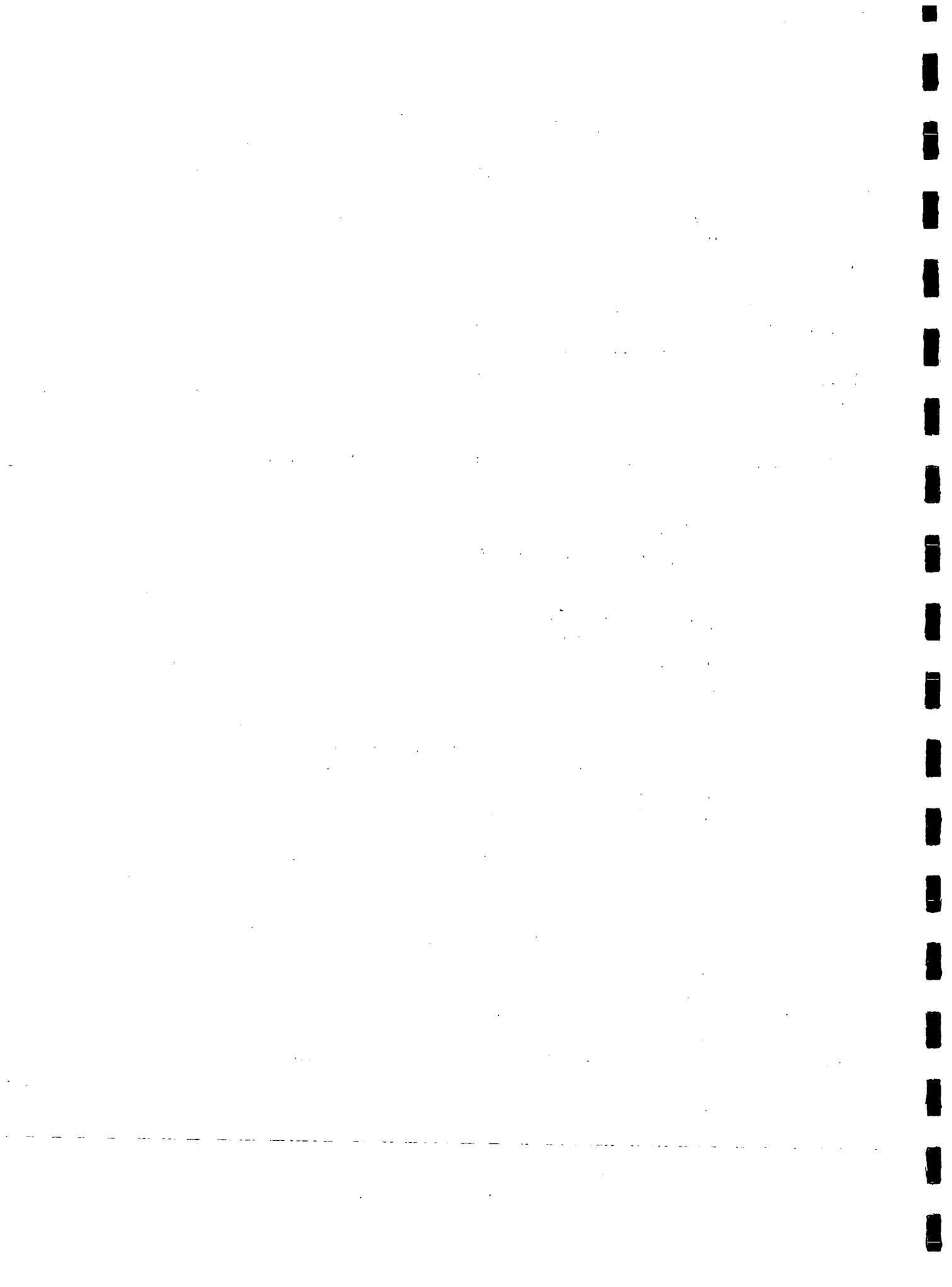
PREFACE

In May 1991, the U.S. House of Representatives Select Committee on Children, Youth, and Families, held a Hearing to develop information about the problems of police families and about the kinds of services that were available to help them. Chaired by Congresswomen Patricia Schroeder, the Hearing was titled **On the Front Lines: Police Stress and Family Well Being**. Police mental health service providers and police practitioners testified to the issues and concerns that set police families apart from those in other occupations. The hearing produced a draft amendment to the federal crime bill that included recommendations for strengthening police family programs and for research on the incidence and prevalence of family dysfunction. It was also a forerunner to the FBI Conference on **Law Enforcement Families: Issues and Answers**.

Preceding the Congressional Hearing, Committee staff questioned if, and how, police families differed from those of other occupations. Perhaps the most striking response lies in the fact that the Hearing directly followed Police Memorial Week. During that week a special group of police families are acknowledged: the survivors of those slain in the line of duty. They paid the ultimate price for a career in law enforcement .... clearly an answer to the staffers' questions about how police families differ. Survivor needs continue to be substantial, but most police families have not lost someone to a line-of-duty death. However, they may have lost them in other ways that can be attributed to the unique influences of a police career on an officer's family life.

The subject matter of this book addresses these unique influences, their effect on family functioning, and how they can contribute to family dysfunction. The authors who contributed chapters are experienced mental health professionals who have responded to the challenges, as well as the rewards, of working with the law enforcement population. Beyond their academic interests, they have met families in hospital emergency rooms, in the proverbial 3:00 am crisis, or in their counseling offices for scheduled appointments. Their experience brings a practiced eye and a substantial insight to defining the problems in police families and to determining what needs to be done about them.

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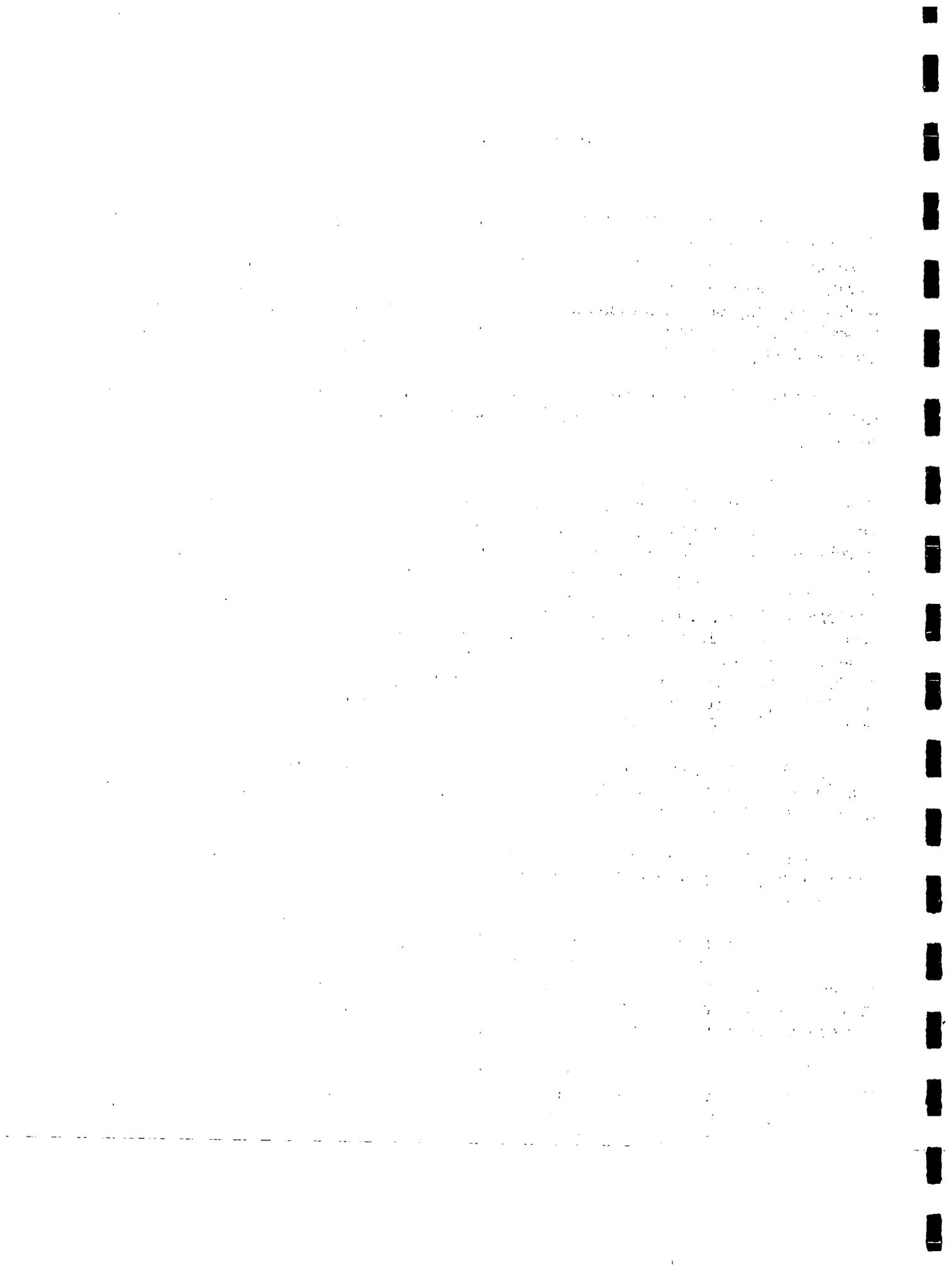
PREFACE

A scholarly approach to the practical aspects of law enforcement continues to be among the goals of the Federal Bureau of Investigation (FBI) Academy. Since my arrival at the academy in 1978, it has been my pleasure to meet and serve with many motivated and talented mental health professionals, chaplains, employee assistance providers, and others. During these acquaintances, several topics came to mind with regards to the need for ongoing research and additional literature. Among these topics was the law enforcement family.

The FBI has attempted to lead the way with regards to expanding this literature. This has been done through the unselfish contributions of the authors in this text as well as texts published by the FBI in the past, to include Psychological Services for Law Enforcement (James T. Reese and Harvey Goldstein, Eds.), Police Psychology: Operational Assistance (James T. Reese and James M. Horn, Eds.), and Critical Incidents in Law Enforcement (James T. Reese, James M. Horn, and Christine Dunning, Eds.). Because of the popularity and widespread acclaim of these books, it seems natural and necessary that this edition of police-related papers focusing on the law enforcement family be published. Thus, Law Enforcement Families: Issues and Answers, continues to allow the FBI, and through this conference the National Institute of Justice, to better serve the law enforcement community.

This book is designed to be of interest to law enforcement officers and mental health professionals alike, in that it is the most comprehensive book to date concerning the betterment of the lives of police officers. The authors represent almost every corner of the United States (as well as a few foreign guests) and virtually every size department.

Following a "call for papers" for this conference, the most commonly heard remark concerned the fact that there was very little in the literature concerning police families. This fact reinforced the need for this conference and resulting publication. The authors' up-to-the-minute exploration of the research and literature in the area of police families, as well as their own research, is exemplary. The text is painstakingly footnoted and the issues addressed cover the broadest spectrum of law enforcement family issues.

As police psychology continues to emerge as a recognized specialty within the behavioral sciences, and law enforcement becomes more demanding and complex, this text will serve as an indispensable component of any criminal justice and/or mental health library.

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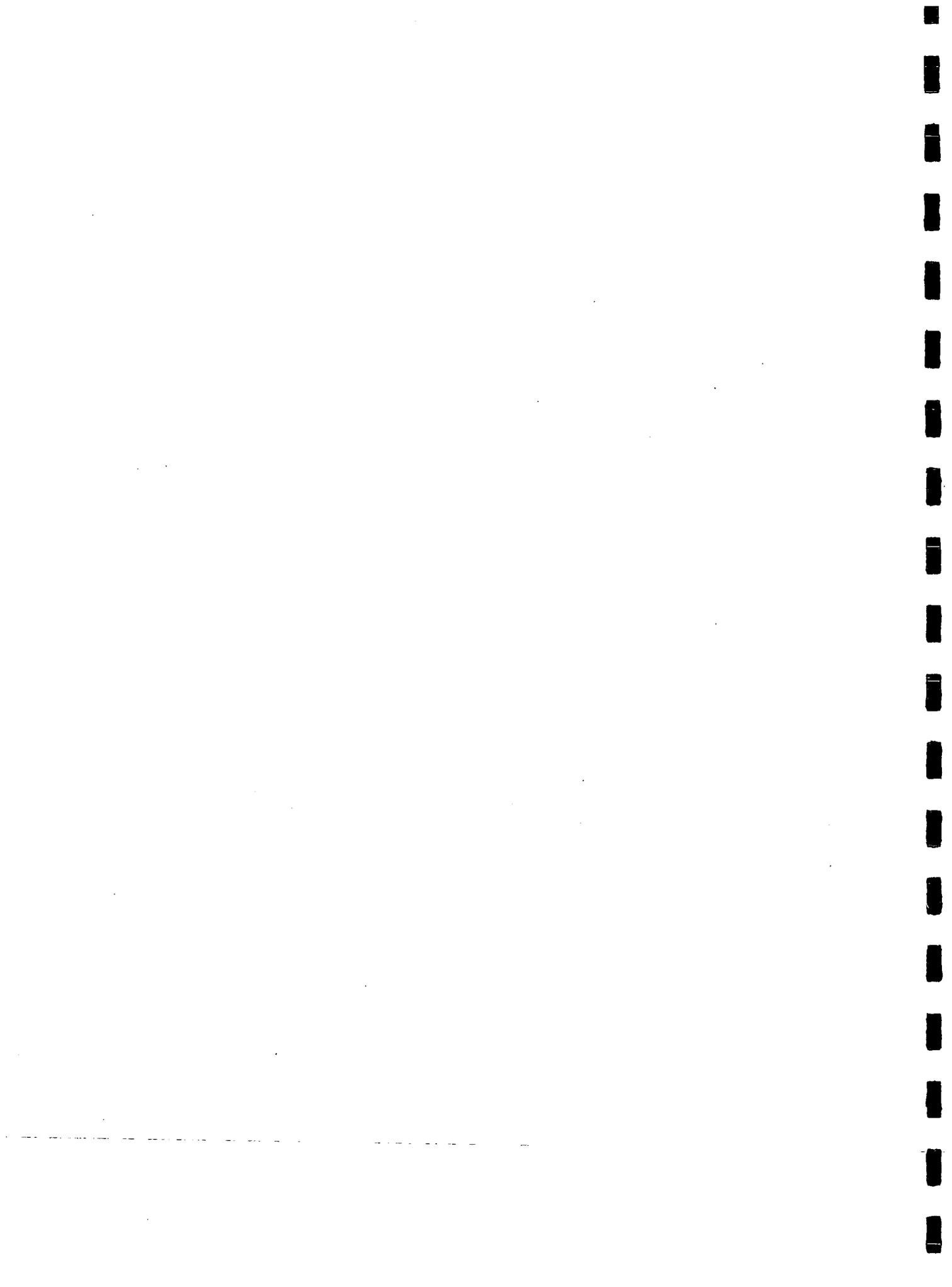
FAMILY ISSUES WITH NO EASY ANSWERS

Ellen Scrivner, Ph.D.
James T. Reese, Ph.D.

Police families do not wear a badge or carry a weapon but they are very much affected by those who do. Moreover, their support plays an important, but often unacknowledged, role in maintaining effective law enforcement services. This chapter presents a brief overview of how the support role can be influenced by a life in law enforcement. It sets the stage for the subsequent chapters that present more detailed explorations of police-family issues.

INTRODUCTION

Law enforcement can be a rewarding career but the demands of police work incur certain costs. Nowhere are these costs more keenly felt than in police officer families. The FBI Conference, **Law Enforcement Families: Issues and Answers**, provided an opportunity to explore the costs and the benefits of being a member of a police family. Some of the themes were familiar, having been stated before; others, however alluded to a changing law enforcement that brings uncertainty to a tradition-clad field. Just how these changes will affect the police family is unknown at this time. What is more certain is that some effect can be anticipated. The nature of law enforcement is such that even in the face of change, its career properties will remain all absorbing, regardless how police services are delivered. This chapter provides an overview of the themes central to the police family, both old and new, and illustrates how some family issues have no easy answers.

The police family, though not part of the organization, is very much affected by it. Over and above the prevailing fear for safety of their loved ones, the police family experiences pressures typically not found in other occupations. These pressures occur at all levels. They vary from a new recruit's family learning to manage the presence of a weapon in the home and the fear of being alone on midnight shifts, to those of a police chief's family coping with the personal anguish and public scrutiny that occurs when a chief is embroiled in a community controversy. In between, a variety of other job-related issues take their toll on family life and can contribute to family dysfunction. Some of the more salient issues were highlighted in the 1991 congressional testimony before the House Select Committee on Children, Youth and Families.

Family Disruption Due to Rotating Shifts

- Shift work disrupts family life for all police families and interferes with holidays and family special events; or family plans for scheduled days off are jettisoned when an officer is called for court.

- Single law enforcement parents, generally women, are particularly affected by the struggle to provide adequate child care and a family life while working rotating shifts.

- Over time, shift work can exact a physical toll on the officer that is manifested in emotional changes such as irritability and increased tension at home.

Unpredictable Work Environment

Shift work, in and of itself, is not the sole problem. Rather, the operational environment where police shifts occur is unpredictable, crises-driven, and subject to emergency response. Hence, the overarching message communicated to the police family is that the job takes priority over their needs.

- The above phenomena occur in an occupation where destabilizing events challenge a family with some frequency. Of necessity, a law enforcement family learns to live with the fear of death but quickly learns that the potential for physical injury is greater. On-the-job injuries have long-term career ramifications for an officer and the family and can affect income potential. Other than monetary assistance through Workmen's Compensation Programs, there are generally few services available to assist injured officers and their families through these difficult times.

- Equally destabilizing is the risk of an officer becoming the target of an internal investigation. Whether the investigation is due to a serious infraction or to a frivolous complaint, families bear the burden of events for which they had no responsibility. Consequently, they fear financial ruin and social ostracism.

Job-Related Personal Changes and Family Relationships

Injuries and investigations are commonplace in law enforcement and are not just isolated career events. Yet, the more prevailing family concerns appear to come from the personal effects that the job has on a police officer, and how observed personal changes influence family relationships.

- Law enforcement is not just about apprehending criminals. Interwoven into the fabric of work is ongoing contact with the social problems of the community, a contact that begins to sow the seeds of cynicism.

- Seeing more human tragedy in the first three years of a career than most people see in a lifetime, young officers' idealism is tested and their innocence is lost. Thus, they begin to construct psychological shields as protection against becoming emotionally overwhelmed.

- The psychological shield does not remain in the locker room. Inevitably, it goes home with the officer where it is perceived as a lack of sensitivity to family issues. In relationships already strained by the growing suspiciousness, hypervigilance, overprotectiveness, and mistrust of other people that develop with time on the job, these shields create new barriers.

- The by-products of police work gradually influence communication styles and problem-solving skills. However, the same styles and skills that work well on the street work can be counterproductive at home and contribute to family dysfunction.

Community Expectations and Demands

- Communities frequently hold officers and their families to a different standard of behavior in comparison to individuals in other occupations. Not only do community members expect officers to be readily available in off hours to respond to neighborhood infractions, they expect law enforcement families to be free from family conflicts.

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- Children are also expected to behave differently when their parent is a police officer. Such expectations can be particularly troublesome for police officer's adolescent children if they are held to behavior standards different from their peers.

Most police mental health professionals agree that a career in law enforcement can represent a significant intrusion into family life. This phenomenon was defined in the classic Neiderhoffer & Neiderhoffer study (1978), as job responsibilities superseding family relationships.

- Nowhere is this intrusion more apparent than in the requirement in most jurisdictions for officers to carry their weapons on a 24-hour basis, and, when needed, to take appropriate police action. Thus, a pleasant family outing can quickly become disrupted by police work that turns it into an unpleasant police event.

- It is not unusual, then, for police family members to experience loneliness and alienation and to develop resentment for the pervasive influence that a career in law enforcement assumes over their lives.

This portrayal of the interplay between police work and family life is based on consistent anecdotal data from police psychologists and other mental health professionals who provide services to police departments. While there is empirical information about police-work stress (Ellison & Genz, 1983; Reese & Goldstein, 1984), the research literature on the interplay between police stress and family life remains sparse. Furthermore, the minimal research findings from the 1970s may be less generalizable today as escalating crime changes the working environment of the police officer. Even though empirical findings are limited, the anecdotal data cannot be discounted since they come from the experience of police clinicians. The clinicians speak to the problem areas, but their presence also represents the efforts made by some police departments to respond to these problems. Hopefully, they will continue to provide a perspective on how a changing law enforcement will affect police families.

CHANGES IN LAW ENFORCEMENT

The criminal justice system is facing a crisis. Police departments across the nation are responding by rethinking how they do the business of policing. Many are transitioning to some form of community-oriented policing (Goldstein, 1993). This realignment is a response to many factors including how drugs have changed the face of crime, the increasing atmosphere of community violence, and a growing level of citizen fear.

Within this climate, concerns for officer safety are prevalent, particularly as the law enforcement mission is redefined to one of forming closer partnerships in crime-ridden communities. Conceivably, the move to community policing holds promise for reducing police-citizen conflicts and for providing better relationships within communities. Hence, officer safety could be enhanced. Conversely, as police services diversify and officers move closer to the community, their safety could be compromised if there is a related loss of the professional detachment that has provided a measure of protection in the past. Moreover, the change from the traditional police services model, in itself, can produce a period of disorganization that contributes to police officer vulnerability.

It will be some time before community policing can be evaluated and answers provided that address its general effectiveness or the impact on police officers. Clearly, many changes will occur during that time and in all likelihood some will have decided influences on police families. As of this writing, however, it is uncertain if the influences will be of a positive or negative nature. On an

optimistic note, the job will be broadened and job satisfaction could be enhanced. Communication style and problem solving could change, and families could see a reduction in "police paranoia." There are a few issues, however, that bear watching.

- Will family fears for safety increase in proportion to greater levels of officer exposure in the community?

- Will there be a risk of officer overinvolvement in the community and at the expense of family involvement?

- Will this level of involvement produce a new type of burnout? Or will families come to view the community in ways that are similar to how they previously viewed the squad?

- If residency is encouraged or required, will families feel that police departments have taken away their personal choice and are dictating their standard of living?

- Will increased officer autonomy also bring increased opportunities to engage in misconduct, thereby creating havoc for a family?

There are probably myriad other issues over and above this brief sample that represent the future focus of police mental health professional practices. In all probability, these service providers will see consistent changes in officer behavior, relative to changes in law enforcement, sooner than others in police departments. Moreover, these changes are apt to be reflected through their work with families. Thus, the information gained through the FBI Conference and the succeeding chapters in this volume helps to establish the foundation for what needs to be done for police families right now; and it provides a framework for staying abreast of what the future will bring for police departments and the families that support them.

REFERENCES

Ellison, K.W. & Genz, J.L. (1983). Stress and the police officer. Springfield, IL: Charles C Thomas.

Goldstein, H. (1993). The new policing: Confronting complexity. Research in Brief, Washington, DC: National Institute of Justice.

Neiderhoffer, A. & Neiderhoffer, E. (1978). The police family--From the station house to the ranch house. Lexington, MA: Lexington Books.

Reese, J.T. & Goldstein, H.A. (Eds) (1986). Psychological services for law enforcement. Washington, DC: U.S. Government Printing Office.

U.S. House of Representatives (1991). On the front lines: Police stress and family well being. Hearing before the Select Committee on Children, Youth and Families. Washington, DC: U.S. Government Printing Office.
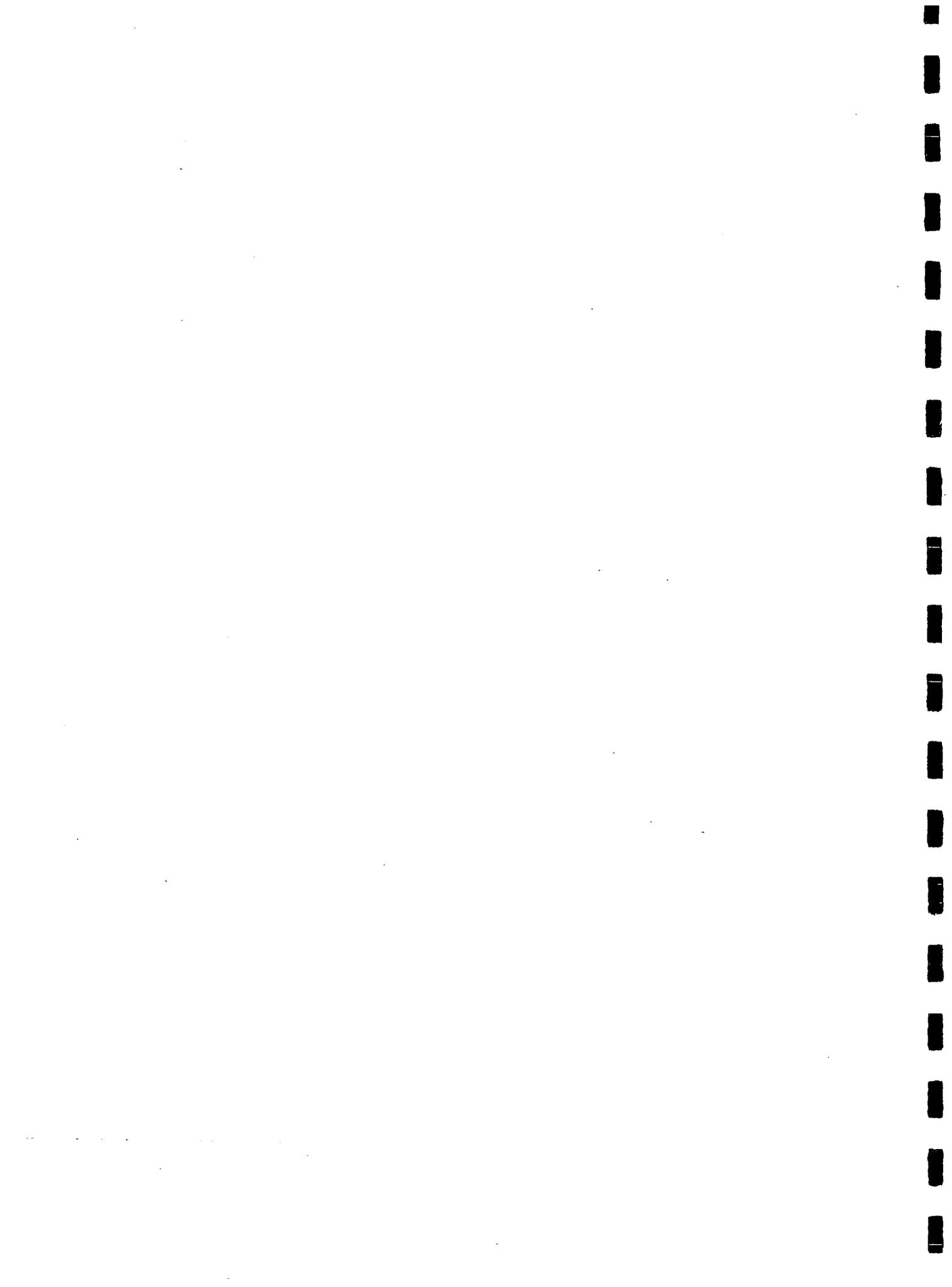
THE IMPACT OF POLICE WORK ON POLICE OFFICERS' SPOUSES AND FAMILIES

David A. Alexander, Ph.D.

A number of American studies have suggested that police work makes undesirable and substantial intrusions into family life. While these American findings cannot be ignored, there are problems in generalizing from them to the police service in the United Kingdom because of differences in culture and police philosophies and practices. This study provides some much-needed information on the subject by identifying some of the problems facing spouses and families of police officers serving in a Scottish police force. Over 400 spouses of police officers were surveyed by questionnaire to assess the impact of police work on the welfare and functioning of these spouses and their families. The results confirmed that police work has an adverse impact, particularly in terms of spouses' social life. The main culprits are long hours, shift-work, and cancelled leave. Dangerous duties and working with the opposite sex did not usually have an injurious effect on those at home. However, the methods used by the officers to combat work-induced stress may also create additional difficulties for their spouses and families.

INTRODUCTION

In the light of their observations about the pernicious and powerful influence police work can have on police officers' spouses and families, it is apt that Niederhoffer and Niederhoffer (1977) should have nominated police work as a "jealous mistress." The results of their seminal work have been largely substantiated by other studies of American law enforcement agents and their home life (Bibbins 1986; Reese, 1982; Reiser, 1978; Reiser, 1982). Another striking finding by Maynard and Maynard (1982) was that about three quarters of police officers' wives believed that their husbands regarded their police work as more important to them than their own families and wives.

It is tempting to generalize from these American studies to the United Kingdom, but there are inevitable risks because of the cultural, legal, and social differences between the countries. In particular, one must emphasize the fact that American police officers are armed whereas those in the United Kingdom are (generally) unarmed. Unfortunately, the police service in the United Kingdom has shown considerable reluctance to acknowledge and explore the demands of police work on serving officers and their families. However, in 1987 an important advance was made when the Joint Working Group on Organizational Health and Welfare, set up by the Association of Chief Police Officers, pronounced that police work does spill over into family life and that it might indeed have an adverse effect on domestic relationships and family functioning. In 1989 a major initiative was launched by the Police Foundation of the United Kingdom when it commissioned a team from the Medical School of the University of Aberdeen in Scotland to carry out the first comprehensive occupational health survey of a British Police Force. This unique study (Alexander, Innes, Irving, Sinclair & Walker 1991; Alexander, Walker & Innes, 1993) had among its aims an assessment of the impact of police work on spouses and families.

METHOD

Measures

In the parent study by Alexander and his colleagues, a questionnaire/booklet was distributed through the internal mailing system of the Grampian Police Force to all 1014 serving full-time police officers. Fourteen of the officers were later found to be ineligible (e.g., they were on courses at the time

of the survey), and of the 758 individuals who did complete the 42-page booklet, 464 (61%) agreed to the researchers sending their spouses a questionnaire.

The Spouse Questionnaire covered five key issues:

(a)   to what extent the spouses believed their police officer partners had been stressed (in the previous 4 weeks),

(b)   to what extent that level of stress has influenced adversely family and social relationships as well as the spouses' health,

(c)   what had been the impact of several basic aspects of police work on the marriage, the spouses' relationships with their children, and on the social life of the family.

(d)   how often had the officers used off duty a variety of methods of coping with stress, and with what success.

In addition, each spouse was asked to complete the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983). This 14-item scale is a reliable and valid measure of the presence and the severity of anxiety and depression symptoms in nonpsychiatric samples. A further advantage of this measure was that the author had a substantial bank of local normative data, which allowed comparisons with those from these spouses.

Sample

Of the 464 questionnaires sent out, 409 spouses provided satisfactorily completed questionnaires. This represented a response rate of 88%, an excellent response for a postal questionnaire.

Among the respondents there were 401 wives and 8 husbands, and the spouses represented constables (67%), sergeants (19%) and those of the rank of inspector and above (14%).

In view of the small number of male spouses which prevented any comparisons in terms of the gender of spouses those 8 individuals have been omitted from subsequent comparisons.

RESULTS

The space limitations require a fairly brief and selective presentation of results.

Perceived level of police officer stress

Each spouse was asked to indicate to what extent her police partner had been stressed over the previous 4 weeks due to police work. About a quarter (24%) did not think their partners had been stressed at all; 51% thought their partners had been "slightly" stressed; 23% were of the view that their partners had been "considerably" stressed, and the remaining 2% claimed their partners had been "extremely" stressed. The extent of this perceived level of stress varied with rank. Wives of constables (the lowest rank) thought their partners had been more stressed that the wives of sergeants thought their husbands had been ($z = -2.0884$, $p < .04$) but the wives of the most senior ranks (inspectors and above) thought their husbands had been more stressed than the wives of the sergeants believed their husbands to have been ($z = -2.4191$, $p < .02$). There was, however, no difference in the perceptions of wives

of inspectors and above when compared with the wives of constables (z = -1.14263). (These comparisons were conducted by means of the Mann Whitney U Test.)

The effect of police officers' stress on relationships

When the wives were asked to indicate to what extent the stress levels of their husbands had adversely affected family relationships, 9% of them claimed the effect had been "considerably" or "extremely" harmful, and half felt the effect had been only "slightly" harmful. It is of note that 2% considered that the relationships in the family had been improved to some extent by their husbands being under stress. Similarly, 1% claimed that their husbands' relationships outside of the home had improved because of being under stress. The majority, however, felt that the effect had been "extremely" or "considerably" harmful; 5% and 23% respectively felt the effect to be so.

The impact of police officers' stress on spouses' health

The overall effect on the wives' health of their police partners' stress is displayed in Table 1. From this table it is clear that irritability is the most marked reaction shown by the wives; 19% felt "considerably" or "extremely" irritable because of their husbands' stress.

Table 1   Impact of police officers' stress on spouses' health
               (in percentages)

Effect	Not at all %	Slightly %	Considerably %	Extremely %
(a) tired, lacking energy	57	35	7	1
(b) anxious	36	51	10	3
(c) depressed	62	30	7	1
(d) sleep difficulty	68	25	5	2
(e) stressed	51	38	10	1
(f) irritable	29	52	15	4

The effects of various aspects of police work

Wives were asked to indicate to what extent 8 basic aspects of police work had a harmful effect on their marriage, their own health, their relationships with their children, and their social life. The aspects subject to this inquiry were as follows: shift-work, long hours, recall from leave, cancelled leave, dangerous duties, the officers' inability to "switch off" (i.e. to relax), the risk of a house move, and the need for their husbands to work on duty with the opposite sex. The 4 main response options were "not at all," "slightly," "considerably," and "extremely" in terms of harmfulness. If an item were not relevant (e.g., if they had no family) then the "Not applicable" category was used.

Again, for economy of space, the results have been condensed such that only the "not at all" and the combined "considerably" and "extremely" categories have been presented in Table 2 below.

Table 2   Effect of police work on marriage, health, relations with children, and social life.

	Shift work %	Long hours %	Recall %	Cancelled leave %	Dangerous duties %	Switch off %	House move %	Opposite sex %
MARRIAGE								
Not at all	53	53	46	46	66	53	29	83
Consid/extr	6	9	5	7	2	9	6	3
OWN HEALTH								
Not at all	63	68	61	60	51	65	27	87
Consid/extr	3	2	2	3	5	5	7	1
REL CHILD								
Not at all	44	45	40	38	55	51	25	75
Consid/extr	5	6	4	5	2	5	5	0
SOCIAL LIFE								
Not at all	20	25	22	22	67	58	19	88
Consid/extr	26	26	18	20	3	10	14	1

From this table it can be seen that the prospect of having to move house is the aspect most likely to have some effect. On the other hand, having dangerous duties and having to work with the opposite sex are rarely seen by police wives to have a major effect even on the marriage. Social life is clearly the most likely victim of those aspects of the officers' duties, particularly because of shift-work and long hours (26% of wives in each case regarded their effect to be "considerably" or "extremely" harmful).

The overall impact of these factors can, however, be viewed in Table 3, which ranks the 8 aspects of work in terms of the total percentage of wives who regarded each item as "considerably" or "extremely" harmful: (The rank of "1" was accorded the highest percentage of wives.) From these data it transpires that long hours followed by shift-work and cancelled leave are the most injurious aspects of the officers' duties. In each case, over a third of the wives rated that aspect as "considerably" or "extremely" harmful. In contrast, having dangerous duties and having to work with the opposite sex are relatively innocuous.

Table 3   Rank order of harmful (considerably/extremely) aspects of police work.

Aspect	%	Rank
Long hours	43	1
Shiftwork	40	2
Cancelled leave	35	3
House move	32	4
Recall from leave	29	5.5
Switch off	29	5.5
Dangerous duties	12	7
Opposite sex	5	8

Police officers' methods of coping (off duty) with stress

Each wife was asked to indicate from a list of 22 coping methods how often her husband used them to cope with work-induced stress. "Stress" was defined as that which had an adverse effect on work performance, well being, or health. These methods were identified as relevant in an earlier pilot study (Alexander et al., 1991). If a method were not relevant (e.g., if an officer were a nonsmoker) the spouse used the "Not applicable" column.

Table 4   Frequency of methods used by police officers off duty to combat work-induced stress.

Method	Not at all	Sometimes	Frequently
1. Eat more	57	33	10
2. Eat less	70	26	4
3. Alcohol more	60	33	7
4. Alcohol less	90	9	1
5. Smoke more	41	36	23
6. Smoke less	90	8	2
7. Work/think about work at home	17	55	28
8. Take things easier	46	40	14
9. Keep things to self	21	41	38
10. Talk things over with family/friends	41	49	10
11. Talk things over with professional	94	6	0
12. Seek spiritual/religious help	93	5	2
13. Take out on family/friends	46	48	6
14. Use relaxation (e.g., yoga)	87	9	4
15. Take tablets for 'nerves'	96	3	1
16. Take sleeping tablets	95	4	1
17. More sport/exercise	53	32	15
18. Less sport/exercise	80	16	4
19. More other recreational activities	56	32	12
20. Fewer other recreational activities	85	11	4
21. Mix more with friends	58	38	4
22. Mix less with friends	68	24	8

From this table, it is apparent that few officers use psychotropic medication or talk to professionals as methods of dealing with stress. It is noteworthy, however, that 7% "frequently" use more alcohol and 23% "frequently" smoke more when under stress. In terms of the possible impact on family life, it should also be noted that 38% of officers "frequently" keep things to themselves, 28% "frequently" think about work at home or take work home, and 6% "frequently" and 48% "sometimes" take their feelings out on those at home.

The police officers' wives were also asked to rate to what extent they thought their husbands were successful in their use of these methods of coping with work-induced stress. Only 11% of the wives thought these methods were "completely" successful; 37% thought they were "very" successful; 35% regarded these methods as "slightly" effective, and the remaining 12% considered them to be totally ineffective (6% used the "Not applicable" category).

Wives' mental health

Each wife's scores on the anxiety and depression subscale were classified, according to the scheme devised by the authors of the Hospital Anxiety and Depression Scale, as "normal" (0-7), "borderline" (8-10), or "pathological" (11+). (A "pathological" score would be indicative of the individual having an identifiable psychiatric disorder.)

To put the distribution of the police wives' scores in perspective, Table 5 includes data, using the same measure, derived from other local studies involving female psychiatric nurses and female police officers (Alexander et al., 1991), hospital matrons (Alexander & Macleod, 1992) and female teachers (Proctor & Alexander, 1992).

Table 5 Percentage of police wives, nursing matrons, women police officers, female psychiatric nurses, and teachers with 'normal,' 'borderline,' and 'pathological' HAD scores

Anxiety

Score	Wives n=401 %	Matrons n=94 %	WPCs n=67 %	Nurses n=94 %	Teachers n=239 %
Normal (0-7)	57	64	55	67	34
Borderline (8-10)	24	18	19	17	27
Pathologolical	19	18	26	16	39

Depression

Scores	Wives n=401 %	Matrons n=94 %	WPCs n=67 %	Nurses n=94 %	Teachers n=239 %
Normal (0-7)	86	89	94	91	78
Borderline (8-10)	10	7	6	8	18
Pathological	4	4	0	1	4

By means of the Mann Whitney U Test, it was found that the wives of constables had significantly higher anxiety and depression scores than did the wives of inspectors and above (z = 2.7439, p < .006; z = 2.3603, p < .02 respectively). There were no other differences related to rank or to whether or not the police officer worked in the traffic department or in a rural or urban setting.

DISCUSSION

This study, based on 401 wives of British police officers, has generated much-needed information on the impact of police work on family life. Generally the findings are consistent with the earlier American studies.

About a quarter of these wives believed that their police officer husbands had been either "considerably" or "extremely" stressed because of their work in the 4 weeks prior to this study, and they saw this level of stress as having an impact on family relationships and other personal relationships outside the home. Anxiety and irritability were also commonly experienced by these wives because of their husbands' emotional state. Police work itself (due particularly to long hours, shiftwork, and cancelled leave) also left its mark on their marriages, their spouses' health, their spouses' relationships with their children, and, most particularly, on their social life.

Anecdotal comments and "black humor" in the British police service has often implicated working with staff of the opposite sex as a source of marital discord and stress for police officers' wives (e.g., Casey, 1992). However, this study did not identify this factor as a particularly threatening one to the security of family life or to the well-being of the wives. Similarly, having dangerous duties was not seen by this cohort of police wives as a major factor in terms of its impact on domestic life. The media, of course, do much to publicize the impact of dangerous and dramatic duties, and no doubt for certain individuals and their families the impact can indeed be substantial and enduring. However, this study suggests that organizational factors are a more potent source of family unrest and personal distress to the police officers' wives. An important implication of this finding is that if one is seeking an effective area for change in order that family and marital pressures are reduced, then attention should be focused on organizational matters rather than solely on the more dramatic aspects of police work. This strategy would be consistent with the finding of Alexander and Wells (1991) to the effect that good organizational and management practices are a powerful antidote to the long-term consequences of potentially traumatizing duties, such as body handling after a major disaster.

How individuals themselves try to combat stress is of course a critical issue. Many of the officers involved in this study would seem to use methods that could, at least potentially, make matters worse for those at home. For instance, officers frequently when under pressure keep things to themselves; a strategy that Reese (1982) identified as one that could result in communication problems for police officers and their families. In particular, spouses may end up feeling distanced from their partners and "left out." Their anxiety--borne of an ignorance of what troubles their husbands--might also fuel further uncertainty, doubt, and suspicion. There are, of course, several reasons why officers may choose not to air their feelings and experiences at home. On some occasions the strategy may reflect the officers' desire to deny to themselves that they have a problem: to discuss it openly would mean they had to acknowledge it to themselves. On the other hand, their reticence might be a well-intended effort to protect their loved ones from the harsher and more offensive features of life as seen through the eyes of a police officer. At other times the need to maintain confidentiality may inhibit them from discussing certain issues at home.

Similarly "scapegoating" or displacement is another defense against internal pressure that may damage relationships at home. Six percent of these wives claimed that their husbands "frequently" took things out on their friends and those at home. While this is a common defense, and is an understandable one, it does not provide a good recipe for a harmonious family and interpersonal life.

Even more common was the strategy of thinking about work at home or taking extra work home when the officers were stressed. Over a quarter of these officers "frequently" used this method. While it may in the short-term offer some respite from excessive workload and pressure, it can also become in the long-term a self-defeating strategy and one that jeopardizes family relationships.

It is widely known that alcohol and tobacco are used as "stress reducers," and other research has suggested that the use of alcohol is common among police officers (e.g., Bonifacio, 1991). While their popularity cannot be denied, little comfort can be drawn from the present observation that the consumption of these substances increases substantially when officers are under pressure, in view of the well-documented deleterious health and social consequences of their extensive and excessive use.

While this study can cast no light on to what extent specific methods were effective, it is interesting to note that nearly half of these wives regarded their husbands' overall efforts to cope with stress as only "slightly" or, worse, totally ineffective. These results are consistent with the findings of Alexander and Walker (in press) who reported that over 65% of police officers (out of a sample of 750 officers) admitted themselves that their methods were either completely unsuccessful or, at best, only slightly successful. One might ask, therefore, why officers persist with relatively ineffective methods. Part of the answer may lie in the possibility that certain methods (e.g., the use of alcohol and reticence) may be inherited as part of the police "macho" culture. As Reese (1982) indicated, in their training, officers acquire not only professional skills and knowledge, they are also expected to learn a repertoire of attitudes and values consistent with being a tough and resilient individual. The need to maintain this (at times unrealistic) image may lead to the acquisition of ineffective and even self-defeating methods of coping with stress.

The level of self-reported anxiety and depression among these wives also has to be taken seriously, even if the design of this study does allow one to conclude that the levels of psychopathology are a direct result of their husbands being police officers. Further research is certainly needed to identify what are the specific causal links between police work and the psychopathology of those at home, but these findings certainly suggest this is an important matter to be addressed.

REFERENCES

Alexander, D.A., Innes, G., Irving, B.L., Sinclair, S.D. & Walker, L.G. (1991). Health stress and policing. A study in Grampian Police. London: Police Foundation.

Alexander, D.A. & Macleod, M. (1992). Stress among palliative care matrons: A major problem for a minority group. Palliative Medicine, 6, 117-124.

Alexander, D.A. & Walker, L.G. (in press). The methods used, on and off duty, by police officers to cope with work-induced stress. Stress Medicine.

Alexander, D.A., Walker, L.G. & Innes, G. (1993). Police stress at work. Aberdeen: Scottish Cultural Press.

Alexander, D.A. & Wells, A. (1991). Reactions of police officers to body handling after major disaster: a before and after comparison. British Journal of Psychiatry, 159, 547-555.

Bibbins, V.E. (1986). The quality of family and marital life of police personnel. In J.T. Reese & H. A. Goldstein (Eds.), Psychological services for law enforcement (pp. 423-427). Washington, DC: U.S. Government Printing Office.

Bonifacio, P. (1991). The Psychological effects of police work. A psychodynamic approach. New York: Plenum Press.

Casey, C. (1992). Internal affairs. Police Review, 100, 1672-1674.

Joint Working Group on Organisational Health and Welfare (1987). Counselling for police officers. Preliminary Guidelines. London: Home Office.

Maynard, P.E. & Maynard, N.W. (1982). Stress in police families: Some policy implications. Journal of Police Science and Administration, 10, 302-314.

Niederhoffer, A. & Niederhoffer, E. (1977). The police family. Lexington, MA: Lexington Books.

Proctor, J. & Alexander, D.A. (1992). Stress among primary teachers: Individuals in organisations. Stress Medicine, 8, 233-236.

Reese, J.T. (1982, September). Family therapy in law enforcement. FBI Law Enforcement Bulletin.

Reiser, M. (1978). The problem of police officers' wives. Police Chief, 45, 38-42.

Reiser, M. (1982). Police psychology. LEHI: Los Angeles.

Zigmond, A.S. & Snaith, R.P. (1983). The Hospital Anxiety and Depression Scale. Acta Psychiatrica Scandinavica, 67, 361-370.

CULTURAL HURDLES TO HEALTHY POLICE FAMILIES

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The police profession contains norms for behaviors and traditions that have grown out of police service. While many of these norms contribute to effective job performance, they detract from healthy family life. Several of these major cultural norms, such as "being in control" and "us vs. them," are described in the contexts of professional service and family life. An educational/skills approach to mastering these norms is also discussed.

INTRODUCTION

All professions have norms of behavior that develop in response to the demands of daily work. The bizarre humor of emergency medical staff as popularized on the long-running TV show "MASH" is one example. The emphasis on respect for rank in the military is another example that is demonstrated by recruits starting and ending most sentences with "Sir," even when talking with civilians.

The police profession is no different; there are myriad traditions and behavioral norms that are part of the police culture. These norms are powerful: they are developed over years, imitated uncritically by rookies, and seldom reviewed on any basis. Because the norms are assumed necessary for success in police work, many officers unconsciously adopt them as part of their personalities and act out the accepted behaviors in their private off-duty lives. This creates a negative impact on the officers' families, as many police behavioral norms conflict with the principles of healthy relationships and healthy families.

This paper will describe the collision of police cultural norms and healthy family norms in the following manner: first, by briefly summarizing the major characteristics that are considered necessary for healthy families; second, by identifying and exploring the impact of five major police behavioral norms that interfere with successful family functioning; third, by briefly describing an educational approach that is designed to expose the police norm to review and persuade officers to develop alternative social skills for use at home.

CHARACTERISTICS OF HEALTHY FAMILIES

Several studies have explored the structure of healthy families in an effort to identify what behavioral characteristics are crucial for success. The Timberlawn Foundation in Dallas focused on studying apparently successful families and extracted the qualities that seemed to distinguish those families from dysfunctional families (Lewis, 1979). Another approach was to survey hundreds of mental health professionals and have them rank the characteristics that were necessary for a healthy family (Curran, 1983).

In addition to these research approaches, there have been many books published by clinicians who describe the crucial elements of successful families from their perspectives as family therapists and educators (Bach & Wyden, 1968; Bradshaw, 1988; Bugen, 1990; Davitz & Davitz, 1968; Klagsbrun, 1985; Maslin & Nir, 1987; Prather & Prather, 1990; Satir, 1988).

Although there are widely different approaches to treating families, there seems to be broad consensus that certain family behaviors promote long-lasting marriages and emotionally well-developed children. The major healthy characteristics include:

Communication skills: Each person being able to describe thoughts and feelings without having to agree with the spouse, parents, or children; Each person being able to talk about negative feelings (eg: fears, doubts, anger) and not just positive ones; A family tradition of talking regularly with one another; A tradition of joint problem solving and negotiated solutions.

Mutual respect and trust: Respecting each other and children's privacy; assuming that people want to act responsibly and honestly; Each person admitting problems and/or mistakes and seeking help; Each person affirming and supporting the others;

Shared activities and a commitment to having fun/being playful: Each person initiating time with partner/family members; A family tradition that allows members to act playfully; Family traditions and rituals that celebrate time together.

Responsibility to others: Learning how others think and feel; Providing service to each other and to people outside the family; Understanding the impact of individual decisions on partners.

A spiritual base: Regardless of the denomination or practice, some commitment to a greater power beyond human beings.

This list of characteristics is not exhaustive but captures the spirit of the elements that are present in successful families. The next section will describe how police cultural norms conflict with these fundamental family values.

THE NEGATIVE IMPACT OF POLICE NORMS ON THE FAMILY

Being In Control

Despite the recent emphasis on developing joint problem-solving skills as part of programs such as Total Quality Management (TQM) and Community Policing, police departments remain paramilitary organizations where there is a clear chain of command and an expectation that orders from supervisors will be obeyed quickly. There are also excellent safety reasons for obeying commands: in crisis situations on the street, there is not time to debate alternative strategies. During crises of physical danger, officers are rightfully expected to follow orders and they rightfully expect civilians to follow their commands without discussion. Successful officers develop a "command presence" and the ability to give clear orders on collision scenes or in breaking up domestic fights or in confronting a bully panhandler who is intimidating passers-by on the street.

The specific "take charge" behaviors that officers develop in the job include: a loud command voice; a dominating posture; an expectation that civilians will respond to commands, or else face physical force; "We can do this the easy way or hard way"; a "I don't care what you think, I told you to ..." These are very useful behaviors on the street, but not in the officer's home.

In the family atmosphere, these "take charge" behaviors are a potential liability to the officer, in several ways. First, family life is always "out of control" in the sense of being unpredictable, and spouses/parents are not given the same respect/obedience as street officers. As a result, many officers feel incompetent operating in the comparatively loose family setting, and try to overcome their anxiety by acting more controlling and autocratic. Rather than producing cooperation and closeness, this produces resentment, secrecy, lying, and rebellion from both spouse and children.

The second problem with "take charge" police behavior is a bias against listening skills, which are critical for successful families. Giving orders and dominating the confusion are essential elements in controlling street incidents. Listening skills are considered valuable in interviewing witnesses and victims but are otherwise viewed as too passive. As a result, few officers develop the patience to listen attentively nor specific skills such as summarizing or paraphrasing. In family discussions, officers tend to speak for other family members, dominate whenever a dispute arises, and seldom listen thoughtfully to different viewpoints. This failure to skillfully listen tends to limit spontaneous personal expressions by mates and children and also prevents intimacy.

The third bias of "take charge behaviors" is the dampening effect on problem-solving and negotiating differences. As described earlier, healthy families have room for differences and disputes between members. In contrast, "take charge" behaviors require obedience or passive acceptance of the leader's position. As a result, family members learn to avoid differences rather than air them and resolve them.

The Role of Enforcer: Suspicious and Not Gullible

On the job there are many reasons to be suspicious of suspects' stories; even working traffic enforcement exposes officers to many creative lies by otherwise upstanding citizens. In order to be successful in getting the facts and investigating crime, officers need to develop a "sixth sense" about when people are lying.

The police culture also pressures officers to become suspicious. Rookies are regularly critiqued for being "too easy" and believing suspects' stories, and most rookies are burned several times when they go out of their way to help a hard-luck juvenile only to discover later that the juvenile was deceiving the rookie. Veteran officers take pride in their ability to see people's selfish interest rather than people's innocence. Detectives, of course, become more sophisticated in identifying different types of lies over time and they also become more cynical and guarded personally.

Police work produces several behaviors that become second nature for officers. The first is to conduct an interrogation whenever there is any doubt about what happened. The interrogation mode is typically a dominating style of dialogue in which the officer asks all the questions and the civilian just responds to the questions asked. The second behavior is the relentless search for people's hidden selfish motive. The working assumption is that everyone except young children and other cops are motivated by selfish desires. The third behavioral axiom is: "don't act enthusiastic." The idea is to avoid looking gullible or to be lulled into deception by some spontaneous friendly exchange.

These enforcer behaviors cause big problems at home. A major complaint of officers' wives is that their husbands have become "too suspicious of everyone." Instead of remaining on friendly casual terms with neighbors and civilian friends, young officers begin to find fault with everyone. Everyone has become a potential cheat, liar, and scam artist as the officer defends against being conned.

Another blow to families is the cross examinations that officers inflict on kids and spouses. Since interrogation works so well on the street, why not bring it home? The resulting resentment and lack of mutual dialogue creates walls of silence in many homes. This controlling style of solving conflicts frequently distances the kids and makes the civilian spouse into a mediator/advocate for the children against the officer. Ironically, this dynamic in turn isolates the officer and causes him/her to become more rigid in order to "maintain respect."

Feelings are Luxuries and Suggest Weakness

Effective police work requires that officers focus objectively on deescalating crises and figuring out short-term solutions. Officers' emotions are distracting in that they focus attention inward rather than outward where the action/potential danger exists. Emotions are debilitating for another reason: They make the officer feel vulnerable and exposed and create a "personal stake" in the situation. Consequently, it produces more professional police behavior if officers are not processing their own emotional responses to incidents at the scene.

Police veterans reinforce this nonemotional model of mental health by teasing each other, probing for soft spots. The ideal response is to remain cool and unflappable and to have a ready come-back for any teasing dig one receives. Tender emotions such as sadness, longing, or childlike awe are discouraged and veterans describe the act of crying as "losing it."

Several typical police behaviors have consequently developed: Officers joke about tragedies or anything that is emotionally touching, in order to avoid their own natural reaction. There is an overemphasis on rationality in handling personal conflicts, as if there is not emotional charge attached to human dilemmas. Officers who are naturally sensitive to the emotional components of daily life have to develop an outer shell, and some overcompensate by acting tough and indifferent to human suffering. Finally, there is a reluctance to admit vulnerable feelings such as sadness, loneliness, or fear with a parallel willingness to express anger in reaction to all negative experiences.

At home, these behaviors translate into emotional caution and blind-spots for most issues that have subtle emotional cues. Officers actively avoid discussing issues with spouses where there is potential for conflict or there is existing tension. As a result, sensitive issues go unresolved and couples settle into an emotional distance that is lonely but not acknowledged.

Officers' habit of not expressing vulnerable emotions also creates emotional distance in the family. Often the spouse attempts to compensate by guiding and inviting emotional expression, but this eventually becomes frustrating for both. The officer complains that his/her spouse is too emotional and nags the officer. The spouse complains that the officer has become a robot and is no longer capable of being an intimate partner.

One frequent result of this secret emotional gulf is that officers are amazed when the spouse announces that he/she wants a divorce. The officer had no idea that things had become so distant and unhappy for the spouse. Since there is never much overt conflict, the officers remain puzzled how the relation had become bad enough to warrant a divorce.

Caught Between Two Lives: Multi-Roles at Work and Restricted Roles at Home

Police patrol work demands a wide range of skills and communication styles to be successful. The work requires contrasting responses: from driving in pursuits to walking silently in response to a burglar alarm; from giving loud voice commands at the scene of a collision to comforting an injured victim; from being frightened to death at one moment and bored to death the next. The work is a roller-coaster of changing demands and unpredictable challenges. Part of the satisfaction comes from the fact that police work provides officers with a full range of unusual experiences.

A second positive element is the close bond between partners. Because officers rely on each other in many moments of physical danger, they can become much closer than civilian partners in a more

traditional job. This close bond with another person is often a first for many officers and is a significant benefit in their lives.

A third positive element is the romantic image that police enjoy in movies and TV. Police characters have replaced the cowboy heroes who occupied the 50's & 60's. No profession so dominates the TV series as police dramas, and documentary style shows such as "COPS" and "911" are also enormously popular. As a result many officers think of themselves in more heroic ways, and carry a pleasant, albeit false, sense of importance while on duty.

By contrast, life at home is much more restricted and unromantic than life as a street officer. While the roles of spouse/lover and parent are demanding ones, officers seem to focus primarily on feeling responsible once they are home. Officers tend to give up their playful side, which is essential for intimacy, and shift into a protector/provider mode. Officers attempt to create a super-normal home life that is free of the gritty realities of work.

Unfortunately the effect of the officers' efforts is often a stiff, restricted lifestyle where the officer feels burdened and unable to relax. In their effort to create a "safe haven" for their families, officers often succeed only in creating a superficial, proper environment that neither the officer nor the family members enjoy. Naturally, this leads to officers spending more time at work and in the peripheral recreation activities such as softball leagues and fishing trips.

Inevitably, the officers' emotional bond with their partner become a sensitive issue with the officers' spouses. It is common for officers to prefer to go to work or their partner's home, rather than stay home and mow their own grass. That's because the officer can recover his playful persona only when he/she is away from home.

Rotating shifts exacerbate the difficulty of creating a happy family life. Enthusiastic young officers who love crime fighting prefer the evening or night shift, when more professional crooks are out. Ties with civilian friends dissolve over time as the civilians are available on weekends and evenings. The social activities of the shift may easily become the major social focus for the officers' families, as this group is always available.

Us vs. Them

Part of the appeal of police work initially is that there appears to be clear good guys and bad guys. In a world become too complex, police work offers young energetic idealists the chance to take crooks off the street, stand up to bullies and protect helpless victims from abuse. The movie and TV images depict police as an elite group: the only ones who can break traffic laws, openly carry handguns and put people in jail. Because so many aspects of police work are unique, many officers begin to believe that if a person is not a cop, they simply "can't understand" the life.

The danger of the job also contributes to the adversarial quality of police life. Rookies are taught not to relax even on simple traffic stops, and most departments have buried at least one officer who was killed making a routine traffic stop. Consequently, officers learn to trust no one but other cops. The slang language describing everyone from suspects ("perps") to petty criminals ("dirt bags") contributes to the us vs. them mentality.

The negative sensational media attention to charges of police abuse, fraud, or racism also results in a deep suspicion of outsiders. Most veteran officers have personally witnessed several controversial

news events that are portrayed by the media as direct conflicts between police and citizens. The news stories highlight the conflict and thereby create an "instant controversy," which fuels the distrust among police and civilians alike.

Some of the behaviors that develop are a separate police slang vocabulary and the competitive teasing game of "talking trash" among officers. There are lots of jokes about stupid civilians and especially about lawyers. People who are not cynical are viewed as naive or stupid. The habit of dominating verbal debates by repeating one position or using a command voice becomes second nature and the practice of debating/discussing issues is seen as academic or frivolous.

At home, civilian friends are gradually relegated to an outsider status as they are seen as "not knowing reality." This eventually separates the police couple from civilian friends and the more mainstream civilian life style.

Officers try to protect their spouses and children from the dangers of contact with criminals, but often the families end up feeling over-controlled and restricted. Frequently officers request that their spouses don't go out at night without them and not travel to nearby cities alone. Eventually the spouse resents this control and begins going out alone, which often produces a more demanding protective reaction by the officer and further conflict between the couple.

Teenage boys who have long hair or earrings or hang out with friends who do often provoke an overreaction by the officer who fears the teenager is headed toward a life of crime. The rebellious teen years are especially difficult for officers who deal with disrespectful young thugs in their work and so tend to overreact to suppress any rebellious attitudes for their own kids.

When an officer's marriage is unstable, his suspicion of outsiders makes things worse. Frequently, an unhappy wife will begin relying on other women for support and venting their frustration. The officer frequently will run down the friends as over-influencing the wife, which does double damages to the marriage by insulting the wife's intelligence and creating martyrs of the friends.

OVERCOMING THE BARRIERS

The goal is to empower officers to adjust their behaviors and attitudes to fit the culture they're in. On patrol, it is prudent to be suspicious of any story that a suspect offers; at home, it is prudent to accept the spouse's story about why he/she was late. The best vehicle to accomplish this goal is a preventive educator/skills model. There are four major principles in the model:

1. Identify the culture-based norms. Cultural norms have the most power to control officers' behaviors while the norms are hidden in daily work. Once a norm is identified it becomes a behavioral choice, not an imperative. It is useful to describe the benefits of the work norm in the context of work, so the officers understand that you are only challenging the impact of the norms at home.

2. Propose home life as a separate culture that requires different behaviors. There are many existing analogies for acting differently at work than at home. For example, officers "talk trash" at work and rarely curse at home. Most officers already think of home life as different, and, as we have described earlier, change their behavior into a constricted "responsible protector" mode.

It is not a radical shift to suggest that officers enlarge their communication skills and negotiating skills in order to be happier at home. Patrol officers already practice changing their approach when

they're working with different types of people. They know from experience that they can best remain in control by adjusting their style to match the person they're working with: a patient, slow speaking style with senile elderly people for example, and a casual, quick cool style with teenagers.

3. <u>Describe specific skills to master</u>. None of the family communication skills are new; they have been described and advertised for many years. Skills such as active listening and paraphrasing have even begun showing up in police curricula like George Thompson's "Verbal Judo." The important thing is to identify the skills and show how they will improve relations at home more than using the traditional police domination skills.

4. <u>Be rational, practical, and concrete</u>. These descriptions need to be rational, practical, and down to earth, as the "human potential" language or "marital systems" concepts will obscure the benefit to police officers. One of the reasons that such valuable tactical skills as empathizing, negotiating, and mediating have not received much attention in the police community is that the source of the skills (i.e. bridging relationships; resolving conflict) appeared unrelated to the more crisis-oriented demands of police work.

In summary, police officers' cultural blind spots can be overcome provided that they learn a new set of skills and attitudes that are suited for creating and maintaining successful relationships at home.

REFERENCES

Bach, G. & Wyden, P. (1968). <u>The intimate enemy</u>. New York: Avon Books.

Bradshaw, J. (1988). <u>The family</u>. Dearfield Beach, FL: Health Communications.

Bugen, L. (1990). <u>Love and renewal</u>. Oakland: New Harbinger.

Curran, D. (1983). <u>Traits of a healthy family</u>. Minneapolis: Winston Press.

Davitz, L.L. & Davitz, J.R. (1968). <u>Living in sync</u>. New York: Bergh.

Klagsbrun, F. (1985). <u>Married people: Staying together in the age of divorce</u>. New York: Bantam Books.

Lewis, J. (1979). <u>How's your family</u>. New York: Brunner Mazel.

Maslin, B. & Nir, Y. (1987). <u>Making marriage work</u>. New York: Ballantine.

Prather, H. & Prather, G. (1990). <u>Notes to Each Other</u>. New York: Bantam Books.

Satir, V. (1988). <u>The new peoplemaking</u>. Mountain View, CA: Science and Behavior Books.

POLICE STRESS IN THE 90s AND ITS IMPACT ON THE FAMILY

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During the past two decades, the phenomenon of job stress in law enforcement has been a significant concern to administrators and police psychologists. Such issues as role stress, organizational and developmental stress, peer pressure, and psychological factors related to these have been the focus of much research. Interventions and programs have been developed and implemented in response to increased awareness of the effects and cost of job stress. Even as these continue, the 1990s have seen the emergence of new and unique stressors. Organizational instability stemming from fiscal uncertainty has impacted agencies, officers, and their families in ways not previously experienced in law enforcement. Public scrutiny, leading to demand for greater accountability, has never been more intense. Increased street violence and assaults on police officers have caused severe anxiety for families and the officers themselves. This, combined with greater cultural diversity in our communities and within police agencies, has magnified the complexity of the job. While these stressors will likely continue throughout the decade, creative approaches are being tried in an attempt to mitigate their effects.

Prior to the 1960s, the field of stress was virtually unknown. About that time, Hans Selye (1974) began to publish his pioneering research on human reactions to stress. Selye defined stress as "the non-specific response of the body to any demand made upon it." Subsequent phases of research examined occupational stress, its causes, and its effects on performance. It was not until the 1970s that attention began to focus on stress in police work, its effects on performance, and, secondarily, its effects on the families of police officers. The past two decades have seen the phenomenon of police officer stress becoming a major concern to administrators and police psychologists. The vast number of articles (Kroes & Hurrell, 1975; Reiser, 1976) and books (Delattre, 1989; Reiser, 1978) published during those years have described, analyzed, summarized, and even hypothesized the problems of police stress.

Early research on police stress examined such role-related issues as increased professionalism, authority symbols and resultant targets of anger, dangerous or threatening work environment, and exposure to trauma and crisis. Developmental stressors such as the "John Wayne syndrome" and the "middle-age syndrome" were later identified (Reiser, 1976), as were organizational stressors such as overtime, shift work, the "revolving door" justice system, and promotion. Stress stemming from peer group pressure to conform was also examined. Finally, psychological factors such as helplessness, need to control, role ambiguity, and overload began to gain attention.

Interventions and solutions were proposed and studied. Programs such as enhanced technical skills training, human relations training, stress management, counseling, sensitivity training, crisis intervention, team policing, participatory management, nutrition, and physical fitness have been utilized over the years.

Despite the attention paid by police psychologists and administrators, the topic of stress used to be one that officers either denied or kept hidden. Today discussions of job stress among officers are almost as commonplace as discussions about sports. Despite the talk and the research, stress remains a significant fact of police life and the lives of the officers' families. What has changed are the types of stressors that officers encounter as they journey through their careers. These, too, significantly impact the family.

The 1990s, with the economy in flux and higher standards for police behavior, bring new stressors for police officers and their families. This paper will highlight those stressors and some approaches to minimize their negative impact.

FISCAL UNCERTAINTY

One of the greatest stressors affecting law enforcement personnel at all levels today is fiscal uncertainty and organizational instability. There is no one in law enforcement who is unaware or unaffected by the impact of budget cuts, whether employed by a federal, state, county, or city agency. Departments and agencies are undergoing promotional and hiring freezes at best, downsizing and layoffs at worst. A related factor is the anticipatory stress suffered, especially at the line level, as officers listen to rumors and wonder how cutbacks will affect them and their families. This is the first time that job stability has not been a given in law enforcement.

Of course, layoffs are the most obvious and probably the most devastating of the effects of budget cuts. Work or pay furloughs and pay cuts can also have serious consequences for officers and their families. (Work furloughs occur when officers are forced to take a specified number of days or hours off per month without pay. Pay furloughs occur when officers are required to work a specified number of hours or days per month while pay is deferred until some later date or until retirement.) Layoffs not only bring the obvious effect of loss of income, but also the less obvious impact of loss of identity and community. Finally, reduced overtime, generally the first step in budget cuts, leads to reduced family income and changes in the home.

Curtailed career opportunities are also casualties of budget cuts and downsizing. These can range from reductions in career-enhancing training to frozen positions and even demotions. (One large California law enforcement agency may face a worst-case scenario of potentially demoting 1 commander, 8 captains, 73 lieutenants and 138 sergeants--8 lieutenants could be demoted to police officer.) While perhaps not as immediately devastating to family income and loss of identity, over the long haul the frustration of frozen opportunity can be just as destructive, leading to job dissatisfaction and, ultimately, burnout.

Finally, the necessity of doing more with fewer resources is another consequence of budget cuts. As resources (human and equipment) are reduced, there is increased pressure placed on all department members to assume more responsibility and do so with less. Initially taking the form of a request, such increased responsibility soon becomes a requirement and is expected of all personnel. As such, there is often little or no appreciation expressed and frustration further increases.

As mentioned above, *anticipation* of cuts and the effects those cuts will have is a stressor in and of itself. Until such cuts are made and the organization stabilized, rumors are plentiful and usually predictive of the worst. Personnel are "prepared" by their supervisors for what to expect. Interspersed between predicted dire outcomes are further rumors that things don't really look as bad as anticipated, only to be followed by still more rumors of even worse than originally predicted outcomes. Of course, everyone is an *expert* or has heard it from an *expert* so that it is difficult, if not impossible, to ignore such rumors. A related issue is the media. Typically at these times, administrators and politicians "feed" the press stories of increased crime and violence, lack of prosecution, and inability to house inmates as they "posture" for the public in order to garner support for their respective positions. Unfortunately, department personnel are exposed to the media as well and are just as impacted by this posturing as the public. As this process goes on, often for months, the stress of anticipation compounds.

POST RODNEY KING ERA

Policing is the "most complex job performance loop in America" (Graham, 1993). When an officer responds to a call, s/he is the least knowledgeable person on the scene. The victim, the perpetrator, and the witnesses all know more about what just occurred than the officer, yet s/he is expected (by both the public and the department) to handle the situation correctly and professionally. Job complexity and public expectation or demand have never been greater.

Public criticism and lack of respect are at an all-time high following the highly publicized case of Rodney King in 1991. In addition to Rodney King and the Los Angeles Police Department, four Detroit officers were tried for the beating death of a suspected drug dealer (Ex-Detroit officer, 1993), while a Florida jury acquitted William Lozano of wrongly shooting an African-American citizen three years ago. However, more than just the issue of brutality and excessive force have emerged as critical in the 90s. Never before has law enforcement been *found guilty* of wrongdoing and dishonesty to the extent that it has in the last few years. The case of the theft of millions of dollars in drug money by the Los Angeles County Sheriff's Department's major narcotics teams recently made headlines across the country. The city of Philadelphia had already been through a similar situation when their Special Investigations Bureau published a "white paper" on integrity in May 1989 (Myron, 1991). Richard Sproules, Chief of Brockton, Massachusetts, Police Department was arrested for cocaine abuse in October 1989. He had been addicted for so long that he even used cocaine on the day he was sworn in as Chief in 1984 (Myron, 1991).

Unfortunately, examples of brutality and dishonesty are all too common today. The Christopher Commission (investigating the Los Angeles Police Department) and the Kolts Committee (investigating the Los Angeles County Sheriff's Department) were not shy in illuminating acts of wrongdoing, going beyond brutality and dishonesty to include areas of discrimination and harassment. While these problems cannot be denied, their solutions are far more difficult and complex than their identification. What has also been lost in the public and media "feeding frenzy" is that these acts of wrongdoing, while clearly unacceptable, are attributable to less than *one percent* of the men and women who serve in law enforcement today; *ninety-nine percent* are doing a good and honest job.

Regardless of the very small number of officers guilty of such misconduct, the heat has been turned up for all those who serve the public. The demands for greater accountability are being made loudly and clearly. In response to these demands, administrators have increased scrutiny and discipline while the public has become more and more critical and disrespectful, with the combined effect being greater job pressure and stress. Unfortunately, administrators often define discipline as punishment. The word "discipline," however, derives from the idea of creating a disciple, of having someone become like you (Reiser, 1978). The emphasis on punishment and negative approaches to motivate may be more expedient, but are generally less successful than taking the time and ingenuity to devise positive reinforcement.

The negative public image and demand for accountability carries with it still further stress and pressure. From the officers' point of view, this negative focus creates greater risk of danger (because of noncompliance as well as direct assault) and fear of civil liability. Given these factors and the perception of vulnerability, the response of line personnel has at times been reduced initiative leading to increased violence and reduced safety for all concerned.

Associated with this era of policing and the problems faced by officers is the noticeable increase in street violence, directed both at law enforcement personnel and the public. Police officers and citizens alike fear for their personal safety and feel helpless to stem the tide or even protect themselves. Assaults

on police officers are at an all-time high. This increased risk of death or injury brings with it greater anxiety, which often leads to an unnecessary or even violent response. (Many police psychologists have long believed that force, especially excessive force, is often the result of fear rather than violent-prone personalities.)

Finally, growing population diversity, experienced by all but the most cloistered communities, is a reality that police officers are often ill-equipped to handle. This diversity further increases job complexity by requiring knowledge and skills generally not taught in academies or in-service training. Language and cultural differences can be confusing and frustrating, carrying the potential for escalating conflict rather than resolving it. Frustration in both officers and citizens is heightened by these differences. The stress caused by new demands can be seen in the officers' behavior on the street as well as at home.

Greater diversity within the department itself often leads to frustration and resentment as white male officers perceive themselves taking a "back seat" to females and minorities. In the past, some of the issues of ethnic balance were addressed by recruitment and hiring; however, the current economy has all but put a halt to that approach. At this time of curtailed advancement and public pressure, opportunities may be perceived as out of reach. On the other hand, minority officers, overrepresented in the lower ranks, who had begun to be given greater advancement opportunity, may become resentful as they find that they too are facing layoffs and other lost opportunities.

IMPLICATIONS FOR THE FAMILY

Budget Cuts

As mentioned above, for most officers today, this is the first time that job stability cannot be taken for granted. With few exceptions, job security and annual raises have been "perks" of a law enforcement career. Families, too, took these things for granted and lifestyles were planned around them. The 1990s have begun to bring changes in those expectations, changes that threaten to continue well into the decade.

There is no doubt that the effects of layoffs, reduced overtime, and furloughs have a direct impact on the families of police officers. Additionally, potential problems are more than doubled when both partners in a marriage work for the same agency and are subject to the same cuts. Reduced income will alter a family's lifestyle to a greater or lesser degree and the first casualty is likely to be recreation (e.g., movies, weekend outings, vacations). As leisure activity is modified or limited, stress, already an issue due to work factors, increases and tension within the home mounts. There are, however, less obvious effects of budget cuts on the family. Just as the officer views law enforcement as more than a job and strongly identifies as a member of a unique community, his/her family shares that identity and community membership. They too suffer the loss if one member is laid off.

A corollary of this loss of identity exists when both partners work and one is laid off so that roles at home change. In this case there is the potential for family destabilization as the laid-off partner may become the primary "homemaker" and parent. This new role becomes a major adjustment, not just for that partner, but for the entire family. Responsibilities that were previously shared may understandably fall to the partner who is home more. Children, too, may find that one parent, perhaps a different parent, has the primary say in what they do or don't do. Independence previously taken for granted may be curtailed while responsibilities shift and increase.

These changes are subtle at first and, as a result, may not be addressed until confusion results in mounting tension for all family members. Though this is understandable, it is no less painful and troubling. There may be reluctance or even outright resistance to acknowledging the changes, particularly if they do not fit into one's self-image or the image one has of a spouse or parent. Unaddressed, these tensions carry a potential for serious danger to the family structure and its members. The result can be misunderstanding, resentment, and power struggles, as well as helplessness and withdrawal. Potential problems are further increased when the changes result in unknown, unfamiliar, or unacceptable role changes and if these changes are prolonged.

Often the attempt to deal with reduction in income becomes a stressor in and of itself. Creative solutions such as excessively long commutes in order to afford a home and/or a better quality of family life puts a strain on the marital relationship and the family. The improved quality of life sought by this commute can, in fact, become a decreased quality of life because time spent as a family is reduced due to time spent on the freeway or highway. Other creative adaptations include moving the family to some outlying, even remote, area while the department member maintains an apartment in town, going home only on days off. This solution, though it may provide a safe rural environment for the family, has many obvious and not so obvious pitfalls such as loneliness, isolation, temptation, resentment and, perhaps worst of all, feeling like a stranger in one's own home.

Post Rodney King Policing

The combination of increased street violence and lowered respect for police officers is a very dangerous one that all officers, but especially those in urban areas, are all too aware of. The families of these officers feel the changes directly and indirectly. Lack of respect for police officers today is experienced by the family as a loss of status. Where Johnny once proudly announced that his father or mother was a police officer, such an announcement today may bring taunts and jeers aimed at his father's or mother's integrity, which Johnny feels he needs to defend.

Daily media accounts of street violence and assaults on officers cause fear and anxiety for the family. Stories that the officer might not have wanted to share in order to spare the family are now on the evening news. The fear and anxiety the family feels, in turn, creates additional pressure on the officer--direct pressure to resign or take an administrative assignment and indirect pressure knowing that the family is worried. A further consequence of dealing with violence and fear on a daily basis is the increased potential for family violence as the officer comes home tense and "pumped up" after exposure to street violence all day or night.

STRATEGIES FOR ADAPTING AND SURVIVING

The stresses in law enforcement continue--old ones have remained while new ones emerge. It is doubtful that they will disappear, as many are inherent, though not necessarily unique, to the job (e.g., shift work, discipline, etc.) Despite considerable effort and expense in treating stress reactions, they remain significant factors in on-the-job injury and early retirement. A recent statistic dramatizes this fact. Public safety (i.e., police and firefighters) employees make up 33 percent of the city employees in California and account for 71 percent of all stress claims, or 144 million dollars annually (No favoritism, 1993).

Support for police officers continues to be strong, but family members are frequently not considered or included when job stress is being addressed. Further, this omission is likely to worsen

during these fiscally strained times. Even departments with programs that addressed family needs in the 1980s, may eliminate or severely curtail them in the 1990s. Worse still, budget cuts may lead to limiting or reducing programs aimed directly at the needs of the officers themselves. However short-sighted this may seem, as a reflection of the times, it is likely to become a reality.

Despite reduced resources, there are programs and strategies that can mitigate stress, at least in some areas. One area being explored by many agencies is modification of the traditional 40-hour work week. Some modifications being considered include the 4/10 plan (four 10-hour days per week), the 9/80 plan (nine-hour days with three days off every other week) and, most recently, the 3/12 plan (three 12-hour days per week). Administrative concerns about inadequate deployment and increased accidents due to fatigue have not been borne out. Quite the contrary. Many agencies report that the number of arrests are up while response time and accidents are down. The impact on morale has been quite positive as these adjustments and changes have meant a great deal at a time when there is little else to offer. Officers save money on gas and vehicle wear-and-tear. They are able to spend more time with their families and less money on child care which, in turn, lowers stress.

Spousal orientation or academy training, ranging in scope from a reception with a tour of the academy and perhaps a film, to a briefing by department administrators and perhaps the department psychologist, to a formal but abbreviated academy running concurrently with recruit training (Ricks & Munger, 1988) can do a great deal to reduce the concerns and tensions of the family and, in turn, those of the new officer as well. Such an academy might include firearms familiarity, reactions to trauma and suffering, communications, benefits seminar, profile of the officer's career, as well as many other topics limited only by time and resources.

Though resources are limited, creativity, ingenuity, and volunteerism can make such a program work. Reserves and training staff can provide much of the instruction. Department or contract psychologists can add a unique component to a spouses' academy, as can police chaplains. Certainly classrooms should be available as academies continue to be underutilized.

Realistic expectations and planning can go a long way toward mitigating many of the stressors described herein. Inoculation training, utilized in preparing officers for exposure to trauma, can be modified for this purpose. Providing officers and spouses with in-depth information as to what they are likely to experience at various stages of their career, during and after certain "critical incidents," and helping to develop skills and strategies for coping with these stages and experiences, is an approach to stress intervention that deserves more attention.

Direct psychological services, such as individual counseling and outreach may be curtailed, especially services to family members. "Nonessential" in-service training such as stress management and crisis intervention may also be eliminated as training staff is redeployed to fill patrol assignments vacated through attrition or layoffs. Remaining resources are likely to be allocated away from direct individual services toward prevention aimed at groups of officers and/or spouses.

Finally, greater communication by supervisors increases morale and reduces stress by providing the message that personnel are valued enough to be included "in the loop" rather than getting their information from the *rumor mill* or the media. Further, the concept of increased communication goes beyond talking about budget woes and negative headlines. It includes *attaboys* and words of encouragement. Though communication by supervisors has always been an important component of good management, "reaching-out-to-touch someone" during periods of greater stress is crucial, as silence or withdrawal only increases anxiety and tension.

SUMMARY

There are no perfect answers or final solutions to the problem of job stress; it is an inherent part of life and work and will always be so. Excessive stress, however, takes its toll of both the officer and his/her family. Some of the effects can be seen immediately (e.g., increased use of sick time), while others are more subtle and slower to have an impact (e.g., increased levels of family dysfunction). The intent of this paper is to raise the awareness of police managers and officers to important issues of the 1990s so as to continually devise programs to address these issues in order to lessen their negative effect on personnel.

REFERENCES

Delattre, E.J. (1989). Character and cops: Ethics in policing. University Press of America.

Ex-Detroit officers go on trial in fatal beating. (1993, June 1). Los Angeles Times.

Graham, G. (1993, May). Civil liability. Paper presented at the meeting of the California Peace Officers Association in Burlingame, California.

Kroes, W.H. & Hurrell, J.J. (Eds.). (1975). Job stress and the police officer. U.S. Department of Health, Education and Welfare. Washington, D.C.: U.S. Government Printing Office.

Myron, P. (1991). Crooks or cops: We can't be both! Unpublished presentation, Los Angeles County Sheriff's Department--Detective Division.

No favoritism in compensation: stress claim proposal flawed. (1993, June 6). Daily Breeze, Outlook Edition.

Reiser, M. (1978). The management of job-related stress. Police Yearbook.

Reiser, M. (1976, January). Stress, distress, and adaptation in police work. The Police Chief.

Ricks, P.C. & Munger, J.D. (1988, November). The forgotten recruit--Training the police spouse. The Police Chief.

Selye, H. (1974). Stress without distress. Philadelphia: J.B. Lippincott.

THREE STUDIES OF POLICE SPOUSE/MATE RELATIONSHIPS
USING THE HILSON SPOUSE/MATE INVENTORY

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In order to identify potential problems in the relationships of police officers/administrators and their spouses/mates, the Hilson Spouse/Mate Inventory (HSMI) and the Hilson Relationship Inventory (HRIP) (Inwald & Gebbia, 1993) were developed. These inventories contain three main scales: Communication Difficulties (CD), Stress Symptoms (SS) and Police Issues (PI). Three studies were conducted using the HSMI and the HRIP to identify issues and concerns between police officers and/or administrators and their spouses/mates. Study 1 found that the PI scale correlated with the negative effect of police work on officers' personal lives. Study 2 found that those officers who believed that excessive hours and the physical danger of police work had "moderate" to "very serious" negative effects on their lives also had high scores on the SS scale. Study 3 compared the ratings of 15 negative aspects of police work that affect officers' personal lives. These ratings were provided from the HSMI/HRIP Information Sheet along with other background information. As a group, the police officers and their spouses/mates felt a moderately negative impact on their personal lives from the excessive hours, physical danger, lack of support from the administration, and psychological stresses of police work.

The Hilson Spouse/Mate Inventory (HSMI) and Hilson Relationship Inventory for Public Safety Personnel (HRIP) were developed with the specific purpose of directly questioning police personnel and their spouses/mates and documenting their admitted attitudes and behaviors. The HSMI and HRIP were developed in response to the particular needs of training and counseling programs for public safety personnel and their families. These include the need to identify aspects of police and public safety work that are a concern for spouses/mates and officers/administrators, the need to have objective instruments as a basis for group or individual discussions in training/counseling programs, and the need to identify stress and communication problems in families of public safety personnel.

The HSMI and the HRIP are each 50-item inventories that are self-scoreable for use in a classroom or group setting. The inventories contain three main scales to aid public safety organizations in training and counseling programs for the families of their personnel. These scales include Communication Difficulties (CD), Stress Symptoms (SS) and Police Issues (PI).

The Communication Difficulties (CD) scale measures how often and effectively police officers and their spouses/mates communicate with each other. It assesses difficulties discussing work issues, arguments about police work, and separation concerns. Officers with high scores on the CD scale tend to report high negative effects from the psychological stress of their job. Communication difficulties in the personal relationships of police officers appear to be somewhat related to the psychological stress of police work.

The Stress Symptoms (SS) scale measures the presence of physical symptoms of stress such as shakiness/jumpiness, depression, and high blood pressure. The Police Issues (PI) scale measures police officers' attitudes about police issues such as weapons in the home, the use of force on the job, and the effect of police work on personal relationships.

The HSMI and HRIP were administered to 52 police officers/administrators and 70 spouses/mates of police officers and police administrators.

Table 1

SPOUSES/MATES OF POLICE PERSONNEL
HSMI Normative Data (n=70)

Scale	Mean	Std. Dev.	M+2 S.D.	Critical Scores
CD	4.53	3.61	11.75	12
PI	2.99	2.27	19.28	19
SS	4.39	2.79	9.97	10
SC	11.90	6.67	25.24	25

POLICE PERSONNEL
HRIP Normative Data (n=52)

Scale	Mean	Std. Dev.	M+2 S.D.	Critical Score
CD	4.73	3.89	12.51	13
PI	3.73	2.56	8.85	9
SS	3.79	2.36	8.51	9
SC	12.25	7.07	26.39	26

From these data, norms were developed for each HSMI and HRIP scale (including means and standard deviations). The sample was composed of several police agencies from a midwestern state and law enforcement personnel attending the 1992 convention of the International Association for Chiefs of Police (IACP).

"Critical" scores (defined by the researchers as scores falling two standard deviations above the mean) were calculated to aid in identifying those respondents who scored significantly higher than their peers on specific scales.

Table 2 reports the internal consistency of the HSMI and HRIP scales, a measure of how closely the items in individual scales and content areas were related and endorsed.

The reliability subprogram of the Statistical Package for the Social Sciences (SPSS) (Norusis, 1986) was utilized, with the data consisting of all coded true-false responses made to items. Item responses composing each scale were individually entered into separate reliability programs. The alpha coefficients for the HSMI and HRIP scales ranged from .58 to .84.

Validation studies are conducted in order to demonstrate that tests are appropriate for their intended purpose. In order to establish validity, a statistical relationship must be demonstrated between test scores on the instrument and a reliable measure of the behavior of interest.

Table 2
HSMI SCALES - RELIABILITY

SCALE	ALPHA	S.E.M	N
CD	.83	1.51	43
PI	.58	1.38	42
SS	.74	1.55	40
SC	.84	2.64	38

HRIP SCALES - RELIABILITY

SCALE	ALPHA	S.E.M.	N
CD	.84	1.52	40
PI	.62	1.55	40
SS	.58	1.58	40
SC	.84	2.79	40

All three studies were conducted in which 46 police officers and 24 of their spouses/mates completed the HRIP and the HSMI with accompanying information sheets. In addition to general background information, participants were asked to provide ratings of 15 negative aspects of police work affecting their personal life. Some of these negative aspects include officers' excessive hours, rotating shifts, lack of support by the administration, politics of police work, physical danger of police work, poor potential for advancement, and psychological stress.

VALIDATION OF POLICE ISSUES SCALE

The Police Issues (PI) scale measures police officers' attitudes about police issues such as weapons in the home, the use of force on the job, and the effect of police work on personal relationships.

Using the HSMI/HRIP Information Sheet, police officers rated 15 police-related issues as to their negative effect on their personal lives. Several of the responses to these questions showed strong statistical correlations with PI scores, indicating the ability of the HRIP to identify important police concerns.

In Study 1, police officers' responses were divided into two groups based on their views about excessive hours. It was found that those who felt excessive hours have "moderate" or "serious" negative impact on their lives also had high scores on the PI scale. Officers who responded to "none" or only "slightly" negative effects had correspondingly low scores on the PI scale ($r = .51$). High PI scores were also found for officers who felt that rotating hours ($r = .45$), politics on the job ($r = .39$), and psychological stress from police work ($r = .47$) have high negative effects on their personal lives. In addition to these areas, police officers who felt any level of negative effects ("slight," "moderate," "serious," or "very serious") from lack of supervisory support ($r = .36$), low salary ($r = .36$), and poor potential for advancement ($r = .35$) also had high PI scores.

The relationship between the ratings of negative effects of police work and the PI scale indicate that the HRIP can be useful in revealing important concerns in the lives of police officers.

FACTORS THAT RELATE TO STRESS IN THE LIVES OF POLICE OFFICERS AND THEIR SPOUSES/MATES

In Study 2, police officers' responses were divided into two groups based on their views regarding excessive work hours. Those who felt that their excessive hours had "moderate" to "very serious" negative effects on their lives also had high scores on the SS scale ($F=4.45$, df(1,42), $\alpha \leq 05$). In addition, the spouses/mates who felt that the physical danger of police work had high negative effects on their lives also had high SS scores. It appears that the SS scale may reflect important concerns in the lives of police officers.

The CD scale measures how often and effectively police officers and their spouses/mates communicate. This scale measures difficulties discussing work issues, arguments about police work, and separation concerns. Officers with a high score on the CD scale tended to report high negative effects from the psychological stress of their job. Communication difficulties in the personal relationships of police officers appear to be somewhat related to the psychological stress of police work.

The HSMI scale scores were also compared for 26 spouses/mates of police officers and 44 spouses/mates of police chiefs. These two groups of spouse/mates showed no significant difference on the PI and CD scales. However, the spouse/mates of the chiefs had higher Stress Symptoms (SS) scores than those of the police officers' spouse/mates ($F=4.36$, df(1,68), $\alpha \leq .05$). It should be noted that the average age of the spouses/mates of chiefs was 50 and the average age of the spouses/mates of the police officers was 32. Although the differences in stress levels may partially be a reflection of the age difference between these groups, the ability to identify the different stress levels is an additional advantage of the HSMI. Another interpretation of these results may be that as police personnel become more committed to their jobs (through promotion and added responsibility), their spouses become more isolated and experience greater stress.

RESPONSE OF POLICE OFFICERS AND THEIR SPOUSES/MATES TO NEGATIVE JOB-RELATED FACTORS

In Study 3, the HSMI and HRIP were evaluated using general background information as well as the ratings of 15 negative aspects of police work affecting officers' personal lives. As a group, the police officers and their spouses/mates felt a moderately negative impact on their personal lives from the excessive hours, physical danger, lack of support from the administration, and psychological stress of police work. However, only the police officers felt that there was a moderately negative impact on their personal lives from the politics of police work, rotating hours, their own cynical/skeptical attitudes, and leaving their spouse/mates home alone at night.

The following are the average responses of officers and spouses on those aspects of police work that were rated negatively:

0 = No negative effect
1 = Slightly
2 = Moderately
3 = Seriously
4 = Very seriously negative

Police Officers

1.7 My excessive hours
1.7 Politics of my job
1.7 Physical danger of my job
1.6 Psychological stress of my job
1.6 My spouse/mate being left alone at night
1.2 My cynical/skeptical attitude
1.4 My rotating hours/shifts
1.3 Lack of support given to me by the administration

Spouses/Mates

1.7 Physical danger of spouse/mate's job
1.7 My spouse/mate's excessive hours
1.6 Psychological stress of my spouse/mate's job
1.2 Lack of support given to my spouse/mate by the administration

REFERENCES

Inwald, R. & Gebbia, M. (1993). The Hilson Spouse/Mate Inventory & Hilson Relationship Inventory for Public Safety Personnel Technical Manual. New York: Hilson Research, Inc.

Norusis, J. (1986). SPSS/PC+. Chicago:IL: SPSS, Inc.

THE DUAL CAREER FAMILY IN LAW ENFORCEMENT: A CONCERN FOR MANAGEMENT

Eugene Schmuckler, Ph.D.

The changing dynamics of American society are resulting in a larger number of dual-career families. This is an additional stressor confronting members of the law enforcement community. Three types of marriage styles: traditional, dual-earner, and dual-career, are examined. The implication of the dual-career family on an agency and counseling issues are examined.

BACKGROUND

If being a police officer is difficult, being married to one isn't easy either. Those in law enforcement have extra roadblocks in their marriages--shift changes, exposure to people in trauma, denial of emotion, other job demands which affect their families deeply (Stratton, 1984, p. 149).

The average officer enters therapy because he cannot deal with his wife and/or girlfriends. In many cases one partner's mind is made up, and the therapy becomes 'divorce counseling'; focusing on the rejected person's need for self-esteem, and the departing person's guilt feelings for hurting their mate and children.

These marital problems are due in part to job stress: the defensive alienation from close emotional ties, the secondary status of wife and family, and the lack of diversity in outside friendships. In addition, many common cultural stresses are also at play: the changing roles of women, the disparity between the men and women's educational experience and level of sophistication, and the re-definition of the marriage relationship into an egalitarian partnership (Roberts, 1975, p. 232).

The changing role of women and the re-definition of the marriage relationship leading to an increase in the number of dual-career families present a growing concern for law enforcement agencies. The number of married women in the paid labor force has significantly increased within the past 30 years--from 12 million in 1960 to over 26 million in 1992. There is also an increase in the number of women entering the law enforcement profession. In 1990, out of 556,791 law enforcement officers, 53,577, or 10.39%, were female. These numbers are an underestimate, as they do not include Federal officers or "special police"--those officers with jurisdiction limited to enforcement of wildlife conservation or liquor laws, parks, transit systems, airports, college and university campuses, or school systems. The increase in both females in law enforcement and married women in the work force is a trend that will continue (Bureau of Justice Statistics, 1990).

The impact of these changing demographics cannot be dismissed. The Catalyst Career and Family Center (1981) conducted a study for the Exxon Corporation involving 374 Fortune 1300 companies. Of the responding companies, 45% felt that problems of dual-career couples had not yet affected their operations. Very few companies had even begun collecting data about how many dual-career couples they employed, what problems faced those couples, and what the couples felt the employer could do to help with problems related to dual-career families. Undoubtedly, a study of this type conducted within the law enforcement community would yield similar results.

MARITAL STYLES

Marital relationships can be viewed as falling into one of three categories. Prior to the popularity of the dual-career arrangement, the typical marriage was one in which the husband worked and pursued a career, while the wife performed domestic tasks and provided emotional support. Within traditional marriages, the wife serves as an "accommodator" who is responsible for maintaining a home and family while the husband pursues a career.

The dual-earner or dual-worker family consists of one committed career person and a second worker, who supports the career of his or her spouse, or both people may be working merely to support the financial needs of a family without a strong career focus. Although it is often the male who is in pursuit of the career, there is an ever-increasing number of women pursuing careers in nontraditional occupational fields (engineering, maintenance, law enforcement, fire fighting, medicine, and law), leading to rearrangements of role definition and task division ("Mr. Mom"). This in turn leads to a severe test of the couple's adaptability. The changing life style brings with it potential economic and emotional mine fields.

Women in dual-earner families seem torn between the demands of work and family. They try to preserve the domestic culture of their mothers and grandmothers while holding a full-time job (Hochschild, 1989). Despite the physical stress created by the responsibilities they assume, dual-earner women often attempt to be super moms. They don't want to impose on husbands who they fear (or know) resent their less than full-time dedication to home-related responsibilities (Jordan, Cobb, & McCully, 1989). A female employed as a law enforcement officer where promotion often requires relocation may find it necessary to turn down a position so that her spouse may be able to maintain his career. This may in turn lead to marital distress and subsequent deterioration of job performance.

Men in dual-earner families may experience psychological stress. They may consider themselves to be judged by others as to their capacity to support the family and to earn status at work. They often feel that status undermined by a "working" wife and may fear a loss of control. Most men weren't brought up to do housework, so helping at home undermines basic values and even a sense of manhood (Hochschild, 1989).

The third arrangement, that of dual-career families, is one in which both spouses have a high degree of commitment to their work and a life plan that involves dedicated and full participation and advancement in their chosen profession. Marriages that begin as either traditional or dual-earner can evolve into dual-career arrangements.

DUAL CAREER STRESSORS

Rapoport and Rapoport (1971) point out five general areas of stress experienced by the dual-career family: (1) role overload, which is affected by the couple's methods of apportioning household tasks and the degree of social and psychological stress compounded by physical overload; (2) discrepancy between personal values, social values, and environmental pressures--the couple's ability to ignore societal norms regarding appropriate sex roles and to do what makes sense without feeling guilt, anxiety, or loss of self-esteem; (3) social network dilemmas, or developing friendships that are satisfying to both the individuals and the couple with persons who will accept, if not understand, the time constraints and strains that dual careers can place on friendships; (4) questions of personal identity and self-esteem; and, (5) multiple-role cycling dilemmas that occur when each spouse fulfills multiple roles that may not go

through developmental cycles that complement each other. These stressors can have immense impact on dual-career law enforcement families.

In addition to these general stressors, some individual characteristics that can create stress for dual-career families include narcissism, reliability, single-mindedness, task persistence, competitiveness, and independence. Further, dual-career partners have high needs for achievement, recognition, and appreciation. These qualities can serve to either enhance or create stress for the relationship depending on how each spouse acts them out. If each person feels personally confident, committed to the relationship, and not threatened by the other, these characteristics can be used to enhance the relationship by giving the partner public recognition and support for career success and by persisting in the development of the relationship. On the other hand, if the partners do not adequately support each other, self-esteem injuries can occur and lead to further withholding support (this often results in publicly putting the other down in sarcastic, quasi-humorous, or deadly serious ways). The need for achievement can be accompanied by fear of failure, which makes it difficult to sustain interpersonal commitments. Task persistence may be channeled only into careers and not applied to the relationship; competitiveness can be used within the relationship to "keep score" rather than being applied to career success; and concern for equity may not be realized within the relationship. Personality characteristics exhibited in these ways damage rather than encourage the relationship (Parker, Peltier, Wolleat, 1981). Additionally, the spouse who feels ignored or unrecognized may undertake an extramarital affair as a way of receiving recognition and attention or as a way of getting back at the partner.

Personality and job-specific factors further add to the stressful nature of dual-career families in law enforcement. Many officers view their jobs as the important ones. Whatever the spouses' occupations, be it housewife or business executive, the officers believe their jobs are more necessary and significant. The job of law enforcement officer entails excitement, danger, drama, life-and-death issues; as a result, they see everything else as boring or mediocre. This relatively narrow view of the rest of the world (us vs. them) leads to an intermingling of law enforcement officers with each other, effectively squeezing out those who don't belong (Stratton, 1984). Depue (1981) suggests that the homogeneity of the peer group, the mutual expectations of the job, and the uniformity of standards contribute to the formation of an occupational personality.

According to Martin Reiser (1973), during the first three or four years of work, recruits go through the John Wayne Syndrome. Idealistic, inflexible, open-minded recruits are transformed into cynical, over-serious, emotionally withdrawn, strongly authoritarian officers. Officers with the John Wayne Syndrome tend to swagger and talk tough, be somewhat badge heavy in manner, feel that emotion is unhealthy, and keep feelings locked inside under tight control. They feel they must always be right and cannot admit fallibility or making a mistake. The philosophy is to shoot from the hip and ask questions later.

Many couples do, in fact, make an adjustment to the man being in law enforcement. In general, it is the wife who pays the price for this adjustment by assuming the traditional function of the homemaker subordinate to the male breadwinner. The wife may have to sacrifice many of her own aspirations and derive her sense of accomplishment vicariously through the exploits of her husband. This may be tolerable for a brief period of time. Eventually she may become bitter, which may lead to some deterioration in their relationship (Niederhoffer and Niederhoffer, 1978). Generally, when this happens there are already a number of stressors impacting the relationship, and the job-related stressors can be blown out of proportion. It is easy to blame the marital discord on the job.

This problem is not restricted to male officers. Women in law enforcement who choose to marry face many of the same problems in relationships as do their male counterparts; i.e. the need to maintain

an emotion-free facade, shift changes, and the paramilitary structure in most organizations. The paramilitary nature of the job is one in which orders are expected to be accepted without question. When two persons of equal rank issue orders, who is to be obeyed?

Stratton (1984) suggests that further complicating the situation facing the female officer are stereotypes held both about females and about officers. The traditionally "feminine" woman is supposed to be nonaggressive, kind, gentle, refined, obedient, courteous and decorative. Stratton adds that successful women officers are anathema to that womanly ideal. They are taught to be aggressive, controlled, and independent in action and decision making. Within the marital relationship, it is not unusual to see the line drawn as to who "wears the pants?" While a male officer expects his wife to understand the need to change shifts, a husband may view shift changes as destructive or controlling by his officer wife. He may question his wife's commitment to the marriage and the family. Many men expect their wives to value the marital relationship above the job, while they in turn appear to value the job more than the family. Society has taught men that women should derive their sense of self-worth primarily through relations with men rather than through their own achievements. Yet the woman officer feels her own sense of purpose and may appear to put her marriage second. Job-related factors such as rotating shifts exacerbate the stressor confronting dual-career law enforcement families.

Communication problems also are prevalent in law enforcement dual-career families. Questions are raised as to what in the relationship is open for communication. Due to the need to project an image of strength and invincibility, the male is concerned with being able to discuss his feelings, weaknesses, and fears. The female officer may also be reluctant to voice her feelings lest she be accused of being weak and told to find other employment. When both partners feel the need to maintain a closed communication line, the relationship is prone to experience difficulties.

Experienced police officers may find themselves keeping a tight rein on their emotions and becoming cold and unfeeling. Being able to suppress emotions is an asset on the job, but may not be acceptable to their spouses at home.

As the female officer learns to control her feelings, her husband may draw the conclusion that she is no longer in need of his emotional support (another perceived loss of control). This forces her to rely more and more on her fellow officers who understand her world. This further lessens communication and leaves the husband feeling like an outsider. If he is not an officer, he may become jealous of his wife's relationship with those in law enforcement. He may also feel threatened by the macho image of the male officers.

Often women officers seek marital partners who are also involved in law enforcement. They assume that these men will understand the difficulties of the job and be more accepting. However, this is not always the case. Male officers are traditional in their views of women and are often unwilling to compromise in a marital relationship. Competition between the partners may become dysfunctional, resulting in his seeking the companionship of one who is weaker than himself.

If we consider the stressors confronting an officer, we can see how they are amplified for the married police couple. If she advances in rank sooner or more often than her husband, the male ego and the relationship may be greatly tested. Because of these concerns, some women choose the more traditional female roles in law enforcement: juvenile, radio, administration, etc. These jobs have more consistent hours and often allow for more flexibility in scheduling. They are also accepted as more "feminine" than riding patrol. Of course, being assigned to one of these positions does not preclude her receiving a promotion before him. There is also no assurance that she will not seek a transfer to a more exciting function (CID, investigations, etc.).

Depue (1971) suggests that the job can dominate an officer's life, both on duty and off. Time spent away from home slowly increases, and many police officers become so absorbed in their work that they become a kind of "workaholic." Shift work and the police subculture combine to limit an officer's friends to associates only. Shop talk commands conversation at work and home, and spouses find themselves competing with what appears to be their mates' first love. Some wives adopt the attitude that it is best to become part of this subculture and purchase a scanner. In this way they can keep abreast of what is happening on the road and hopefully, have something to talk about when their spouse returns home. Add to the above problems the officer's greater temptation for sexual infidelity (sometimes attributed to the greater availability of opportunity), the development of what appears to be a coldness and hardness in personality, limited family interaction (especially with the children), insensitive "interrogation" techniques used in discussions with family members, and increased use of alcohol and drugs, and marriages become strained to the breaking point.

Dual-career couples who work in the same organization are most visible to others as dual-career couples. When both partners work in the same department or unit, they can find themselves being victims of suspicion and mistrust. They can be seen as secret sharers or informants. When one of the spouses is a ranking officer, the other is subject to hearing complaints as to what "they" are doing to us. The complainants hope that their comments will be transmitted to the officer spouse so that some policy changes might be implemented. Yet these same individuals who use the spouse as a messenger are concerned with saying something in front of him/her for fear the remarks will be reported to the spouse. As a result, many dual-career couples in the same agency will go to great pains to distance themselves from each other during the course of the working day.

Some agencies find that when they employ dual-career couples, they may be without the services of two employees during the time of a family crisis. Both will want to take vacations at the same time. Where children are involved, it is not always possible to have both spouses attend training during the same week, even when both need that training.

When only one of the spouses is in law enforcement, other concerns arise--a major one is dealing with advancement requiring relocation. This is a situation that occurs more often with state agencies than with local departments. If she is pursuing a career in the private sector and he has the opportunity to be promoted, the usual response is for the family to relocate. On the other hand, if she is the one requiring relocation in order to accept a promotion, there is strong likelihood that the promotion will be declined.

Females pursuing a career in the private sector may oftentimes find that they are earning at a significantly higher rate than their spouse. While many males will say that were this to happen they would be quite content, in actuality it causes a good deal of discontent. The stereotype of the male is that he is the breadwinner and that his wife's earnings are incidental. When this situation is reversed, the male begins to feel threatened and again out of control. Ego threat may also be experienced by the male when his wife is employed in a professional organization in which she might interact with persons he considers more intelligent, successful, etc., than he is. An officer, seen by this author in counseling, who worked two jobs in order to help pay his wife's way through nursing school found himself sexually impotent after her graduation and subsequent employment as a critical care unit nurse. His comment to this author was that he did not think his wife would hold him in high regard when compared with the physicians with whom she worked on a regular basis.

Dual-career families face a number of challenges. As previously mentioned, a major concern is the limitation the personal relationship places on job choices and upward mobility. Which of the partners accepts the promotion? In any dual-career relationship, it is critical that a reassessment of values and priorities be made. So far, the majority of couples have made the decision that his career is most

important. However, as females enter even more non-traditional areas of the labor market, this decision will not always hold--a potential problem source.

When dual-career family members become parents, they are faced with an overwhelming challenge of time management. There is a need to manage the time required by both home and career successfully. The rotating shift work nature of many law enforcement jobs makes this a difficult task. When one of the partners is engaged in undercover activities, or another function with irregular hours, this task becomes even more difficult. This attempt to manage time can create role overload (Rapoport and Rapoport, 1971) and role conflict (Hall and Hall, 1979), which in turn can produce stress, burnout, and lowered morale. Especially in the case of a female, if she calls home to say that she has to work late or a second shift, she is liable to be faced with the response that she always puts the job first. On the other hand, if she is asked to work overtime and replies that she has to go home, her loyalty to the job is questioned. This double bind does not usually occur in the same way with the male. Generally, when he has to work overtime, it is expected that his family will understand.

An obvious question is whether or not dual-career families can be successful in the law enforcement community. This question is a difficult one to answer in that when speaking with couples, we generally do in fact speak with those who are currently married. Therefore, there is little information about those families that have not made a successful adjustment.

Safilios-Rothschild (1970) has found that women who have a high degree of commitment to careers are reporting a significantly greater degree of satisfaction and happiness in marriage than those who remain inside the home. Rice (1979) states: "Given that men are traditionally more socially supported in their career pursuits, the degree to which such a mate choice is potentially mutually facilitative for personal and marital growth depends, in large part, on the lack of ambivalence both partners feel toward the wife's career" (p. 47). Yet the wife's commitment to the job can also become a significant stressor in the marital relationship. Questions about how the couple tolerates the wife's career intensity lead to the assumption that she is not fulfilling her wifely obligations; questions about how they handle the fact that she makes as much money or more money than her husband signifies that he is not fulfilling his husbandly obligations; questions about how the couple's children manage to grow up with two such busy parents assume that they are not fulfilling their parental obligations. As a result, the guilt is spread uniformly over both partners.

COUNSELING CONSIDERATIONS

Maples (1981) has identified several ingredients for dual-career family success: (1) flexibility--being able to explore all potential solutions and make decisions that will provide mutually satisfying solutions; (2) mobility--being willing to relocate one or both jobs, commute between job and home, and be willing to make necessary adjustments for the advantage of each person's career opportunities; (3) independence and interdependence; (4) common interests--sharing more leisure time activities, designing time together, and usually being more physically active than other couples; (5) and self-actualization of both partners encouraged by each other.

Wilk (1981) finds that dual-career couples have a realistic sense of their limitations and do not expect to have it all, thus not placing undue pressure on either the spouse or the relationship; they are good time managers, which allows them time they need both alone and together; they are flexible; they have outstanding communications skills; and their relationship is a primary commitment.

From the above findings, it can be seen that counseling dual-career law enforcement families can be quite a challenge. For many, communication skills have been limited and the job is the primary commitment. For many partners in dual-career families, there is the attitude of having to do it on one's own without the benefit of the traditional spouse. Many women in dual-career situations will comment that what they need in order to make their situation easier is a "wife." It is interesting that the role sought after is that of the traditional female as opposed to the traditional male.

Counseling dual-career families is quite a significant challenge in that there is still a limited amount of research data available upon which to draw. There is even less in cases of dual-career law enforcement families. Nevertheless, there are some basic guiding principles that can be used.

When the problems are a result of stress external to the couple--employer or societal imposed tensions--group therapy is the treatment of choice. Individual therapy is indicated if a single spouse is having trouble adjusting to or coping with stress within the career-relationship; couple therapy is most appropriate if the stress has actually begun to impact the dynamics within the relationship.

Counselors working within the law enforcement community must be careful to not become a part of the problem by applying their own assumptions as to what the relationship should or should not be. The counselor should make an initial determination as to which of the four areas of stress (individual qualities, couple issues, employer issues, or societal pressures) is causing the pressure and then move from that point on.

Police psychologists, social workers, and employee assistance counselors working with law enforcement dual-career families need to recognize that the bulk of the relationship issues reside in inappropriate communications skills on the part of one or both partners. It is critical that the focus be on helping the individuals think through values, priorities, marital contracts, and teaching them how to communicate their needs effectively. It may be necessary to have the couple examine the number of obligations they are attempting to fulfill either individually or as a couple so that only one is dealt with at a time.

Stringer (1985) suggests that strategies for enhancing the relationship, once stress is reasonably managed, involve including the partner in one's business life where that is reasonable and possible; knowing when to exclude one's partner from personal and business activities; accepting one's partner as he or she is; applauding each other, both publicly and privately; making genuine efforts to please the partner without violating one's own needs; reaching out physically, not just sexually; and sharing each other's dreams and aspirations. This, of course, is a heavy order when either or both partners are involved with law enforcement work, as there are cultural factors involved.

Another area in which police counselors can have an impact is the establishment of orientation programs within those agencies with which they are involved. While some such programs do exist, a greater number of departments offer no training whatsoever for the spouse. During the course of this training, it can be pointed out that dual-career lifestyle can be transformed from an anxiety producer to a hard but exciting alternative to more traditional lifestyles. It is important to indicate that some couples need help in pursuing this path. This is an excellent opportunity for the police counselor to point out the availability of outside help in solving problems related to dual-career related stress. By pointing out that this assistance represents problem-solving and not therapy, the stigma of seeking outside help may be minimized.

The agency needs to be made aware of the problems it will face as a result of the ever-increasing number of dual-career relationships. Family members will be less willing to sacrifice family and personal

needs in order to meet the demands of the agency. As more females enter the field of law enforcement and move into ranks of supervision and management, agencies will become confronted by issues of recruiting, scheduling, and transfer. Other issues that will arise are conflicts of interest and career pathing. Even benefit packages will be impacted. If one spouse has family medical coverage, it is not unrealistic for the other spouse to look for day care benefits.

It is easy to say that this is a problem that belongs to the individual and not the agency. However, as can be seen, a problem affecting the dual-career partner employed within the agency will have an impact on the entire system.

REFERENCES

Bureau of Justice Statistics. (1990). State and local police departments, 1990. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Catalyst Career and Family Center. (1981). Corporations and two-career families: Directions for the future. New York: author.

Depue, R.L. (1981, August). High risk lifestyle: The police family. FBI Law Enforcement Bulletin.

Depue, R.L. (1971, February). Turning inward - The police officer counselor. FBI Law Enforcement Bulletin.

Hall, F. & Hall, D. (1979). The two career couple. Reading, MA: Addison-Wesley.

Hochschild, A. (1989). The second shift. New York: Viking.

Jordan, C., Cobb, N., & McCully, R. (1989). Clinical issues of the dual career couple. Social Work, 34(1), 29-32.

Maples, M. F. (1981). Dual career marriages: elements for potential success. Personnel and Guidance Journal, 60, 19-24.

Niederhoffer, A. & Niederhoffer, E. (1978). The police family: From station house to ranch house. Lexington, MA: D. C. Heath & Co.

Parker, M., Peltier, S., & Wolleat, P. (1981). Understanding dual career couples. Personnel and Guidance Journal, 60, 14-18.

Rapoport, R. & Rapoport, R. N. (1971). Dual Career Families. London: Penguin.

Reiser, M. (1973). Practical psychology for police officers. Springfield, IL: Charles C Thomas.

Rice, D. G. (1979). Dual career marriage: Conflict and treatment. New York: The Free Press.

Roberts, M. D. (1975). Job stress in law enforcement: A treatment and prevention program. In W. H. Kroes and J. J. Hurrell, Jr. (Eds.) Job stress and the police officer: Identifying stress reduction techniques (pp. 226-233). Washington, DC: U.S. Government Printing Office.

Safilios-Rothschild, C. (1970). The influence of the wife's degree of work commitment upon some aspects of family organization and dynamics. Journal of Marriage and the Family, 32, 675-85.

Stratton, J. G. (1984). Police passages. Manhattan Beach, CA: Glennon Publishing Co.

Stringer, D. M. (1985). Counseling dual career couples. In D. W. Myers (Ed.) Employee problem prevention and counseling: A guide for professionals (pp. 191-206). Westport, CT: Quorum Books.

Wilk, C. (1981, August 24). <u>Midlife dual career couples</u>. Presentation at the 86th Annual Convention of the American Psychological Association, Los Angeles, CA.

THE TRILOGY

OF

FAMILY PROBLEMS
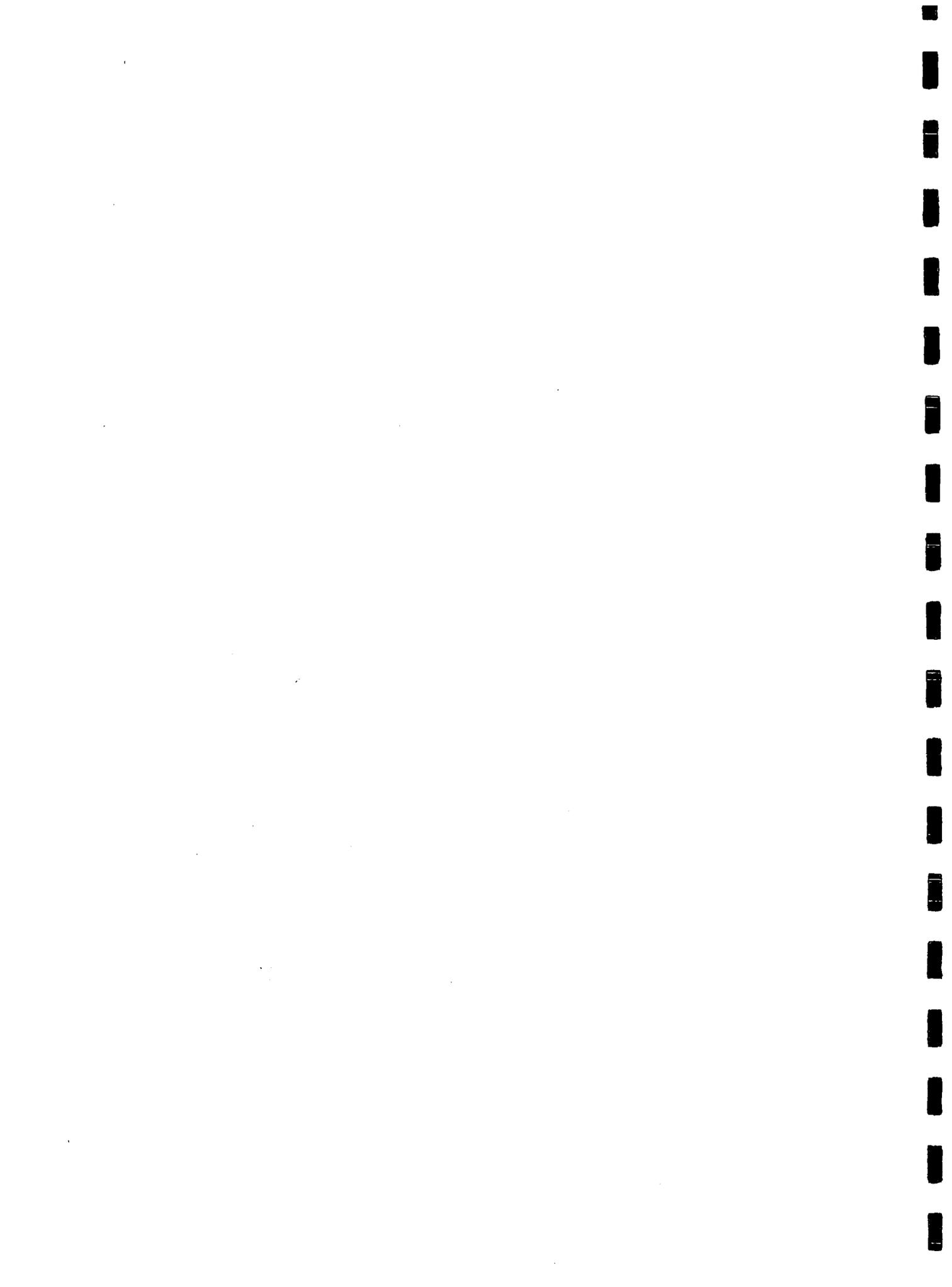
THE RHODE ISLAND CENTURION:
A COMPREHENSIVE CRIMINAL JUSTICE MANAGEMENT SYSTEM

John J. Carr, M.S., D.C.S.W.
Patricia C. Lefebvre, B.A.

The Rhode Island Centurion Criminal Justice Stress Program is reflective of 15 years of evolution resulting in a comprehensive stress management program serving municipal and state jurisdictions, both law enforcement and corrections, within Rhode Island and South Eastern Massachusetts.

BEGINNING

As often happens, it took a significant event in the Rhode Island law enforcement community to initiate focus on the issue of criminal justice stressors.

For Rhode Island it was the tragic loss, by suicide, of the Chief of the Providence, Rhode Island, Police Department in 1978. Within six weeks our counseling agency, in conjunction with the Providence Police Department, established the first stress unit within the state--the Human Resource Bureau of the Providence Police Department.

Currently our Centurion Program provides for comprehensive services to multiple municipal and state agencies, including the Rhode Island State Police and the Rhode Island Department of Corrections.

PROGRAM COMPONENTS

Education

At both the recruit and in-service levels, education focuses on positive preventative behaviors to cope with issues of professional, personal, and critical incident stressors. Within the major Rhode Island academies, including the Department of Corrections Training Center, Municipal Police Academy, and the Rhode Island State Police Academy, the course is offered to both recruits and family members prior to graduation.

Centurion cadre focus on the real world, beyond the academy. The recruits are encouraged to reorder their priorities upon graduation. Typically, during training, a recruit is immersed in profession-specific issues and behaviors. The recruit eats, sleeps, and drinks academy content 24 hours a day, to the exclusion of other personal and familial priorities. Relationships survive this period of lifestyle imbalance because loved ones and recruits can anticipate graduation. The graduating officer is encouraged to nurture his/her personal support system ("the heart behind the badge") in order to emotionally survive the demands of the chosen career. Centurion resources, which are available in representative departments, are identified for the officers and their family members.

In-service training, upon request, is offered as a component of command officer school. The focus is on identification of the troubled employee and internal liaison resources provided by the Centurion program. Departments may also request specialized training supportive of existing in-service

programs (e.g., critical incident stress management techniques as part of departmental firearms qualification).

Clinical Supports

Each department under contract to the Centurion program develops a policy order that describes support available in the voluntary program and identifies a peer liaison/counselor. This counselor is accessible to sworn and civilian members of the department and their families 24 hours a day. The program director in each department is identified as the "Stress Management Officer."

Since the peer counselor is the direct link to departmental personnel, he/she participates in our training and orientation programs. In certain jurisdictions, active chaplains are included as a valuable resource. In smaller departments, we operate effectively with a single liaison officer. Within the Rhode Island Department of Corrections, we operate a unit of 19 sworn and civilian members of the department as peer/liaison personnel for multiple facilities. Peer counselors provide a source of on-site support and access for referral. Peer staff, in conjunction with the clinical stress officer, are on call 24 hours a day for clinical emergencies or critical incidents.

Routinely, a peer counselor may refer a department member to our agency for a formal evaluation. A full range of outpatient counseling services is available to staff and family members for psychiatric or chemical dependency issues. The peer counselor also remains available in the workplace as a source of support.

If a higher level of intervention is needed, the program staff is affiliated with Fuller Memorial Hospital, South Attleboro, Massachusetts. That institution also assists with discharge planning and return-to-duty arrangements.

Critical Incident Intervention

As a resource to all departments, we have established the Centurion Critical Incident Debriefing Team. Consisting of three agency clinical members sworn as active duty reserve officers, the team is trained in advanced critical incident debriefing techniques by the International Critical Incident Stress Foundation, Baltimore, Maryland.

This team is available to all regional departments, even those not under contract, and has responded to municipal law enforcement agencies following lethal force encounters and to corrections in the aftermath of a prison disturbance with officer injuries.

Tactical Resource

In addition to stress management roles, we have undergone substantial training as crisis/hostage negotiators for our respective departments' tactical units. In 1993, with the formulation of the Crisis Intervention Unit, the tactical negotiating arm of the Rhode Island Department of Corrections, we were appointed as the units Senior Crisis Negotiators.

CONCLUSION

While pleased with the development of the Centurion program these past 15 years, we were also aware of the need for a range of comprehensive partial and full hospitalization services immediately available to the unit and sensitive to the concerns of the criminal justice professional.

We are gratified in 1993 to have entered into a corporate clinical affiliation with Fuller Memorial Hospital, South Attleboro, Massachusetts. The hospital now corporately sponsors our training and Critical Incident Teams, enabling us to expand our services region wide. Additionally, we have identified clinicians on all hospital units who have volunteered as liaison personnel to the Centurion program. Those clinicians have met with our police and correctional personnel for joint training as well as tours of our correctional facilities.

Now, upon admission, our clientele are engaged by a staff member with a sensitivity to both their professional and personal concerns, with an ability to coordinate planning with the referring departmental liaison officer.

Supportive of our community-based and outpatient programs, Fuller Memorial Hospital medical staff are additionally available for second opinions as necessary, as well as for requested "fitness-for-duty" evaluations, which our stress units prefer to refer rather than provide.

For the 1993-1994 program year, in an era of fiscal restraint, we are pleased that all departments have renewed existing contracts, and that needed clinical and financial program support has increased with the addition of Fuller Memorial Hospital corporate sponsorship and clinical affiliation.
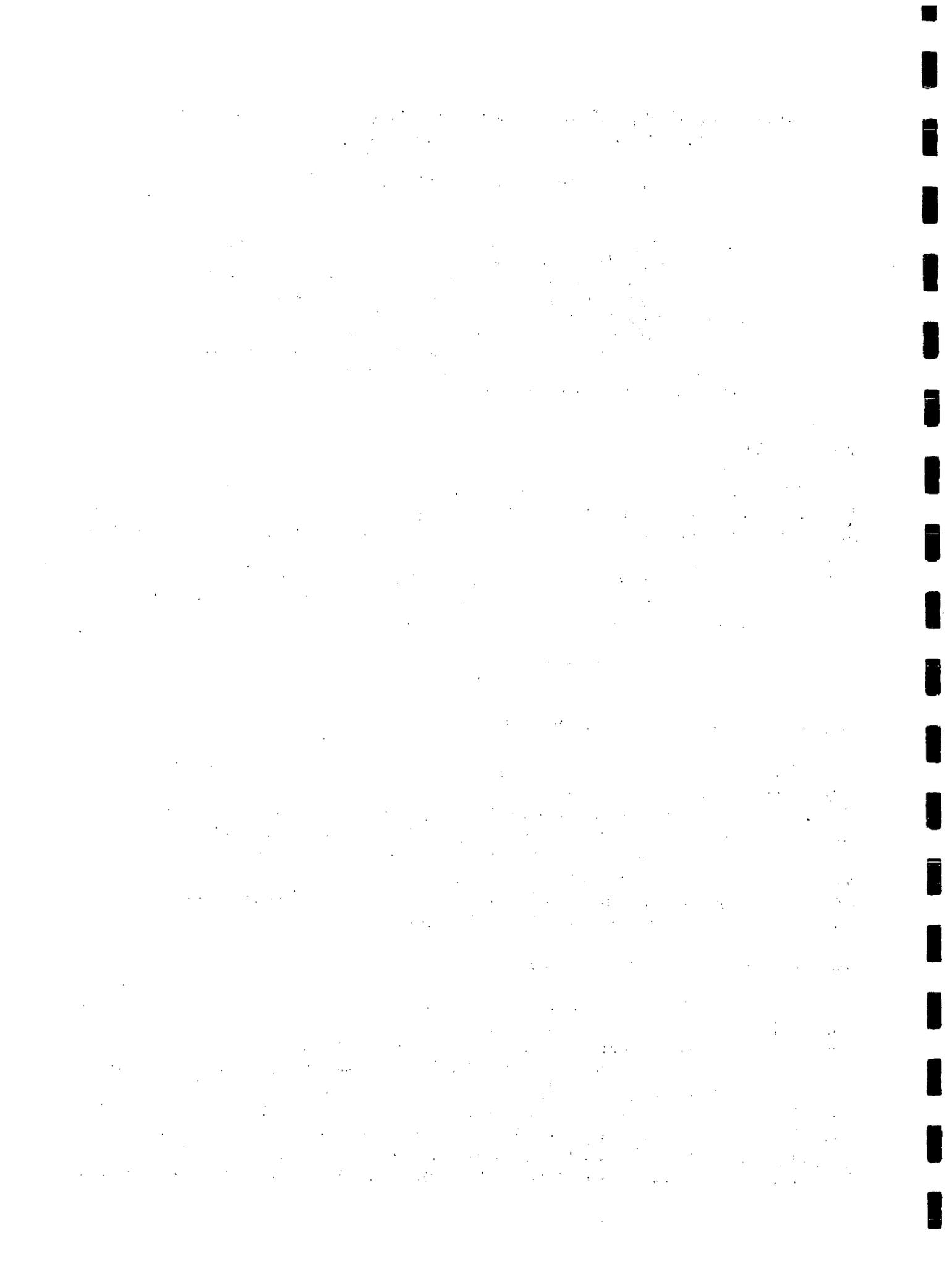
ALCOHOLISM AND CHEMICAL DEPENDENCY IN LAW ENFORCEMENT: ITS EFFECTS ON THE OFFICER AND THE FAMILY MEMBERS

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The purpose of this paper is to provide current and specific information, both theoretical and practical, on the problem of alcohol and chemical dependency among law enforcement officers and examine the related issues with respect to the effects on the job and within the family. This paper speaks to the topic in three parts: First, the notion of the disease concept for addiction; second, the effects on the individual as well as the family system; and third, the problem within the law enforcement profession. The intent of this writing is not so much to prove a thesis, but rather to provide an overview and a context for a perspective of the problem for consideration by those involved in law enforcement, as well as those who work to assist them.

INTRODUCTION

While the main focus of what follows is on alcohol abuse and alcoholism, one cannot talk about these without including the notion of substance abuse or chemical dependency. Immediately a problem arises: while law enforcement agencies seem more willing to accept that police officers may abuse alcohol and became alcoholics, they are reluctant to admit that the same is true for the abuse of, or addiction to, substances. The latter raises legal issues that are not the subject of this paper; nevertheless, we need to address the fact that some officers, like others in the population, will also abuse and become addicted to substances. So while the terminology in this paper stresses addiction to alcohol, it is to be implied that other substances may also be involved. When this writer refers to addiction and dependency, therefore, it is to be interpreted in its widest sense.

THE DISEASE CONCEPT: A BIO-PSYCHO-SOCIAL MODEL

Aside from the creation of the Fellowship of Alcoholics Anonymous in 1935 and its subsequent emphasis on alcoholism as a disease, a most significant occurrence in this field was the designation of alcoholism as a disease by the American Medical Association in 1977. These events have helped shape our ever-advancing views of addiction and our approach to the treatment of individuals who suffer from its devastating effects. The Bio-Psycho-Social Model suggests that alcoholism and chemical dependency is a disease that affects the physical, psychological, and socio-relational aspects of an individual's life. Such a view has far-reaching implications for the way in which we look at the person who is addicted, and that addiction affects just about every aspect of a person's life.

Definition and Characteristics of Addiction

Recently, the National Council on Alcoholism and Drug Dependence, in conjunction with the American Society of Addiction Medicine, adopted yet another new definition of alcoholism. This new definition places the major emphasis on the compulsive drug seeking and/or impaired control of the host rather than on the agent. This reflects the current thinking that excessive alcohol use is a host response or result of, rather than the cause of alcoholism, and that physical dependence is only one of many adverse effects of such use or abuse. Of the four elements of addiction--an agent, a vulnerable host, a permissive setting, and a temporal profile--the "at-risk host" is now preeminent, as it should be. This concept has resulted in a much broader diagnostic criteria for addictions, and the possibility for a greater thrust in prevention, education, and treatment. We are beginning to realize that addiction has more to

do with the biological, socio-economic, and political environment of the host than in the substance consumed.

Accordingly, the definition is stated thus: "Alcoholism is a primary, chronic disease with genetic, psychological, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, and use of alcohol despite adverse consequences, and distortions in thinking, most notably denial" (NCADD Adopts, 1990).

Much in the same way the American Medical Association has endorsed the proposition that drug dependencies, including alcoholism, are also diseases and that their treatment is a legitimate part of medical practice. Such other characteristics of addictive disease include: compulsion or craving, loss of control over use, chronicity, progressive over time, and with a predisposition to relapse (Mc Carthy, 1988).

Implications for Diagnosis and Treatment

The formal structure of treatment and rehabilitation as we know it today is relatively recent. The current view of what is called the "Comprehensive Continuum of Care" is a model based on eight assumptions that led to a new philosophy of intervention and treatment known as the "Minnesota Experience." These assumptions are the following:

1. **Alcoholism exists.** Because of societal denial, the disease remains unseen or unrecognized in some populations.

2. **Alcoholism is an illness.** It is characterized by identifiable signs and symptoms and pathological dependence despite negative effects.

3. **Alcoholism is a no-fault illness.** The alcoholic cannot be held responsible for **being** alcoholic; thus, the assignment of personal blame is no longer tenable, and the common cultural judgmental attitude can no longer be maintained.

4. **Alcoholism is a multiphasic illness.** It is observed in the breakdown of functioning, inclusive of physical, psychological, social, and spiritual problems.

5. **Alcoholism is a chronic and primary illness.** In spite of a wide variety of other interacting alcohol-related problems, alcoholism was found to be an independent condition and not seen as a symptom of some underlying psychological disorder.

6. **The initial motivation for treatment is unrelated to the outcome.** In the past, we have wrongly assumed that it was necessary for the alcoholic to be motivated before treatment could occur successfully. Denial and resistance are to be seen as symptomatic of the illness whether or not the alcoholic entered treatment voluntarily or through coercion.

7. **Education about alcohol must begin in the community.** For the most part, the culture of our society fosters denial and ignorance to the symptoms or the presence of alcoholism within the human community, thus enabling the alcoholic to continue the drinking and dysfunctional behavior without interruption.

8.   **The concept of chemical dependency is stated.** Inebriety is seen as the condition wherein a person is incapable of managing himself/herself or his/her affairs by reason of habitual and excessive use of intoxicating liquids, narcotics, or other mood-altering substances. More and more today we are seeing the abuse of other substances in conjunction with alcohol or dual addiction (Anderson, 1981).

All of this has dramatic impact on the implications for the disease classification; namely, that sick people do not choose to be sick and are to be cared for, not criticized; that alcoholics are victims and therefore not to be punished for the condition; that they are not expected to fulfill the usual roles and responsibilities yet they are to be accountable for their behavior; and that this disease, which affects the family, is also treatable.

Stages and Phases of the Addiction Process

The forerunner and initiator for the disease concept was Dr. E. M. Jellinek, who in 1952 studied 2,000 people in Alcoholics Anonymous. He charted the signs and symptoms of the disease and found both a pattern and a progression that developed through three stages.

1.   **Preliminary or Prodromal (Early) Stage:** characterized by the first blackout, preoccupation with drinking, sneaking or gulping drinks, avoidance of reference to drinking, minimizing amount of intake and increased tolerance with more frequent blackouts.

2.   **Crucial or Basic (Middle) Stage:** characterized by loss of control over intake, rationalization and isolation, persistent remorse, and attempts to change drinking patterns and behaviors. In this stage, family, friends, and job become affected, and interest in nondrinking activities diminishes. Intoxication is frequent.

3.   **Chronic (Late) Stage:** characterized by the first bender, which is followed by increasingly frequent and severe ones. There is also ethical deterioration and neglect of family and job responsibilities, with increasing associated emotional and economic problems. Here the alcoholic drinks to live and lives to drink, and will be drunk at critical times or important events. Withdrawal symptoms will occur when no alcohol is in the system (Kinney & Leaton, 1991).

It should be kept in mind that the above is a composite of the typical alcoholic; people may not have to go through each of the characteristics in the same way to fit the diagnosis. It should also be noted here that the progression of other disease processes to drugs and other compulsive behaviors strongly parallel these stages, but space does not allow further illustration.

THE EFFECTS OF ADDICTION ON THE FAMILY STRUCTURE

A significant breakthrough in the treatment of alcoholism and other addictions is the notion and the belief that alcoholism is a family disease, in that not only is the alcoholic affected but the family members are also adversely affected to a greater or lesser degree. Each alcoholic affects the lives of four other people in some fashion. The majority of the alcoholic's impairments are behavioral and have dramatic impacts on family members, who in turn become bewildered and confused, angry and fearful, guilt-ridden and shameful, when confronted by the alcoholic's behavior. No family member can be said to have caused the alcoholism, yet they may behave in a way that allows the alcoholic to continue the destructive addiction by "enabling" behaviors, such as covering up, making excuses, and protecting the alcoholic from painful consequences.

Adjustment of the Family to the Crisis of Addiction

Given what has been stated about the progressive stages of the alcoholic's addiction, there is also a parallel progression of the family members that occurs as they attempt to cope with the alcoholic in their midst. The family experience can be seen as following six stages:

1. **Denial.** The dysfunctional family is a closed system that tends to minimize, explain away, or deny the existence of the problem.

2. **Attempts to eliminate the problem.** Here the spouse tries to pressure the alcoholic to quit or cut down what is becoming evident as abnormal drinking. The problem must remain hidden from outsiders with associated isolation from others.

3. **Disorganization and chaos.** The family equilibrium has now been broken and they are moving from crisis to crisis. Tension, conflict, and violence may erupt, prompting the family to seek outside help.

4. **Attempts at reorganization.** Family members may gradually assume greater responsibility for the family unit, focusing away from the alcoholic and gaining strength towards fostering family life despite the alcoholic.

5. **Efforts to escape.** Separation or divorce may be attempted; if not, the family attempts to continue to live "around" the alcoholic. The threat of separation or divorce may also precipitate a crisis that may motivate the alcoholic to get treatment.

6. **Family reorganization.** The family reorganizes either with or without the alcoholic. If sobriety is achieved and reconciliation occurs, both parties must realign their roles and make new adjustments.

The most common approach to the alcoholic/chemically dependent family considers the family as a system, and thus changes in any part of the family affect all the others, who in turn make changes to maintain the family equilibrium. A wide range of adjustments and responses can be made and are considered mechanisms for survival (Kinney & Leaton, 1991).

Dynamics Within the Alcoholic/Chemically Dependent Family System

The following are common unwritten "rules" that are encountered in the dysfunctional family system:

1. The dependent's use of chemicals must be the most important thing in the family's life.
2. Alcohol or drugs are not seen as the cause of the family's problem.
3. Someone or something else caused the dependency.
4. The status quo must be maintained at all costs.
5. Everyone in the family must become an enabler.
6. No one may discuss what is really going on.
7. No one in the family may say what they are really feeling.

These rules are attempts at survival, but following them ensures that the dysfunction will continue (Seafield Center).

The family disease is co-dependency, whereby anyone who lives with the alcoholic develops a whole range of dysfunctional behaviors and attitudes that themselves have a reciprocal effect on the addicted person. Space constraints preclude this writer from further detailing the diagnosis and treatment of co-dependency in this paper.

CHEMICAL DEPENDENCE AND THE LAW ENFORCEMENT OFFICER

We now turn more specifically to the law enforcement officer and explore how addiction manifests itself within this population. The effort here is not so much to look at causality, but to explore what might be some contributing factors within the police profession that may encourage abuse or the development of addiction.

Contributing Factors and Problems within the Profession

No job or profession can ever be said to be the cause for alcoholism, chemical dependency, or any other addiction. Nevertheless, knowing what we know about addictions, it seems reasonable to state that some jobs or professions provide influencing factors that may contribute to the development of or aggravate an addiction to alcohol or other substances.

To what degree is the nature of police work itself an influencing factor in the development of addiction? Does an officer's professional "image" of him/herself have a bearing, or is it a question of some psychological predisposition found in those who choose to become police officers? Perhaps a look at both the profession and the person can assist us in discovering the answers to these questions and raise some issues that need to be further explored.

Most people would conclude that the law enforcement occupation involves significant stress. Some officers describe it as "periods of boredom mixed with moments of sheer terror." Countless studies on police stress have amply documented what is now common knowledge. Again, while the focus of this paper is on alcohol and chemical dependency, it is necessary to make a case for the connection between stress and alcohol and substance abuse, without focusing on stress in all its forms and effects. It is assumed that the reader is familiar with the issue of police stress and the implications found in these studies within the literature.

Both police administrators and police union officials, not to mention the officers and their families, acknowledge that police officers experience high rates of heart disease, and other stress-related health problems, in addition to marital and relationship difficulties, depression and suicide, and, of course, alcoholism, more than other professions (NY State).

Alcoholism and associated addictions are prevalent in police departments and law enforcement agencies of every size and type. Naturally, such problems, whether abuse or addiction, are responsible for a host of effects within the work environment, namely: poor and deteriorating job performance; increased on-the-job accidents; abnormal absenteeism; excessive sick leave, and consequently medical claims; and frequent labor-management grievances (NY State).

The stressors inherent in police work cannot be overlooked. Although much is being done today to adjust work schedules, shift work or working tours has been shown to be problematic in terms of stress, not only on the officer but also on the members of the officer's family, and affects the quality of family life in general. Being constantly exposed to personal injury or death due to direct acts of violence and other dangerous conditions takes its physical and psychological toll. Much is being written these days

about the effects of Post-Traumatic Stress Syndrome on police officers who experience critical incident stress, one of which is the tendency to use and abuse alcohol or other substances in order to cope with this condition.

By and large, the rewards of police work are seen as less than adequate compensation, even if the economic and other benefits appear to some to be better than in other professions. How much salary is considered enough to die for or to remain permanently disabled for life?

Sworn to protect the community and its citizens, the police officer is at times beset by a hostile public that does not understand the nature of the work and has unrealistic expectations about the role of law enforcement in general. Much can be said, also, about the flaws within our criminal justice system, which seem to afford the perpetrator more rights than the victim. The ambiguities of law and the so-called technicalities that provide convenient loopholes for suspects to evade prison can be a source of frustration for the law enforcement officer who is trying to do his/her job and is constantly being viewed as if under a microscope by the public and even police supervisors.

Often the rigorous demands of police work are the basis for the officer's becoming cynical, disappointed, or disillusioned with the job. How do I manage to get through each tour, day after day, without becoming overwhelmed or affected adversely? is the all-consuming question.

As indicated previously, the relationship between stress and law enforcement, with its subsequent personal problems, has been amply documented. Stress is an occupational hazard for police and can be linked to a host of physical and psychological effects, not the least of which is alcoholism and chemical dependency. Once again, stress itself cannot be said to be a sole factor contributing to addiction, since practically all officers experience stress on the job and not all succumb to addiction as a result. Nevertheless, a typical explanation for heavy use by police personnel is the stress of the job (Hurrell & Kroes, 1986; Territo & Vetter, 1986).

According to Pendergrass and Ostrove (1986), there are two major competing theories on the development of alcohol abuse among police officers. Policing as a male-dominated paramilitary profession may tolerate or encourage higher levels of consumption than in the general population. The authors consequently suggest that police officers may indeed be heavier consumers of alcohol than the general population. This, coupled with what has been said before, accounts for police officers being a high-risk population for abuse and dependence, at least in the opinion of this writer.

But what about the police officer him/herself? That is to say, in what way does the police "image" frame how the officer works and responds to stressors on the job? Is the "image" a factor we need to consider as contributing to the development or incidence of alcohol abuse or addiction? Police officers are unique individuals, yet they are indeed real people with real human problems.

The wearing of the badge and the uniform provides police officers with an "image" that suggests they are invincible and invulnerable. Perceiving themselves as invincible fosters the so-called (and perhaps overused) "machismo" to emerge whereby the officers see themselves as needing to be strong and thus unable to admit weakness or fear to themselves or others. In this respect, they are likely to hold to the opinion that alcoholism and addiction are the result of personal weakness and lack of strength or willpower, and therefore be in denial in regard to their own addiction.

Viewing themselves as invulnerable, they have learned and conditioned themselves not to show emotions or express feelings; nor do they allow themselves to be affected by the feelings of others or the

emotional aspects of their job. Consequently, such an officer would likely be resistant to recognize the need for assistance, or to ask for help with a personal problem including an addiction or dependency.

Speaking of dependency, another result of the police "image" is the issue of isolation and independence. The police officer belongs to a closed subgroup that is suspicious of outsiders. They exhibit an "us versus them" mentality that forces them to become solidified with one another to the point of developing an unhealthy independence that suggests they alone are in control, and there is no need to ask anyone else for assistance. If control is seen as a required virtue or desirable quality, then the officer must always be in control of him/herself as well as others. Lacking this control or being dependent on another for help is considered a weakness and a chink in the armor of self-protection.

The police "image" is also responsible for the tension provided by role conflict or role confusion as to function. That is, the police officer is expected to be at once each and all of the following: enforcer, problem solver, mediator, counselor, social worker, rescuer, advocate, and peace keeper. Trying to be all things to all people all the time can be frustrating, especially when we see how public perceptions and those of television and other media play further havoc with the "image." Society has been conditioned to see the police officer as a composite of Columbo, Dirty Harry, Hunter, etc.; who is expected to apprehend the suspect, solve the crime, and not get hurt or killed, all in thirty minutes flat without commercials. In the extreme case the officer is seen as Robocop, an indestructible machine without emotions or human values. In light of this view, the use and abuse of alcohol is perceived to be part and parcel of the profession, and seen more as a skill or asset rather than a limitation or liability.

Being a law enforcement officer also provides an additional burden to the "image," which suggests some moral overtones, and the possibility for conflicting value systems. If officers are responsible for upholding the law of the land, the "image" implies that they are called to a higher level of observance. Holding a unique place in society, they are most visible and accessible representatives of government and are held to higher standards of conduct than the public they serve. As such their moral conduct must be beyond reproach (Daniels, 1992). This has implications for those who wrongly perceive addiction to be a sin or a problem of moral weakness. Since law enforcement officers are supposed to arrest the violators of the moral codes of society, how can they themselves identify with such a subject and still maintain their "image"? The officer who locks up the alcoholic or addict never sees himself as remotely having the same problem, or even the potential for it. Aside from breaking the law, there may be no difference, but the "image" prevents the officer from acknowledging that there may be a problem that has very little to do with moral rectitude.

It is the contention of this writer that both the officer's and the public's perception of the police "image" are in some way contributing factors to the officer's vulnerability to and high risk for alcoholism and chemical dependency.

The Dynamics of Denial

A major barrier to recognition of the problem as well as to entering treatment is denial, which can take many forms and may be reinforced by forces apart from the officer's own denial. Related to the issue of denial is the question of trust and confidentiality. Denial is a particularly handy defense mechanism (mostly unconscious) that allows people to believe that they do not in fact have a problem. Denial is also a major characteristic of the disease of addiction, and is both logical and to be expected. Denial may be shared by family members and co-workers, usually for different reasons. While there are many reasons for denial, the predominant one is fear. Given what was said about the fearlessness required of the police officer to live up to the "image," one can see how fear can be part of denial: fear of being "found out" that they are addicted and labeled as such; fear of losing the respect of family,

friends, or members of the community; fear of the consequences of such an admission in terms of job loss or the opportunity for promotion; fear of what treatment might be like; or fear of the unknown--what life would be like without drinking.

Ignorance, misinformation, and misconceptions about addiction can also be reasons for denial. Oftentimes police officers feel that they do not fit the stereotype for the alcoholic or addict. Most alcoholics deny they are such because no one wants to be an alcoholic, any more than any one wants to be a diabetic or have cancer. In spite of all attempts at denial, at some level addicts become aware that they are becoming more and more physically impaired; that they are progressing into a wide variety of emotional discomforts; that they are becoming increasingly worried, confused, and frustrated by the impact of their unresolved anxiety in most or all aspects of their lives. Most obvious is the experience of increased difficulties in their personal, family, and workplace relationships.

A common roadblock to asking for assistance is lack of trust in the system, which officers do not see as supportive. The issue of confidentiality is always in the forefront of the concerns of police officers. They fear reprisals from superiors and administrators, or judgment from colleagues and friends. Being a close-knit group, their friends on the job are the only ones they trust, but often not with such a problem. When an officer begins to exhibit a problem, fellow officers are often hesitant to interfere, or are told to mind their own business.

Denial is enhanced by the "code of silence"--the cover-up system that minimizes or overlooks the problem, keeping it from reaching the notice of authorities, where discipline or professional help might result. Cops don't turn in cops! These attitudes may be well-meaning, but they serve only to perpetuate the denial. Such good intentions allow the disease to progress; left untreated, the officer will continue in the addiction, both on and off the job. The addiction could lead to charges of being unfit for duty due to a variety of personal problems and impaired job performance, not to mention civilian complaints. Assignment to limited duty, possible suspension, and eventual dismissal are the inevitable risks, unless denial is broken and intervention occurs.

The Concept of Enabling

Enabling can be described as any behavior, attitude, action, or belief that assists or allows the addicted person to continue the alcohol/substance abusing behaviors. Family members and co-workers become enablers when they engage in preaching or nagging, rely on emotional appeals, assume a self-righteous attitude, make threats that cannot be carried out, try to argue with, pressure, or cooperate with the addicted person. Taking over responsibility for the alcoholic, as well as covering up, rationalizing, making excuses, and attempting to control by manipulation, are equally useless forms of enabling.

Enabling can be eliminated by increased awareness through education about the disease, by consultation with an addictions professional, and by joining a support group such as Al-Anon. Enablers need to learn that they do not have control over alcoholics' drinking or behavior, nor are they responsible for their disease or sobriety! Not being an enabler may mean allowing addicted persons to suffer the consequences of their abusive behavior, since a crisis may be just what is needed to help them to face reality.

Professionals may also engage in enabling when they are not able to recognize the signs and symptoms of the disease and fail to make proper referrals. Many helping professionals are out of touch with the real experience of addicted persons and get caught up in their denial systems by focusing on underlying symptoms rather than alcohol or chemical dependency as the primary problem, falsely believing that dealing with the symptoms will solve the problem. Professionals need to be aware of the

dynamics of addiction as well as the recovery process, while remaining free of any biases and stigmatization often associated with such addictions.

Historically, law enforcement agencies often viewed personal problems, stress, and forms of addiction as the individual officer's own private business. When these problems appeared on the job, they were either denied or ignored. When these problems persisted and became more serious, the organizations were confused about how to handle them, and often used measures that were inappropriate or ineffective, since they did not deal with the real problem. The result was recourse to discipline or discharge. This approach proved not to be successful in assisting and retaining valuable personnel, reducing the hidden costs of addiction, or addressing other related problems within the police community. Insofar as police agencies and administrators and supervisory personnel within them lack education and awareness, ignore and deny the problem, or deal with the effects rather than the cause, they will enable the problem to continue with disastrous effects, not only for the officer but for the agency as well.

Lest one think that enabling is restricted to the organization and its leadership, peer pressure from fellow officers can also be considered a form of enabling. The scene is all too familiar: after the tour the "guys" get together for "choir practice," and no one is exempt. The officer who does not go out for a drink is ostracized; the officer who goes but does not drink to keep up with the best is ridiculed. Again, the "image" is at stake and comes to bear heavily upon the officer. Naturally, peer pressure also reinforces the denial of the problem and acts to reduce the chances that they might seek help. The social and cultural contexts in which police officers find themselves play a role in the enabling process. They are expected and encouraged to socialize with each other in the manner and custom of the profession, but they do not take the risk of admitting that they who spend most of the day helping others might need help themselves. Equally, fellow officers, who would never hesitate to come to the assistance of a citizen in trouble, will stand by helplessly while an officer's life and career are jeopardized.

CONCLUSION

The good news is that alcoholism/chemical dependency and their associated problems are treatable. The first step is intervention, and early intervention and treatment can and does arrest the disease; but only through increased awareness, and education on all levels of the police community, can this be accomplished.

One of the most significant solutions that has arisen in the law enforcement community is the establishment of Employee Assistance Programs (EAP). Such programs are a cost-effective, confidential, and successful early intervention system designed to identify and assist police officers with problems that interfere with their ability to perform and function on the job. EAPs were developed for police agencies because of the increased realization that police officers are a very valuable asset to the department, and that the investment in treatments for an officer's health and retention is less costly than nontreatment.

As a result of treatment and membership in a recovery program, many officers that were previously compromised by addiction now live happy, active lives on and off the job. They have been restored as healthy members of families and returned as productive and reliable officers to their work. They have brought luster back to the once tarnished image of the police officer and renewed pride to their profession.

REFERENCES

Anderson, D.J. (1981). <u>Perspectives on treatment</u>. Center City, MN: Hazelden.

Daniels, J.T. (1992). Law enforcement healing. <u>The Badge</u>, p. 52.

Hurrell J.J., Jr. & Kroes, W.H. (1986). Stress awareness. In V.E. Pendergrass and N.M. Ostrove (Eds.), <u>Correlates of alcohol use by police personnel</u>, (pp. 489-495). Washington, DC: U.S. Government Printing Office.

Kinney, J. & Leaton G. (1991). <u>Loosening the grip</u>. St. Louis, MO: The C.V. Mosby Company.

New York State Division of Alcoholism and Alcohol Abuse. <u>Law enforcement officers and alcohol.</u> Undated pamphlet. Albany, NY: Author.

Mc Carthy, J. (1988). <u>The concept of addictive disease</u>. In D.E. Smith & D.R. Wesson (Eds.), <u>Treating cocaine dependency</u>, (pp. 21-30). Center City, MN: Hazelden.

NCADD adopts new definition of alcoholism. (1990, September). <u>New York State Council on Alcoholism Newsletter</u>, pp. 1-4.

Pendergrass, V. E. & Ostrove, N.M. (1986). <u>Correlates of alcohol use by police personnel.</u> In J.T. Reese & H.A. Goldstein, (Eds.), <u>Psychological services for law enforcement</u>, (pp. 489-495). Washington, DC: U.S. Government Printing Office.

Saiz, L., & Ovens, R.E. (Eds.). <u>Employee assistance programs: A manual for the development and implementation of EAPs in law enforcement agencies.</u> Undated pamphlet. Albany, NY: New York State Division of Alcoholism and Alcohol Abuse.

<u>Road to recovery.</u> (Treatment Manual Workbook). Westhampton Beach, NY: Seafield Center, Inc.

Territo, L. & Vetter, H. J. (1986). <u>Stress and police personnel.</u> In V.E. Pendergrass & N.M. Ostrove (Eds.), <u>Correlates of alcohol use by police personnel</u>, (pp. 489-495). Washington, DC: U.S. Government Printing Office.

MARITAL STATUS AND ATTITUDES ABOUT DIVORCE AMONG VETERAN LAW ENFORCEMENT OFFICERS

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A common assumption is that a career in law enforcement presents a difficult challenge to the survival of a marriage. This study attempts to collect data regarding two basic questions: 1) How frequently has divorce occurred among a group of officers with at least 15 years of experience in law enforcement? and 2) How prevalent is the belief among officers with at least 15 years of experience in law enforcement that there is a strong relationship between being a police officer and experiencing marital problems that could lead to divorce? 244 police officers with at least 15 years of experience took part in a brief survey that asked about their history of marriage and divorce and about their perceptions regarding a career in law enforcement and the possibility of marital problems. Slightly more than half reported at least one divorce. Attributions regarding the part their careers played in their history of marriage and divorce varied; however, the majority of officers tended to believe that their career in law enforcement had a negative impact on their marriages.

INTRODUCTION

There is a widely assumed belief that people working in law enforcement have an unusually high rate of divorce. This assumption, like many beliefs that are "common knowledge," tends to be quite difficult to dispute or to confirm. One of the most formidable problems is the difficulty in collecting information within the law enforcement community that can be usefully compared to information available that describes the general population. Rather than getting bogged down in trying to accurately compare "divorce rates" in law enforcement with "divorce rates" among the general population, this study attempts to describe the frequency of divorce and attitudes about divorce within a specific law enforcement group.

The specific group that this study examined was made up of law enforcement personnel employed by the Tulsa Police Department of all ranks who had a least 15 years on the job as of June, 1993. This group included 284 people and comprised approximately 40% of the department. A future study is planned that will examine a group of officers with 5 to 15 years of experience.

METHOD

The goal of this study was to survey all officers on the department with 15 years of experience. Each subject, when contacted, was asked the following questions: 1) How many times have you been married? 2) How many times have you been divorced? 3) Are you married now? 4) If you are married now, how many years have you been married? 5) Do you believe that police officers have a higher divorce rate than the general public? 6) In general, do you believe that being a police officer has had more of a positive or more of a negative impact on your own marital status? 7) If you have been divorced, how much do you think your career in law enforcement contributed to your divorce (not at all, very little, some, quite a bit, a great deal)?

Almost all the subjects were contacted by telephone and the survey took, in most cases, less than a minute. Approximately 25 subjects proved difficult to contact by phone and were surveyed by mail. 'ubjects were assured that participation in the study was voluntary and some (21) elected not to

participate. A number (19) of other officers were not successfully contacted. A total of 244 officers who were contacted agreed to participate in the study (86% of all the officers on the department with at least 15 years on the job).

RESULTS

A total of 244 officers with a minimum of 15 years' service were surveyed. Actual time on the department ranged from 15 to 34 years. Ages of the surveyed officers ranged from 37 to 62 years. The survey included 235 male officers and 9 female officers.

Slightly over half of the sample reported first-hand experience with divorce. Of the 244 officers surveyed, 8 (3%) had never been married, 112 (46%) were married and had never been divorced, and 124 (51%) reported having been married and divorced at least once.

Of those 124 officers who reported having been married and divorced at least once, 98 (40% of the total sample) are married at present and 26 (11% of the total sample) are currently single. Seven of the 124 officers who reported having experienced divorce reported that the divorce occurred prior to their entering the law enforcement profession. There were 26 officers in the group that reported having been divorced that have been married to their current spouse for at least 15 years (21% of the officers who have been divorced).

In general, more of the subjects reported believing that officers have a higher rate of divorce than the general public. Table 1 shows how different groups of subjects responded to the question: Do you believe the police officers have a higher divorce rate than the general public?

TABLE 1
Response Percentages Regarding Beliefs About Police Officers and Divorce Rates* as a Function of Marital Status

Marital Status			Responses			
			Yes (Higher)		No (Not Higher)	
	%	(n)	%	(n)	%	(n)
Never married	3%	(8)	50%	(4)	50%	(4)
Now married, never divorced	46%	(112)	69%	(77)	31%	(35)
Now married, divorced at least once	40%	(98)	79%	(77)	21%	(21)
Now single, divorced at least once	11%	(26)	81%	(21)	19%	(5)
Total Sample	100%	(244)	73%	(179)	27%	(65)

*In response to the question "Do you believe that police officers have a higher divorce rate than the general public?"

A majority of subjects reported that they believed that being a police officer had impacted their marital status in a negative way. Table 2 shows how different groups of subjects responded to the question: Do you believe that being a police officer has had more of a positive or more of a negative impact on your own marital status?

TABLE 2
Response Percentages Regarding Beliefs About the Impact of being a Police Officer on Marital Status* as a Function of Respondent's Marital Status

			Responses			
			Positive		Negative	
			%	(n)	%	(n)
Marital Status						
	%	(n)				
Never married	3%	(8)	25%	(2)	75%	(6)
Now married, never divorced	46%	(112)	44%	(50)	56%	(62)
Now married, divorced at least once	40%	(98)	26%	(26)	74%	(72)
Now single, divorced at least once	11%	(26)	19%	(5)	81%	(21)
Total Sample	100%	(244)	34%	(83)	66%	(161)

*In response to the question "Do you believe that being a police officer has had more of a positive or more of a negative impact on your own marital status?"

Among those subjects who experienced one or more divorces, perceptions varied widely regarding how much being an officer contributed to their divorce. Table 3 shows how different groups of officers responded to the question: If you have been divorced, how much do you think your career in Law Enforcement contributed to your getting divorced (not at all, very little, some, quite a bit, a great deal)?

CONCLUSIONS

In the group of veteran officers that this study examined, slightly over half (51%) had experienced a divorce. Comparisons to non law enforcement groups with similar characteristics was beyond the scope of this study. Future research may help to clarify how much a career in law enforcement actually does contribute to the occurrence of divorce.

The results of the study do suggest that there is a prevalent belief among veteran officers that there is a strong relationship between a career in law enforcement and marital problems that could lead to divorce. Almost three quarters (73%) of the subjects surveyed believed that police officers have a higher divorce rate than the general public. Half of the subjects who had never been married believe that officers have a higher divorce rate and 69% of the married officers who had never been divorced also believe that officers have a higher divorce rate. This belief is even more prevalent among subjects that have been divorced; 79% of the subjects who have been divorced and who are now married and 81% of the subjects who have been divorced and are now single believe that officers have a higher divorce rate.

TABLE 3

Response Percentages Regarding Beliefs of Divorced Police Officers About Their Career as a Contributing Factor in Divorce*

Marital Status	% (n)	Responses				
		Not at All % (n)	Very Little % (n)	Some % (n)	Quite A Bit % (n)	A Great Deal % (n)
Divorced 1 time, now married	51% (63)	29% (18)	14% (9)	11% (7)	32% (20)	14% (9)
Divorced 2 or more times, now married	28% (35)	6% (2)	6% (2)	34% (12)	48% (17)	6% (2)
Divorced 1 time, now single	10% (13)	31% (4)	23% (3)	23% (3)	23% (3)	0% (0)
Divorced 2 or more times, now single	10% (13)	8% (1)	8% (1)	31% (4)	38% (5)	15% (2)
Divorced at least 1 time	100% (124)	20% (25)	12% (15)	21% (26)	36% (45)	11% (13)

*In response to the question "If you have been divorced, how much do you think your career in Law Enforcement contributed to your getting divorced?"

A majority of the 244 subjects surveyed (66%) reported that they believed that being a police officer had more of a negative than a positive impact on their own marital status. This was the belief of the majority of the subjects in all of the subgroups within the total sample. Even a majority (56%) of those subjects that were currently married and had never been divorced reported believing that being a police officer had more of a negative than a positive impact on their marriages. The percentage of subjects who believe that their career has had a negative impact on their marital status increased to 74% among subjects who are married now but have been divorced at least once and to 81% among subjects who are single now and have been divorced at least once.

The final question on the survey asked the 124 subjects who had experienced divorce to estimate on a five-point scale how much they thought their career in law enforcement contributed to their divorce. Well over half (68%) of the subjects who had experienced divorce felt that their career had contributed "some," "quite a bit," or "a great deal" to their divorce. A higher percentage of subjects who had been divorced at least twice (88% who are currently married and 84% who are currently single) felt that their career had contributed "some," "quite a bit," or "a great deal" to their divorce. Only among the group of subjects who had been divorced once and had not remarried did less than half (46%) report feeling that their career had contributed "some," "quite a bit," or "a great deal" to their divorce. Nearly a third (31%) of this group reported that they felt their career had not contributed to their divorce at all.

In the interest of brevity, the survey in this study did not ask officers to speculate on what part of their jobs caused the most difficulty in their marriages. Although this question was not asked directly, many officers did offer their opinions. No formal tabulation of these opinions was kept; however, almost all of the officers that offered an opinion felt that the most challenging difficulty to their marriages was the necessity of participating in shift work.

Future investigation regarding the impact of a career in law enforcement on marriages would seem warranted. Comparing the subjects of this study to a group of officers with five to 15 years of experience would round out the observations regarding frequency of divorce. Identifying and describing an appropriate comparison group of non law enforcement subjects would help to determine whether police officers do or do not, in fact, have a higher than average rate of divorce. Finally, research aimed at describing and measuring the impact of shift work on marriages could have relevance not only to law enforcement, but to other professions as well.
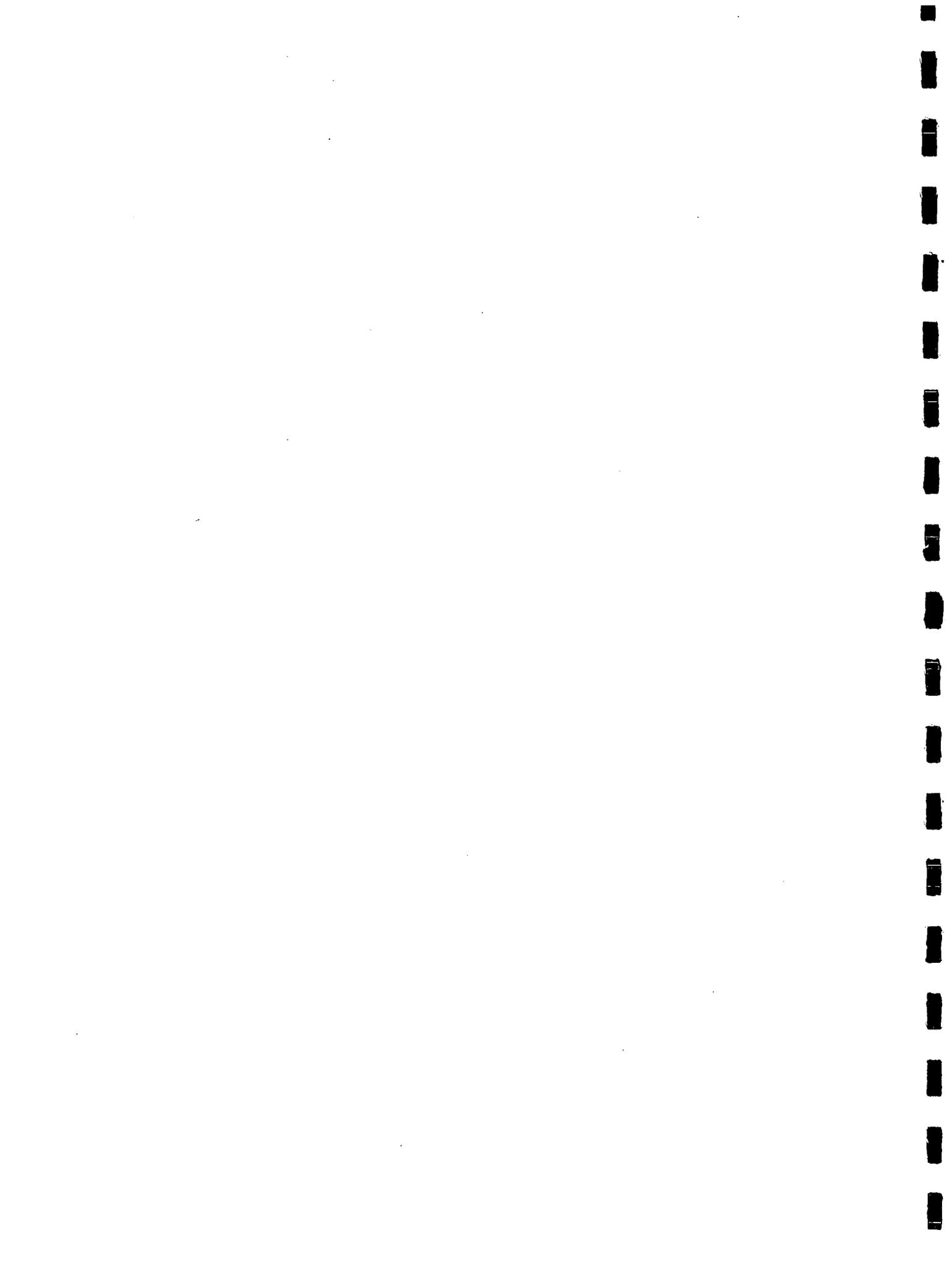
POLICE SUICIDES: TROUBLE AT HOME

James Janik, Psy.D.
Howard Kravitz, D.O., M.P.H.

We examined 134 police officers referred for their first fitness-for-duty evaluation. Fifty-five percent admitted to previous suicide attempts. Variance due to age, years of service, race, and sex was nonsignificant. A logistic regression model correctly classified 79.1% of subjects as to whether or not they attempted suicide. Results found complaints of marital problems to make an officer 4.8 times more likely to attempt suicide and 6.7 times more likely if they had been suspended; they were 21.7 times more likely if both complaints were present. Interestingly, complaints of being administratively harassed made officers less likely to attempt suicide.

PROBLEM

According to available 1989 statistics (MMWR, 1992), suicide is the eighth leading reported cause of death in the United States annually. The 1989 U.S. age-adjusted suicide death rate was 11.3 per hundred thousand, a 0.9% decrease from 1988 and a 3.4% decrease in the decade from 1979 to 1989. However, the general population incident rates are surpassed by those reported for police officers (McCafferty, McCafferty, & McCafferty, 1992).

Heiman (1977) cited 1950 data indicating that the standardized mortality ratio among law enforcement officers was the highest among all occupations studied by the then U.S. Department of Health, Education and Welfare. Friedman (1968) compared surprisingly high suicide rates for New York City police officers and found them to be not unique to New York. However, there appeared to be considerable variability of reported successful suicides within departments across time and across police departments around the country. Yet, even accounting for this wide variability in reported police officer suicide (attributable to its low frequency of occurrence; difficulty of discerning suicides from accidental and line-of-duty deaths; and underreporting due to social stigma, religious and insurance reasons, friendship to families, and loyalty to the department), police officers appear to commit suicide at proportionally higher rates than other groups of public service employees. For example, NYPD rates (per hundred thousand) were 46.9 for 1928-1933, 84.5 for 1934-1939, 19.1 for 1960-1973, and 23.2 in 1986 (Friedman, 1968, McCafferty, et. al., 1992); these figures were about double those the general New York City population.

Vena, Violanti, Marshall, and Fiedler (1986) studied a retrospective cohort of white male police officers all employed between 1950 and 1979. They found a significantly higher suicide mortality rate when compared to all other municipal employees. Similarly, Richard and Fell (1975) reported that police in Tennessee had suicide rates ranking third when compared to other occupations. Nelson and Smith, (1970) studied suicide rates among various occupations in the state of Wyoming from 1960 through 1968. They found that police officers not only had the highest suicide rate but also that it was twice as high as that of physicians, the next highest occupation. Cronin (1982) found that between 1970 and 1979, Chicago Police Department officers had a higher suicide rate than the general Chicago population, but just slightly lower than physicians. Interestingly, he found the rate to be comparable to that of psychiatrists, another occupation servicing clients in significant distress and pain. As general mortality rates for police officers decrease (due to improved medical procedures, better training, and the wearing of bullet-proof vests), suicides in the Chicago and New York Police Departments have begun to surpass line-of-duty deaths (Freeman, 1988).

Internationally, there was even more variability in suicide rates for officers. Heiman (1975) reported that police officer suicide rates in London, England, during the 1960s were about one-third of those in New York; yet they were high compared to the general population rates. Loo (1986) found that suicide rates for the Royal Canadian Mounted Police from 1960 to 1983 were about one-half of the rates of Canadian males in the same age range; they were and intermediate to the rates for police officers in London and New York.

REASONS CITED FOR POLICE SUICIDES

Although death is part of the human condition, most people tend not to think about it unless/until they are confronted by a serious illness or the passing of a close friend or relative. Despite many examples in our history of heroic, though suicidal, behavior in military combat situations, preoccupation with death or the planning for one's own demise has been looked upon with disdain in the United States. Perhaps because it violates the pioneer spirit of America (to struggle to overcome obstacles and have courage in adversity), suicide is regarded as morally repugnant and illegal in nine states; many states consider it a felony to aid, assist, encourage, or abet another's suicide.

To facilitate an understanding of suicide, many psychodynamic explanations have been offered; unfortunately they are often without meaning except in individual cases. Suicide has been considered to be a solution to severe existential problems and to include such indirect self-destructive behavior as obesity, smoking, and substance abuse. These life-threatening behaviors have been speculated to be stimulated by occupational stress.

While not the most physically dangerous occupation, police work has long been recognized as a high-stress occupation because of the constant tension inherent in anticipating sudden and unexpected lethal situations. Through a not-well-understood process, vigilant mental activity stimulates the release of "flight or fight" hormones that in chronic conditions can cause stress-related diseases such as headaches, cardiac irregularities, pain, chronic fatigue, ulcers, and sexual dysfunction.

Police officers often cite their role conflicts as creating significant stress. Society expects officers to make split-second decisions and assessments, to take appropriate action immediately upon arriving at a scene, to use only the minimum and necessary amount of force, and to never make a mistake. Within the context of infrequent supervisory contact and within a public's intolerance for full enforcement of all laws, individual officers are expected not to be "taken in" by citizens and to exercise wide judgment in "street discretion"; a wisdom often not fully appreciated until it is coolly analyzed after the fact. Yet these judgments are second-guessed by courts, criminal justice authorities, and citizens. Lefkowitz (1977) reported that 55% of criminally victimized citizens failed to report those crimes to the police because of their belief of police ineffectiveness. Friedman (1968) speculated that police officers had difficulty resolving the conflict of having the social license to use power, aggression, and deadly force to promote law and order, but having legal and administrative requirements to restrain and refrain from the use of violence. He speculated, I believe inappropriately, that high suicide rates for police officers resulted from a displacement of externally directed homicidal impulses within that conflict. Finally, against the contrast of the extremely important and deadly force decisions that police officers make, they are sometimes casted by supervisors into a child's role and not expected to be able to decide which uniform to wear when the weather changes.

Officers also cite stress from supervisors and administrators who (they feel) are out of touch with officers in the field. One officer told me, "On the street, it's every patrolman for himself, and every sergeant and lieutenant for their promotion." Another said, "I am trying to do a Kojak-style job in a

Barney Miller bureaucracy." They complained of feeling increasingly isolated from members of their administration who may not be knowledgeable about their street experiences and the pressures that dictate their decisions. Policies and procedures can be abruptly changed without appreciation of the consequences to patrol officers; a watch commander can, and often does, change an officer's partner, shift, patrol assignment, day-off group or duty watch or deny time-off requests, all with little or no reason. Since community leaders and the general population have little or no grasp of the demanding nature of high quality police work, complaints are frequently reacted to with reflexive and ill-considered discipline or punishment.

Officers cite a lack of career development as extremely frustrating. Knowing that only a small percentage of departmental personnel will be promoted, many police officers view the prospect of doing the same kind of work for twenty or more years as both frustrating and demoralizing. Older officers who see their skills and experiences being eroded in the light of affirmative action decisions by the court view themselves as having reached a "dead end" in their careers. Some officers without educational accomplishments resent younger officers of the same or lower rank who surpass them in command and administrative positions. Other officers with an advanced education recognize deny the danger of patrol work and find it to be inconsistent with their levels of aspirations. Lefkowitz (1977) found that while better educated officers are more open-minded and emotionally flexible, they are also more likely to terminate their careers early and to become disciplinary problems if their job frustrations are not addressed.

O'Neill and Cushin (1992) confirmed the suspicion of many police officers that significant stress is caused by the constant changing of work shifts for police officers. These changes alter when officers are available to their families and cause disruptions in planning or attending family social events and even arranging for babysitting and transportation of their children to school. As officers arrive home to go to sleep, when the rest of their family is just getting home or awakening, children and spouses may resent being unable to entertain friends because "Daddy is sleeping." As friction and emotional distance increases between officers and their families, officers increasingly define themselves by their peer group, which understands and experiences the same level of stress. Eventually a defensive and cynical "we-they" lifestyle evolves in which outsiders are automatically distrusted and social and occupational isolation is increased. As officers refer to the cloistered values and beliefs of fellow officers, even open-minded and peaceful individuals find themselves seduced by the norms of secrecy and self-protection and pervasive distrust and suspicion of fellow officers toward citizens. An officer's self-image can be steadily eroded by these corrosive practices. They may attempt to compensate for the low societal status attributed to their job by a strong affiliation with the police culture.

It is not surprising that Lester and Mink (1979) found that police officers, when compared to factory workers, were more likely to report that their lives outside work were affected by job stress. Unwittingly, they may become tough and aggressive when dealing with their families, question them more, appear to mistrust them, become rigid and opinionated, and become less capable of getting emotionally involved with their families. Spouses of police officers are quick to relate that it is an unwritten law that they may never call the police to intervene in their own domestic disturbances. Aside from the embarrassment it may cause their husbands at work, they often relate that other officers are reticent to intervene in a spouse's accusation of brutality. Because of the quasi-military structure of police departments that tells an officer how to dress, when to work, where to work, where their family must live and thus where their children will be raised and sent to school, spouses feel that the officer is owned by the department but may be "borrowed" from time to time. Spouses also quickly learn that complaints about this situation would only bring retaliatory reprimands, transfers, and even dismissals that negatively affect the family's quality of life. Certainly, such a situation will only add to the

experienced stress of an officer. It follows, as Danto (1978) found, that marital problems appear to be a concomitant if not a precipitating factor in police officer suicides.

As officers withdraw from their families, they become less likely to communicate any notion of needing help, fearing it would only signal a perception of weakness in others. Nonpolice relationships suffer as these officers gravitate toward spending more time together with other officers who do not criticize them; often this time is spent drinking together and adopting cynical and suspicious attitudes. As they spend less time with their family, ironically, their perceptions of occupational stress increase (Graf, 1986). Alcohol, of course, accelerates the officer's isolation from both family and administration relationships. Hummell and Kroes (1975) estimated that 25% of all police personnel are dependent to some degree on alcohol as a stress reliever. Perhaps not surprisingly, McCafferty, et. al. (1992) reported that a dissolution of marriage through divorce/angry separation is the most common event preceding suicide in an alcoholic.

As officers experience the pain, suffering, and gratuitous violence during routine patrol calls, they learn to protect themselves by developing a tough skin, and emotional cool, and a sense of caution that cannot be taken off and put away as easily as a uniform, but rather accompanies them home. It is not surprising that Maslach and Jackson (1979) found high scores on a scale measuring "burnout" were associated with domestic strains. They also found high scores for officers who more often report having to deal with young children or the elderly as victims of abuse or neglect. Spouses of high scores on that burnout scale reported that their officers frequently came home "exhausted, tense, and upset" and these spouses were four times as likely to report that their children looked to them exclusively for support. High scores were twice as likely to report feeling distant from their children and twice as likely to report disagreements with their spouse about discipline of their children. Whether to protect their families from the daily horror of their job or to help differentiate their family life from their job, officers with high burnout scores infrequently discussed their job with their families. This may protect them from reliving the stress they had already undergone and keep its ugliness from contaminating their home but it also creates significant barriers to open, trusting and sharing partnerships. Ironically, these officers' efforts to protect their families from accounts of human tragedy can propel them to become dysfunctional themselves. For example, Maslach and Jackson (1979) reported that wives of police officers scoring high on their burnout scale were likely to report using alcohol to cope with their stress. This problem may be more pervasive than currently recognized. Wolford (1993) reported that a 1990 survey of police officers by the National Institute of Occupational Safety and Health found 37% to report having severe marital problems. On the positive side, it is certainly the case that families can buffer the occupational stresses that a police officer experiences and enhance their self-identity. It is thus not surprising that Rogers (1977) found that family stability was one of the best predictors for success in police work.

METHODS

The records of 142 police officers who had been referred for their first fitness evaluation in the outpatient Public Safety Program of the forensic psychiatry center of a large midwest medical center were reviewed. Evaluable data could be collected from the 134 records. This was the first-ever evaluation for 123; 8 had 1 or 2 previous evaluations, 1 had 3 previous evaluations, and 2 had 6 previous evaluations elsewhere.

The variables of interest examined in this study include the police officer's perceived reason for the fitness evaluation, a history of citizen's complaints and days suspended from duty, and demographic variables (age, gender, race, number of years of service before this evaluation). The problems identified

by officers as causing their situation included: marital problems, (n=43), alcohol (n=38), drugs (n=15), administrative harassment (n=17), and cumulative stress(ors) (n=10).

The major analyses were conducted using the logistic regression module of SPSS/PC for Windows (Version 5.0.2). Associations between categorical variables also were examined by chi-square analyses (Pearson's and Mantel-Haenszel). Continuous data were analyzed by t-tests; non-normal distributions required analyses with Mann-Whitney tests.

RESULTS

Of the 134 evaluees, 109 (81.3%) were male, 87 (64.9%) were white, 44 (32.8%) were black, 3 (2.2%) were Hispanic, their mean age was 41.2 $\pm$ 8.4 years. A total of 74 (55.2%) had suicide attempts. The association between race and attempts was not significant either among all three categories (X^2-4.42, df=2, p=.11) or when whites were compared with nonwhites (X^2=0.14, df=1, p=7; none of the Hispanics attempted suicide). A nonsignificantly greater percentage of men than women attempted suicide (56% vs. 52%; X^2=.13, df=1; p=.72). There were no significant differences in age (t=0.17, df=132, p=.87) or years of service (t=0.19, df=127, p=.85) for the non-attempters (41.3 $\pm$ 7.2 years old; 14.9 $\pm$ 8.5 years) and attempters (41.1 $\pm$ 7.8 years old; 14.6 $\pm$ 8.3 years). Because data on years of service were missing for five subjects, and because age and years of service were highly correlated (r=.81) and years of service added no significant additional explanatory power to the prediction model, this variable was dropped from subsequent analyses. Age, gender, and race were included in the logistic regression models as covariates.

Logistic regression models for the crude odds ratio demonstrate the strength of the relationships of marital problems and being suspended with suicide attempts (see Table OR_{crude}). If an officer reported marital problems, (s)he was 4.8 times more likely to have attempted suicide (Wald test=13.3, df = 1, p=.0003). and 6.7 times more likely if any suspension was reported (Wald test=11.0, df=1, p=.0009). The effect for citizen's complaints showed a trend for significance (Wald test=3.0, df=1, p=.08, OR=1.9). This trend was not surprising since complaints may be related to suspension. Unfortunately, we did not have information regarding the reason for suspension. The other interesting finding was the relationship between harassment and suicide attempts. While the Wald test on the logistic regression coefficient was not significant (Wald test=0.2, df=1, p=69), the -2LLX^2 ratio between the intercept model and the model including only harassment was highly significant (X^2=30.41, df=1, p<.00005). Neither the demographic variables nor the other reasons for evaluation (drug or alcohol problems, or stress) were significantly related to suicide attempts.

The Table shows the full model for the prediction of suicide attempts. Overall, this model correctly classifies 79.1% of the officers as to whether or not they attempted suicide: 91.9% (68 of 74) were correctly classified as attempters and 63.3% (38 of 60) as non-attempters. This model also supports the results of the crude odds ratio models. Adjusting for the effect of all of the other variables in the model, admitted marital problems (Wald test=5.92, df=1, p=.015; OR=5.81) and being suspended (Wald test=4.76, df=1 p=.03; OR=6.05) were strong predictors of suicide attempts. Perceived administrative harassment demonstrated a strong protective effect against suicide (Wald test=0.14, df=1, p=.71; OR=0.0002). However, statistical significance was not reached because of its high SE (=23.6), indicating a large amount of instability associated with this variable. Also, there was no evidence for an interaction effect between marital problems and number of days suspended. While a larger percentage of women (40%) than men (30.3%) reported marital problems, this difference was not statistically significant (X^2=0.88, df=1, p=.35).

DISCUSSION

We found that marital problems and being suspended were important contributing factors to a police officer's decision to attempt suicide. Surprisingly, substance abuse (drug/alcohol) was not. On the other had, a feeling of being harassed by administrators had just the opposite effect, a protective one against attempting suicide.

Although requiring confirmation with larger samples and with collateral histories both from family and from the police force, this study demonstrates what psychiatrists and psychologists empirically know: when anger can be externalized, even if it involves ignoring/neglecting family and friends, it serves to protect against self-destructive behavior. These data provide interesting preliminary leads to follow in understanding factors that contribute to suicide attempts among police. Certainly depression is the most common cause of suicide. Perhaps other behaviors, such as marital problems, suspensions, and feeling alienated (i.e., not harassed), operate as proxy behavior for depression, and are important to focus on for predicting suicide attempts among police.

We wish to leave the reader with warning signs reported by a suicidal and homicidal veteran police officer in McCafferty et. al. (1992). This officer reported that these are "tell-tale" signs to look for when a "copper starts to break down."

1. Becomes overly aggressive (goes out of his way to give tickets, harass certain classes of citizens, make physical arrests, and use excessive force);

2. Stays after work to drink with other police officers and uses alcohol to help with sleeping problems and to relax;

3. Buys the best bullet-proof vest and a better and more powerful pistol;

4. Puts his family into the background after his drinking and drug-using buddies;

5. Causes damage to citizens' property (cuts tires with knives, hits citizens' cars with police car bumpers, runs over animals or shoots dogs or other animals; and

6. Stays by himself, watching violent movies on video cassettes. These movies are military in nature and show police winning battles. The stressed-out police officer tends to read novels that become increasingly violent and brutal, with graphic descriptions of violent acts" (p. 239).

REFERENCES

Cronin, T. (1982). Police suicides: A comprehensive study of the Chicago Police Department 1975-1979. Unpublished Master's Thesis Glen Ellyn, IL: Lewis University.

Danto, B. (1978). Police stress. Police Stress, 1(3), 32-36.

Freeman, L. (1988, October 1). Cop suicides surpass deaths in line of duty. Chicago Defender, p.1.

Friedman, P. (1968). Suicide among police: A study of ninety-three suicides among New York City policemen, 1934-1940. In E. Shneidman (ed.), Essays in self destruction (pp. 414-449). New York, NY: Science House.

Graf, F. (1986). The relationship between social support & occupational stress among police officers. Journal of Police Science and Administration, 14(3), 178-184.

Heiman, M. (1975). Police suicides revisited. Suicide, 5(1), 5-20.

Heiman, M. (1977). Suicide among police. American Journal of Psychiatry, 134(11), 1286-1290.

Hummell, J.J. & Kroes, W.H. (1975) Stress awareness. In W.H. Kroes & J.J. Hummell (Eds.), Job stress and the police officer: Identifying stress reduction techniques (pp. 234-246). Washington, DC: U.S. Department of Health, Education & Welfare, HEW Publication No. (NIOSH) 76-187.

Lefkowitz, J. (1977). Industrial organizational psychology and the police. American Psychologist, 32(5), 346-364.

Lester, D. and Mink, S. (1979). Is stress higher in police officers? An explanatory study. Psychological Reports, 45:554.

Loo, R. (1986). Suicide among police in a federal force. Suicide and Life Threatening Behavior, 16(3), 389-388.

Maslach, C. & Jackson, S. (1979, May). Burned-out cops and their families. Psychology Today, pp. 58-62.

McCafferty, F., McCafferty, G., & McCafferty, M. (1992). Stress & suicide in police officers: Paradigm of occupational stress. Southern Medical Journal, 85(3), 233-243.

Morbidity Mortality Weekly Review, (1992). 41, 121-125.

Nelson, Z. & Smith, W. (1970, November). The law enforcement profession: An incident of high suicide. Omega.

O'Neill, J. & Cushin. (1992). The impact of shift work on police officers. Washington, D.C.: Police Executive Research Forum.

Richard, W.C. & Fell, R.D. (1975). Health factors in police stress. In W.H. Kroes & J.J. Hummell (Eds.), <u>Job stress and the police officer</u> (pp 77-84). DHEW Publication, No. (NIOSH) 76-187), Washington, D.C.: USGPO.

Rogers, K. (1977). Marriage and the police officer. <u>The Police College Magazine</u>, <u>14</u>(1), 10.

Vena, J., Violanti, J., Marshall, J., & Fiedler, R. (1986). Mortality of a municipal worker cohort: Police officers. <u>American Journal of Industrial Medicine</u>, <u>10</u>(383), 383-397.

Wolford, R. (1993). <u>The relationship among police stressors, coping strategies, alcohol expectancy and drinking patterns for law enforcement officers</u>. Unpublished Doctoral Thesis. DeKalb, IL: Northern Illinois University.

Logistic Regression of Suicide Attempts

Variable	beta	SE$_b$	Wald test	df	p	OR$_{adjusted}$	OR$_{crude}$
constant	-.1794	1.4245	.0159	1	.8998		
age	-.0159	.0309	.2668	1	.6055	.9842	.9886[1]
gender	-.0883	.5996	.0217	1	.8830	.9155	.7610[1]
race			.1136	2	.9448		
black	.1363	.4934	.0764	1	.7823	1.1461	1.3521[1]
hispanic	-10.5792	55.0720	.0369	1	.8477	.0000	.0006[1]
marital problem	1.7602	.7235	5.9196	1	.0150	5.8135	4.8166
suspended	1.7995	.8251	4.7568	1	.0292	6.0468	6.7163
harassed	-8.7469	23.5998	.1374	1	.7109	.0002	.0001
complaints	.3279	.5414	.3667	1	.5448	1.3880	1.9332
alcohol problem	.9715	.6855	2.0087	1	.1564	2.6419	1.3529
drug problem	.8632	.8246	1.0958	1	.2952	2.3707	1.2462
stress	.5119	.9289	.3036	1	.5816	1.6684	.7971

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Initial log likelihood function:  -2LL = 184.298
Model -2LL       = 126.279
Model Chi-Square =  58.020 (df=11)
            p < .00005
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Classification: Overall percent correct = 79.1%

[1]   age, gender, race entered together in equation; OR$_{crude}$ for each variable is a function of adjusting for each of the other two variables.
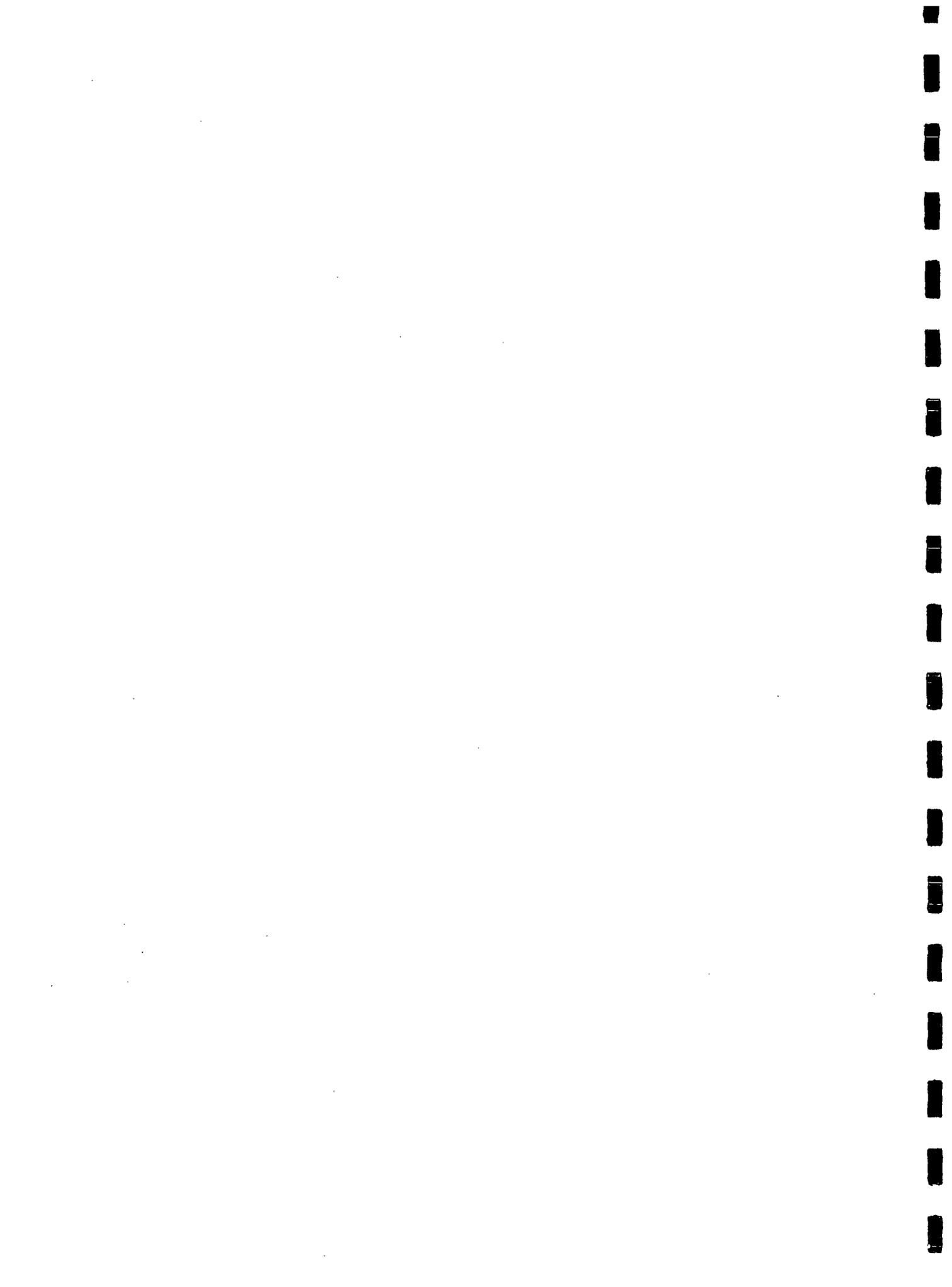
CHOIR PRACTICE AND THE FAMILY

Stephan Skultety, CAP, NCACII, ICADC
Ralph B. Singer, LCSW, ACSW, CAP, ICADC

Within the law enforcement family, there exists a complex interactional pattern that becomes more complicated in the presence of alcoholism and other drug abuse. The substance-abusing law enforcement officer is a member of a family system filled with fears, secrets, fantasies, and myths that often result in overreactions versus healthy family interactions. This article sets a starting point and places a challenge before the law enforcement community to more closely examine and research an area previously ignored in the literature--Choir Practice and its effects on the law enforcement family.

THE INCIDENT

Hearing the sound of a siren, she rolled over; the clock showed 1:30 a.m. Her husband, a suburban Chicago Police Detective, was late again. Her feelings were confusing--hurt, abandonment, anger, and fright. At times she felt that if something did happen to him, it would serve him right, it would teach him a lesson not to drink again. And then she felt guilt, how could she even think things like this. What if something really did happen? Then who would be there for the family? "Oh dear God, please let him come home safe tonight." And it was now 1:45 a.m. and he still wasn't home.

She felt a flood of relief when she heard the key in the lock. He was safe, at home, at last--the clock showed 4:30 am. She heard him as he moved through the living room, bumping into a chair in the dark, since he never turned on the light, not wanting to wake her. She smiled to herself and pretended to be sleeping. But then the smell of booze said it all--he'd been out drinking again. And then it all started, all over again.

"I've been working and couldn't we just forget it. I've had a hard day, and you knew what you were getting into when you married a cop. So just forget it." She responded: "you had me worried to death, and don't give me that crap about how hard it is, I can smell the booze a mile away." His comeback: "After what I've seen tonight, it would make anyone drink. Some cop's wives would be up and waiting for them. Not you--you go to sleep without me." That did it, she was shouting now: "It was after 1:30 a.m. when I finally went to sleep, and the kids were just a picnic today. You get to play hero in blue and I get to stay at home with the kids." The argument was interrupted by the baby's crying in the next room. She continued: "Now you woke the baby. You don't care about me, you don't care about the children, just your job. Well you can sleep on the couch; just leave the kids and me alone."

That night ended as many other nights had; he was passed out on the living room couch. She was sitting in the rocking chair, holding the baby, as both cried themselves to sleep. The nightmare continued the next morning. Now both felt guilty and wanted to make it better. Both wanted to forget his "choir practices" of nights past. He promised to spend more time at home with her and the kids; she promised to try harder to be a "good cop's wife." They were empty words; both had no idea how to keep their promises. And the question still remains: Where was he till 4:30 a.m.?

THE TRUTH

Where was he? He had been on a stake-out that turned into a high speed pursuit, that ended in a felony stop and a good bust. When it was over, his sergeant suggested they celebrate with "a few quick ones at a local cop bar." A few turned into many. Their adventures were told, and since they were cops, the bar owner let them drink past closing. Once again, the 3-to-11 shift finally made it home at 4:30 a.m.

The preceding story is a very mild example of how "choir practice" affects the law enforcement family. It is not a condemnation of "choir practices," but rather a statement of how their misuse can further hurt alcohol- or other drug-abusing law enforcement officers and their families. In these families, family roles, family rules, and the family system as a whole are negatively affected. Three rules of an alcohol- or drug-abusing family are: "Don't talk, don't feel, don't trust."

RULE ONE: "DON'T TALK"

This rule is often referred to as the "Elephant in The Living Room Syndrome." We all see it, we all smell it, and we all know it's there. But no one dares talk about it. Maybe it will go away if we ignore it and if we are good enough. Maybe the "elephant" won't get upset. Claudia Black, PH.D., MSW, cites an extreme example of this in her profound work It Will Never Happen To Me.

> Thirteen-year-old Steve said, "I thought I was going crazy. I thought I was the only one in my house who knew dad was an alcoholic. I didn't know anyone else knew." I asked him why he believed this to be true. He answered, "Because no one else ever said anything." Steve described an incident which occurred when he and his father were at home alone. His father, in a semi-conscious state from drunkenness, was on the floor, had thrown-up, hit his head on the coffee table and was bleeding. Steve's mother and sisters had returned home within moments after dad had hit his head. They just picked dad up and carried him to the bedroom. No one spoke to anyone else... I asked the two sisters and mother why they had not talked about this incident with Steve. They responded, "because he hadn't said anything, and we hoped he hadn't noticed" (1982, p. 35.

This problem is made even worse in the law enforcement family as law enforcement personnel learn early in their careers an "unwritten rule" for marriage and family survival. Simply stated: "If you want to keep your marriage and your family you don't bring the job home" and "What the family and the wife does not know can't hurt them." For the alcohol- or drug-abusing law enforcement officer, this becomes a credo for avoiding those embarrassing, needed discussions, of one's behavior and its effects on one's loved ones. The family lives in fear of confrontation, and so avoids them also. The elephant continues to stamp around the living room, and everyone pretends it just isn't there.

Everyone has beliefs, even if they don't talk about them. Through years of working with recovering law enforcement officers and their families, some stories are heard over and over. Children often report being told not to say anything to upset dad, because then dad might get angry and something bad would happen, and then it would be their fault. Wives and husbands of alcohol- and drug-abusing law enforcement officers report a "magical belief" that the problem will just go away if they avoid it and become "better spouses." Both spouses and children fear that if anyone finds out about the law enforcement officer's alcohol and/or drug problems, the officer will lose his/her job. Blame, fault, and guilt are prevailing feelings in the family with an alcohol and/or drug abusing member.

RULE TWO: DON'T FEEL

Feelings sometimes lead to thoughts, and thinking can lead to a need for change. In the alcoholic or drug-abusing family, the process of change is blocked through a denial of feelings. Family members become "numbed" to the incidents that are occurring around them. Similar to the numbing effect described in the post-traumatic stress syndrome literature, these family members have a blunted, if not flat response, to the alcohol and/or drug abuser's behaviors. Startle responses are, at times, also common, though underreported. While this may at first seem unsettling, for alcohol or drug abusers it becomes another reinforcement for the denial of their illness.

Denial is not just limited to the alcohol and/or drug abusing law enforcement officer and family members; it also extends to the majority of people that the alcohol and/or drug abusing law enforcement officer comes into contact with. Within the officer's own enforcement agency there often is a tendency to overlook, minimize, or rationalize the officer's alcohol and/or drug abusing behavior. Making "waves" is not a way to have a nice existence as a law enforcement officer. "Labeling" a fellow officer as having a possible alcohol and/or drug problem is rarely a message greeted with welcome in the law enforcement community.

Complicating this situation is the acceptance of denial as a way of functioning within the law enforcement community. Effectively distancing themselves from the daily stressors and occasional "horrors" of law enforcement allows law enforcement professionals to continue functioning at an effective level on a day-to-day basis. The routine use of minimizing, rationalizing, intellectualizing, and denying as coping skills by the law enforcement officer allows for an easy transition into the family setting. An example illustrates this situation:

> An officer responds to a call in which shots are fired, placing his life in extreme danger from an armed felon whose intent was to escape apprehension at any cost. The officer effects an arrest without injuries to the perpetrator, the public, or himself. Minimizing the danger in his own mind, the officer focuses rather on the incident's successful outcome and his uninjured survival. A lot of unresolved feelings are dismissed or put away to be "dealt with later."

When the above professional distress survival skill is inappropriately transferred to the family, difficulties result. When the officer's behaviors fail to cause a response in family members, or cause a lesser than expected response, it becomes easier to minimize the severity of the illness. "If it was really that bad, they would have been a lot more upset with me, or at least they would have noticed" is a commonly heard statement from law enforcement officers in treatment. These officers are, at times, very surprised when family members honestly report the distress they were experiencing as a result of the officer's drinking and/or drugging behaviors. Equally surprised are family members as they "get in touch" with the level of distress they have been functioning under.

Very often task overshadows process in the family of an alcohol- or drug-abusing law enforcement officer. Mom and dad are so focused on the turmoil of their own emotions that there is very little, if any, time to focus on the needs of the children, except when crisis incidents occur. Officers and family members in treatment report that their families and themselves just seem to move from crisis to crisis with "brief holidays and periods of peaceful bliss between them."

And "peaceful bliss" is just what the law enforcement officer is hoping for after a good night's (or day's) "choir practice"--not to be confronted with family or marital problems or the effects of their

own behavior on family members. Any treatment professional will tell you the worst time to confront someone about their drinking or drugging is while they are intoxicated. Yet for the alcohol- or drug-abusing law enforcement officer, this is exactly when most confrontations occur. The exact moment when all concerned are least prepared or receptive to receiving or acting on the feedback they receive. The exact moment when change is least probable. Coming home from "choir practice," the officer is often tired and feels ready to mentally get away from the job.

This "get-away" feeling often also extends to the day-to-day mundane tasks and realities of being a family member. This complex system of denial works against the recovery needs of the officer and his/her family. The family interprets this lack of energy as rejection and their not being important to the officer. Family members begin attention-seeking behaviors, which often result in even greater family turmoil and anger. The attention-seeking behaviors just have the effect of further distancing the alcohol- or drug-abusing law enforcement officer from the family. It is a vicious circle that becomes worse with each new incident.

The officer begins to dread coming home at night, as all that is waiting are accusations of infidelity from the spouse, and demands on their time from the children. These demands keep them away from what becomes compulsively the most relieving activity of their life--and that is "Choir Practice."

The macho "John Wayne" image of the law enforcement officer may also act to reinforce the "don't feel" rule. It is not unusual for children to report that "he doesn't ask us questions; he interrogates me, he treats me like a suspect." The extension of this situation is the child feeling, "as long as I'm going to be guilty anyway, I might as well enjoy it"--a dangerous predicament for children.

RULE THREE: DON'T TRUST

Distrust is a way of life and a matter of survival for those in the law enforcement profession. But this, too, is carried to the extreme in the form of hypervigilance, as well illustrated by the writing of Dr. Kevin Gilmartin (1986). Many law officers state that the only people you can trust are cops. But in truth is this really practiced? Let's be honest. Upon closer examination, we discover that a local municipal officer does not trust nor will he confide in a county officer because the county officer does not understand the problems of the municipal officer. Even members of the same department do not understand each other. As an example of this, an officer who is promoted or transferred from one division to another within an agency tends to associate with only members of that division. And if the officer is assigned a partner, that one person is the only one to really trust. And so, in practice, cops really depend only one other officer, or in most cases, only themselves. And what of the many law enforcement agencies throughout the United States where law enforcement officers work alone due to budgetary constraints or the inherent dictates of their assignments?

Within the community, officers practice a policy of not trusting any civilian. While lecturing to police officers, we ask how many regularly associate with their neighbors. Out of a group of thirty officers, three or four hands go up. When asked how many of them regularly maintain contact with siblings, parents, and extended family, again only three or four hands go up. And when asked how many regularly attend religious services, only one or two hands go up. These are social structures commonly available to other families but minimally utilized by the law enforcement officer and their families.

Children in law enforcement families may also experience the need to prove themselves in school, especially in their teenage years, because many of their peers may think they are "Narcs" and do not trust

them. Therefore the children may engage in behaviors that will demonstrate to their peers that they can be trusted and are acceptable--behaviors that are not necessarily in line with healthy family values.

All of these trust issues become magnified in the substance abusing officer's family. Many promises are made to the spouse and the children and never or seldom kept. One of the most often heard promises after another night of Choir Practice ending in another fight and family turmoil the familiar statement is: "Honey, I promise I'll never do it again!" And the behavior is repeated the next day, the next week, or the next month. Many promises are made to attend the children's school or sports activities and not honored due to working an overtime detail or another bout of substance use that becomes more important than the family obligations. This lack of follow-through on the parent's commitments and promises is interpreted by many children as a lack of their importance to the parent, a lack of love by that parent, and in general a lack of that child's importance and significance. They can not trust anyone, "If you can't trust your own parent, who can you trust?" And this problem perpetuates itself, or in the extreme yields adolescent life-threatening behaviors.

ISSUES COMPLICATING TREATMENT

The first obstacle to overcome is the law enforcement professional's belief that the family's business is nobody else's business. Often there is a great deal of fear that the treatment professional will learn things about them from the family that should best be left undiscovered. Many times, officers have endured internal affairs investigations and have held to the belief that they can be investigated and involved in departmental intrusions, but their families are to be left alone. It is felt that the family should not have to be bothered by the work place because they don't work for the department or agency.

The next obstacle to overcome is the family's denial system. The family many times has been enabling the substance abusers behaviors and has been preventing them from experiencing the natural consequences of their actions. Additionally the family may be in complete denial and argue that the substance abuser has the right to drink or do drugs the way they do because of the stress on the job. The family may also be blaming themselves for the substance abusing. Spouses sometimes feel they are the cause of the problem because they are not an adequate mate. Children often feel that they are the reason for problems in the family because their rooms are not kept clean enough or their grades are not good enough. With all this excuse-making going on, it is sometimes difficult to convince family members they are not responsible for the drinking and drugging behaviors.

It is necessary to explain that treating the substance-dependent person alone would be like taking a piece from a puzzle, changing the shape of that piece, and then trying to replace that changed piece in the same puzzle; it won't work.

When treating the substance-abusing law enforcement officer and the family, an important task is to establish a bond with the officer and to begin the arduous process of developing trust. One method that works rather well is to establish credibility with the officer prior to meeting with the family. Sharing experience and knowledge working with other officers, especially substance-abusing officers, is essential. Maintaining a nonjudgmental atmosphere throughout the process is critical, as most officers are hypersensitive to feeling judged by others. Explaining to the officer what will happen in the family session and then sticking as close as possible to that agenda is helpful, and a worthwhile starting point.

Therapeutically mirandize the officer, explaining mandatory reporting situations that will require you to take further action. Explain to the officer the need for family members to come in and to be honest in the session about their feelings and in the disclosure of "family business." Many officers and

their families have lived with family secrets, and all members of the family will be reluctant to air the family's dirty laundry in public. Ask the officer to give family members permission to speak openly and honestly with the treatment professional.

IN SUMMARY

While doing research for this piece, a library employee asked what was meant by the phrase the law enforcement family. Did it mean law enforcement as a family or the actual family of a law enforcement professional. Law enforcement prides itself on being a family. If one were to check the available literature on the families of law enforcement professionals, one would discover that by and large, extremely little is available. If we are a family in law enforcement, then it is time to make the families a part of the law enforcement family and stop acting as though they are just members of the "family."

REFERENCES

Black, C. (1982). It will never happen to me. Denver, CO: M.A.C. Printing & Publications Division.

Gilmartin, K. M. (1986). Hypervigilance: A learned perceptual set and its consequences on police stress. In J.T. Reese and H.A. Goldstein (Eds), Psychological services for law enforcement, (pp. 445-448). Washington, DC: U.S. Government Printing Office.
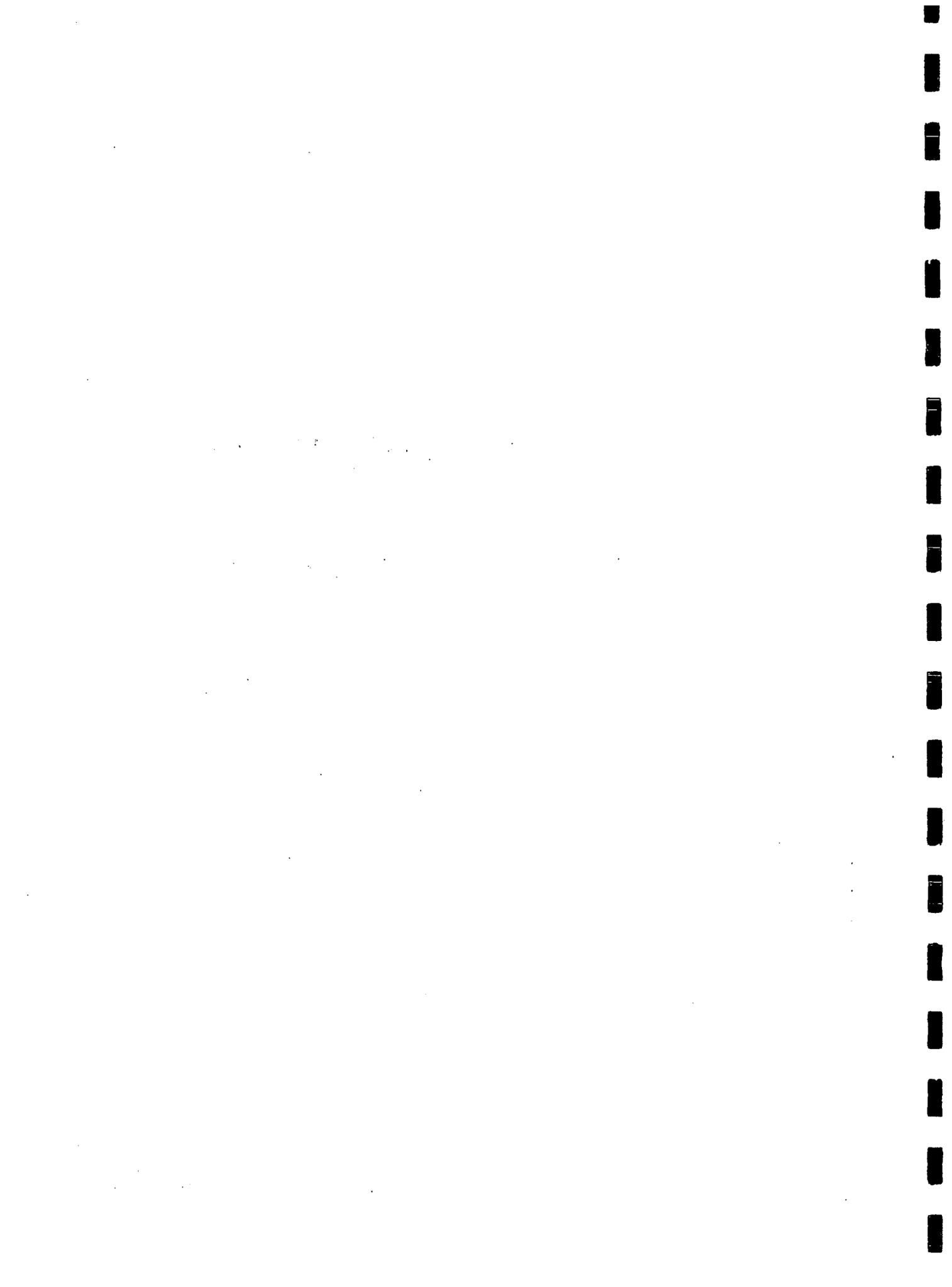
FACTORS UNIQUE TO

LAW ENFORCEMENT

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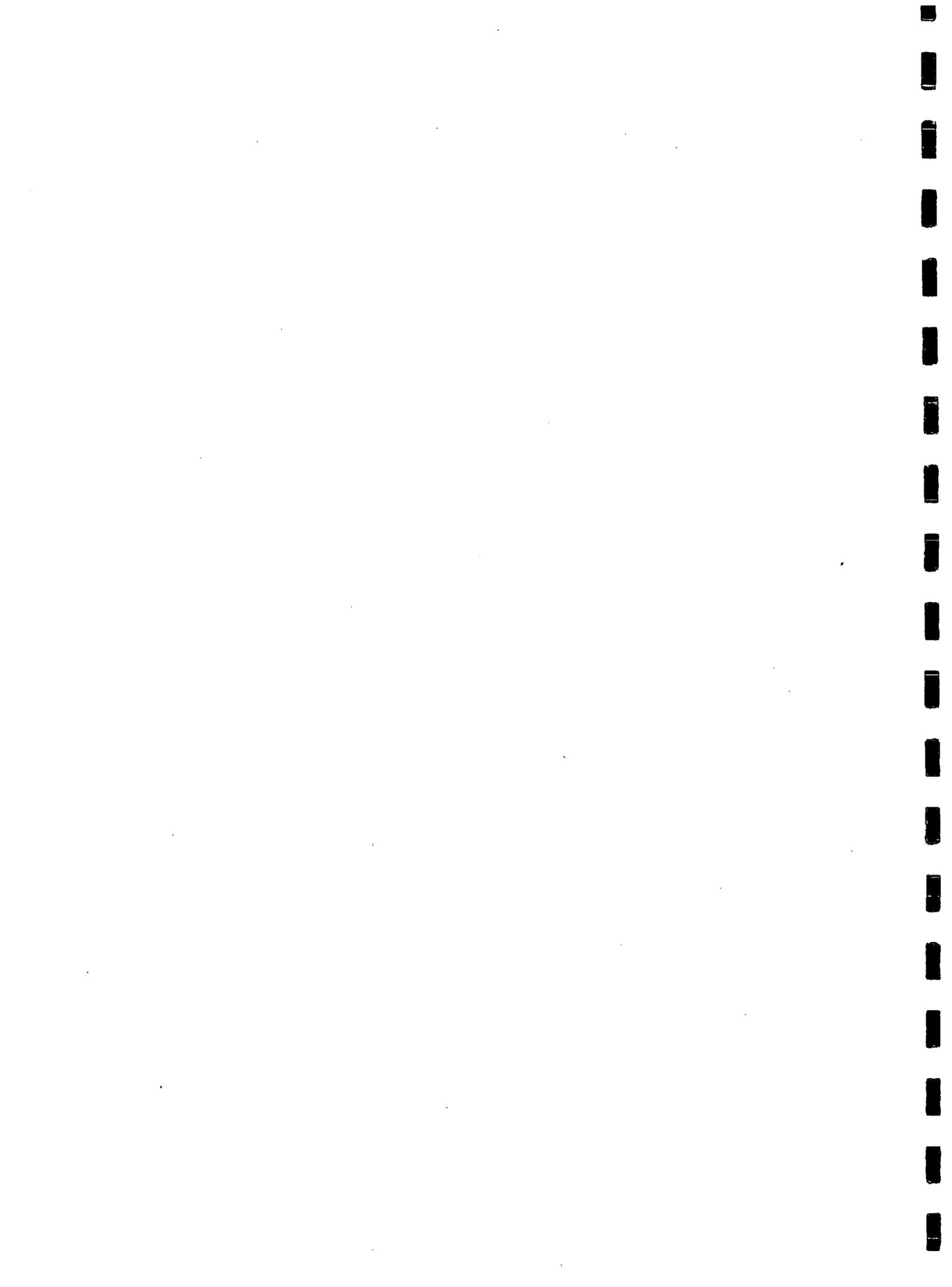
ON FAMILIES

THE EFFECTS OF UNDERCOVER DUTY
ON THE POLICE FAMILY

Neil S. Hibler, Ph.D.[1]

The families of undercover operatives often suffer second-class status as the investigator carries out his/her presumed destiny as "secret agent." Based on experiences of some half dozen Federal law enforcement agencies, this paper focuses on what really results in the private lives of investigative personnel who pursue clandestine assignments. The unfortunate reality is that undercover work is actually less a secret and less special than the operative supposed. Undercover work is underappreciated and rarely noticed; the agency does not recognize the personal sacrifices made by those on the front lines. The longer the undercover tour, the greater the risk. Yet repeated short-term assignments have their own risks. Whether a long-term assignment or repeated short-term roles, the job of the undercover is fraught with challenge, not simply from the mission but also from supervisors. These issues are discussed as potential difficulties within the operation, the office, and the home.

INTRODUCTION

Unquestionably, undercover (UC) duty can be a potent, effective tool for law enforcement. Few crime-fighting opportunities can equal the promise of gathering credible intelligence and evidence as can placing a trusted operative in the midst of targeted activity. Yet undercover duty also has a potential for destructive personal consequences for law enforcement personnel. This is duty that affects their lives and all who share life with them.

Experience has shown that in addition to holding unique potential to fight crime, the effects of undercover duty can be challenging, and in the worst case, privately injurious to the well-being of undercover agents. This paper addresses an essential component in understanding the real undercover equation; the effects of undercover duty on the undercover law enforcement officer's family.

What follows are reflections from working with several federal law enforcement agencies dealing with the consequences of clandestine duty.[2] Included are difficulties for the undercover operative, the case agent, supervisors and prosecutors, and the agency conducting the activity. Sadly, the underappreciated innocents in this demanding equation are the operative's loved ones. Their suffering is typically private, often having long-term consequences to the marriage and parent-child relationships that should be central to the officer's life. The consequences can vary, but most frequently among the struggles are losses of self-esteem, translating into depression, anger, or both, and expecting or demanding recognition (and being irritable when it's not provided). Other self-effacing acting-out includes alcohol abuse, promiscuity, and irresponsible spending. Those at home may act with similar discord, to include acting out to get attention; it's their sign of their own private suffering. Neglect is the most frequent problem, but abuse occurs as well. It simply isn't a "family" if the law enforcement parent is so consumed by commitment to undercover work that he/she has too little energy left to sustain an effective role in the home.

THE DARK SIDE OF THE FORCE: THE RISKS OF UNDERCOVER DUTY

It is an unfortunate reality that a technique so promising can be hard to manage, unproductive, and professionally and personally risky to all involved. Even the best of efforts can be abundant with problems. Line-of-duty, "operational" hazards tend to be seen as legitimate dangers and are usually respected by receiving attention. Nearly two decades of psychological support has shown that personal issues are thought by agency superiors to somehow be less important, less legitimate. Sometimes this is simply an affirmation of the lead made by the operative to play down a personal issue (to protect ego and sustain a sense of control). At other times there is indifference to operative-prompted calls for attention. Personal issues are all too easily seen as not being "company" business, but as just another damned problem--from someone who is not well understood anyway. Marriage, kids, family are, after all, personal issues--aren't they?

Perceptions make all the difference. Here are some stereotypic perspectives of someone who is labeled as an "undercover":

Perceptions of the supervisor: These are more often problem agents; they too easily don't keep leadership informed about what is going on, do things on their own, challenge authority, complain, expect special status, are hard to supervise; they can't be satisfied; it isn't safe to award them status.

Perceptions of coworkers: Out of sight, out of mind. Hot shot, rebel, opportunist, on a holiday. Treated like a snitch, given negative status.

Perceptions of the undercover (of him/herself):

Before indoctrination: Wants to be recognized, prove self, make a contribution, have status.

During deployment: Consumed, intensely involved, but soon notices that no one really notices all that's been done, no one appreciates the sacrifice (no one really asked for it), no one really cares.

After deployment: Disillusioned, bitter, contemptuous.

Perceptions of the Undercover's Family: Neglected, ignored/abused, sold out.

How can such diverse, even opposing, perspectives occur? The answer seems to arise from the nature of the needs to be served--and the eyes through which those needs are perceived. For example, "would-be" operatives whose interests (needs) draw them to undercover work can understandably have very different perspectives than agency superiors, who simply see operations as a means to an end. This contrast can be so great that it can be difficult to make things work smoothly. On the one hand undercovers feel used and underappreciated, while on the other hand their superiors can be insensitive to the risks involved, to include the risks taken by operators who can be difficult to control.

A distant observer may sense that law enforcement agencies execute these operations in a professional manner. Operations may appear quite different when scrutinized by those involved. Even premier agencies can be seen by their agents as being neglectful. It happens so often that really important signs and signals (of need) may be unheard or if heard, unrecognized for their importance.

Communication is everything to the continuing adjustment of those on the street, yet it is often the first life line to be cast off, whether on the job or in the home.

What follows is an examination of some of the dilemmas that have been observed in undercover work. Each is presented with an emphasis on the causes for problems and some suggestions that have been found to be helpful in resolving such difficulties. The problems are addressed as they occur, in the context of the agent's developing identity with undercover work.

PHASES OF TRANSITION: PSYCHOLOGICAL PHENOMENON IN THE COURSE OF AN UNDERCOVER CAREER

Who wants to do undercover work anyway? Certainly those who know how operations make intense demands would be hesitant to volunteer, if not unwilling to accept the assignment. Experienced, level-headed investigators often understand that their office, much less their agency, cannot adequately repay the sacrifices of time and energy that are required.

Most peers and supervisors don't understand how consuming such work can be. Just the same, personal sacrifice is rarely an impediment in stopping a corporate (nor certainly personal) sense of failure when cases aren't successful, even if that's entirely beyond the control of the operative. Accordingly, undercover operations are to some extent a high-risk enterprise, even though the potential for failure is characteristically minimized by the UC's hope for success. This observation provides some insight into those who are attracted to this kind of police work.

Perhaps the largest group of undercover volunteers are officers whose sense of competitiveness is driven by a thinly veiled concern that they are not as competent as their peers. They correctly analyze the function of UC operations, concluding that while not only providing an opportunity for (sometimes) dramatic results, they are the only ones to see their daily activity. This means that they are in control, independent, and well able to posture their best foot forward. Make no mistake, these are dedicated professionals, but just as surely, they are more ego-involved than many of their nonoperative peers. This explains both their desire for status and their proneness to perceive their circumstances in self-aggrandizing ways.

The second major group of undercover volunteers also correctly realizes that they are the only ones who really know what they are doing. These are officers who really want to do their own thing. Supervision, no matter how slight, is an intrusion. Undercover work is a welcome haven that provides a chance to do what they want to do, the way they want to do it. These are not rogues; they just want a chance to legitimize time away from standard office routine and continuous oversight. The most typical problem with such persons, if problems occur, is that over time these undercovers show little productivity.

The third/final group is the smallest. These are essentially "normal" officers, who are looking for an escape from a bad work situation, a break from routine, or a chance to broaden skills. They typically achieve their goal on their first operation, for they can see undercover work for what really is. Many don't volunteer again.

As these categorizations imply, difficulties can arise with any undercover; the professional and personal course is most uncertain with those who seek UC duty as an avenue to success. Undercover duty invariably turns out to be a bumpier corporate ride than those who volunteer want to hear. By the time they find out, the damage is done.

The following descriptions of six phases of undercover life are presented to define issues relevant to officers and their families. It is also hoped to sensitize departments/agencies to actions that can be taken to reduce risk.

Selection

Based on what has just been said about the types of personal features that predominate among undercover agents, it would seem reasonable to conduct screening. Most agencies prefer to select from only volunteers. It is also reasonable to request volunteers, considering that the work requires a great deal of initiative--which is unlikely to be found if service is required. Typically, there is no shortage of volunteers, but those who want the work are likely to bring needs and motivations that need to be further examined.

A two-phase process has been effective in identifying candidates who are "ready" (meaning not at risk) for training. First, departmental personnel review the work record and interview supervisors and coworkers to define functional capabilities and compatibilities and confirm an established career path in which basic investigative skills have been crystallized. This is essential; the officer will have to return to standard duties in order to be organizationally promotable and reassume his/her identification with the agency's mainstream functions. If basic skills haven't been secured, there is nothing to return to; the agent (although unintentionally) will be unable to perform competitively among grade peers.

The second phase of selection involves psychological assessment, which is much like traditional law enforcement entry-level screening. A structured clinical interview here focuses on professional experiences, perceptions of achievement and status at work, an examination of coping style and capability, and the nature and conditions of their primary relationships. Ideally, spouses are also interviewed, not so much for the purpose of selection, but to share information and shape expectations. Making sure that spouses understand the realities of undercover duty can be a potent influence on the applicants' interest in participating in the program. Incidently, informal meetings between experienced undercovers and their spouses with couples in the applicant group can be particularly informative. For example, wives of undercover officers have been helpful in providing examples of marital issues that can arise, as well as helpful solutions.

Progressive UC programs do not qualify applicants until after they are screened and successfully complete training. Just the same, "readiness" is a continuing precaution, and if more than a year has elapsed or some major life change has occurred since the last screening, an additional check (an interview, and where indicated, psychological testing) is conducted.

Training

Preparation for undercover work could easily exclude marital/family issues; it should not. Operatives must recognize that the work can be very involving, so much so that they might neglect their loved ones. Operative need to balance all of their roles, especially those as spouse and parent. These may be the only roles in which there will be true recognition, appreciation, and acceptance. There have been undercover agents who, believe it or not, pondered about taking on assignments at a time when they were needed to be close to home and available for intense family needs. Examples are as varied as the demands loved ones can present. The point is, the family can't be there for the officer if the officer doesn't place loved ones in a higher priority than his or her work. The family must be in the thoughts and plans of each operative. Accordingly, the job must be flexible. Of course, this means that at times

departmental supervisors may have undercovers who, because of family concerns, are "at risk," yet the problems involved are beyond (direct) departmental control. The result can be an awkward situation in which supervisors know there's a problem, but it's not the department's to solve. In these situations, readiness needs to be calculated as much on what the undercover is doing to solve the problem as the nature of the problem itself. The incentive for the operative to commit to an effective solution is his or her continuing participation in the operation.

Incidentally, frequent or multiple short-term operations can result in as much or more risk than some long-term assignments. The difficulty arises in personally identifying with numerous (brief) roles, which can dangerously expose operatives or otherwise provide for "Murphy's Law" to dictate. Imagine a chance meeting with a target on the street, and not remembering who you were supposed to be--you get the idea.

Operational Planning

Agents need to be advocates for whatever their family needs may be. A bad plan is one that doesn't account for the operative's loved ones. For example, if the operation will require extended time away from home, there should be a point of contact for the family--someone who already shares a close, friendly association with the family. Additionally, there should be planned breaks that allow the UC to return home frequently. Such visits shouldn't be a problem. In the cover role there are invariably opportunities for the UC to go home. Even criminals (the cover identity) take vacations, have sick relatives who need help, etc. The point is, the agency is in control of the operation and can do whatever is necessary; which home visits are.

Deployment

Where the rubber hits the road. "If" precautions have been taken, it becomes clear that the agency *understands the needs of its people and is committed to them.* Let me repeat, the "people" precautions are, at a minimum: selecting people who understand their own needs and have reasonable expectations, planning effectively to provide what the operational environment requires, and taking care to care for the people--to support what they (and their loved ones) need. The operatives also have obligations.

Professionally, operatives must perform their duties to the highest standard and in a manner that will not risk their integrity. There is a higher order, however. They must not sacrifice the primary relationships that ought to be the mainstay of their lives. The most typical wrong turn is unintentional, but destructive just the same. An apt term used by one undercover's wife, is "the Glory Boy Syndrome." Her point was that her husband made a mistress of his work. He assumed an undercover role that in many ways fulfilled fantasies and became so satisfying and consuming that he had little time for the family. He was inattentive even when he was at home. The greatest insult followed the wife's imploring appeal that the undercover show some interest and spend some time with the children. He missed the point; he felt *unappreciated* for all his efforts, and said as much, adding that he was a patriot and any right-thinking person should recognize his contribution, dedication, and commitment. Too bad his efforts were out of touch with what should have been valued; "Glory Boy" fits.

This case example also presents an opportunity to briefly explain another role for the consulting psychologist. "House calls" can be a very helpful way to defuse crises, assess what/how to repair, and in most instances, allow the mission to continue on surer ground.

Decompression

Every operation has a beginning, middle, and end. Decompression is the beginning of the end--a phase in which the conclusion of the case is planned and executed. It can be a very intense interval, reconciling what the original hopes had been with what the actual results produced. Sometimes there is frustration because many hoped-for opportunities did not materialize and the returns are meager. In such instances undercovers invariably assume some sense of failure, regardless that the consequences were beyond their control. It's also an angry time for many operatives whose opinions were not taken seriously; a natural opportunity to project their disappointment to others. Uninformed/insensitive supervisors can easily compound this injury by failing to support and reward the effort, or worse, criticize it.

In some cases the undercover develops a close enough relationship with targeted subjects that the agent feels awkward when the subject is to be arrested and punished. This is particularly understandable when the family of the subject, who are innocent victims, are thrown out in the street. It can be difficult not to be touched by the consequences subjects bring on themselves and their loved ones.

Even when investigative results are rewarding, prosecutors can be prone to push to gather ever more evidence in attempts to document additional conspirators, and in most every other way exploit every investigative avenue. In response, operatives are prone to perceive these demands as a lack of respect for their safety, ingratitude for their commitment, and an insult--that they are incompetent. Such a reaction discounts--no, destroys--any sense of closure and satisfaction after working so hard and making so many private sacrifices. Accordingly, when undercovers feel beaten-up by their leadership, they bring their complaints home, accompanied by brooding and dissatisfaction. A caring, committed spouse might offer support to calm these "ruffled feathers." It's often the case, however, that the caring had for a long time been a one-way deal, and this is not a good time for the officer to expect support. An "I told you so" is more likely. Another house call for the consulting psychologist.

Reintegration

It's over and time to get back to work--routine police, special agent, or investigator duty. It's the only way to have a real career. Returning to routine duties must be in every undercover's sights right from the start. Just the same, getting back into a routine can be more challenging than would first be imagined. In some cases it means more than just working "regular" hours; it may also mean a shave and a haircut and all that goes with that. Consider that if the operative left routine duties because he or she felt less than competitive, he or she is returning to those pressures, only to find the stress magnified. The reintegrating officer has to reorient to what nonundercover peers have been doing (and developing skills in) right along. Surely this is ever harder if the undercover experience was less successful than had been hoped. Yet regardless of the undercover tour outcome, this transition is always hard, again leaving the family with someone who is very challenged, often dissatisfied, and undermined in his or her capacity to contribute to the vitality of life at home.

CONCLUSIONS

Not every undercover operative is an insatiable egomaniac who neglects those closest in his or her life, and not every department or agency eats its young as if it were in a feeding frenzy. We can all be thankful for that. Yet there have been problems from which we can all learn.

Undercover duty is important work. It can be incredibly successful. It can also easily result in a dead end--lots of time and money spent without prosecutive results. It can even be dangerous. A hidden danger, a silent suffering, has all too often been to sacrifice the quality of relationships with the officer's loved ones. The consequences can detrimentally affect the quality of life for undercover officers and their relatives, while undermining support critical to performing effectively on the job. Drawing attention to some of the difficulties that have occurred with undercover duty is hoped to protect the police family from risks that are very real, but not often recognized until the damage is done.
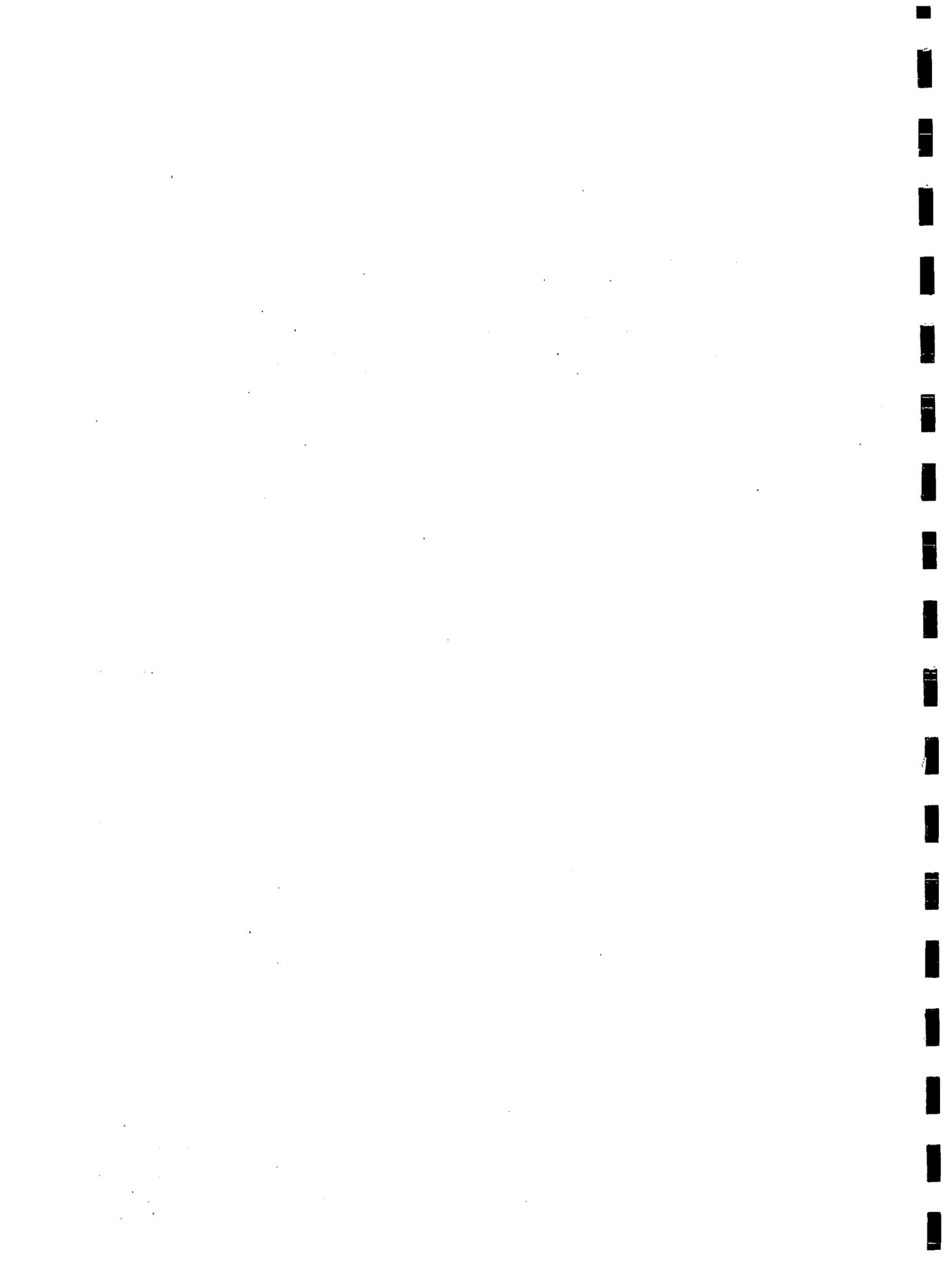
VIOLENCE AND THE LAW ENFORCEMENT FAMILY

Audrey L. Honig, Ph.D.
Elizabeth K. White, Ph.D.

Some form of violence occurs in approximately 60% of marriages at one time or another. Law enforcement personnel are no exception to the rule and may, in fact, be at greater risk than the general populace. There are several factors within the law enforcement environment that can increase the risk of domestic violence either directly or indirectly. These risk factors include personal, organizational, training, and job characteristics. Individual officers, in order to deal with the stressors of the job, may then make adaptions and adjustments, based upon their own personality dynamics, that further exacerbate the situation. Law enforcement agencies of the future will potentially have greater ability to reduce some of these risk factors through improved selection, training, and positive organizational change, thereby significantly reducing the risk of domestic violence within law enforcement families. In addition, given that domestic violence constitutes use of force, common sense suggests that reductions in this arena may also have far-reaching impact on the organization's overall use of force.

INTRODUCTION

A comprehensive working definition of domestic violence would naturally include any behavior that results in physical harm to a relationship partner. In addition, however, such a definition must go further to include any behavior that arouses fear of one's physical safety or prevents a relationship partner from exercising free will. These behaviors are often the precursors to physical violence. Intimidation, threats, emotional abuse, economic abuse, sexual abuse, or isolation as well as actual physical violence (striking, shaking, restraining holds, etc.) can all be seen as constituting domestic violence to one extent or another. Domestic violence is widespread and usually involves a male perpetrator and a female victim, however, exceptions certainly can and do exist. Although statistics vary from study to study, actual discrete incidents of domestic violence are reported to be 2-4 million per year. Some form of violence, as described above, occurs in approximately 60% of marriages.

It would be ludicrous to expect that law enforcement personnel are somehow immune to incidents of domestic violence. In fact, studies involving law enforcement personnel seem to indicate an unusually high degree of marital discord or dissatisfaction in law enforcement relationships (Bibbens, 1986; Blackmore, 1978; Hageman, 1977; Kroes, Margolis & Hurrell, 1974; Niederhoffer & Niederhoffer, 1978) and certainly, experience has shown that indeed domestic violence does occur in at least a portion of these relationships. Given that fact, it is important to examine any possible interactions between immersion in the world of law enforcement and domestic violence, so as to identify factors that may directly or indirectly increase the risk of domestic violence for law enforcement personnel.

POTENTIAL RISK FACTORS FOR DOMESTIC VIOLENCE

Personality Style

The first factor that may have in the past unintentionally increased the frequency of domestic violence within law enforcement marriages is the selection criteria utilized by most law enforcement agencies. While most law enforcement personnel selected are above average in intellectual functioning, self-confidence, responsibility, and extroversion; are high achievers, idealistic, and relatively free of psychopathology, they also tend to be guarded, moralistic, rigid, controlled or overcontrolled, and

authoritarian (Daviss, 1982; Hargrave, Norborg & Oldenburg, 1986; Stratton, 1975). The above-described officer will probably fit well into the paramilitary environment of the average department but may lack flexibility when dealing with interpersonal situations both at home and on the job.

An additional risk factor for law enforcement personnel relates to how peace officers tend to handle affect. Numerous authors have documented the tendency of peace officers to demonstrate emotional detachment, emotional blunting, and/or emotional repression in response to the environment in which they work (Bibbens, 1986; Hill, 1981; Maslach & Jackson, 1979). Eventually, a peace officer may become uncomfortable with any experience or display of affect (Stratton, 1975). This style can potentially impact law enforcement relationships in a number of ways. Since most peace officers find it extremely difficult to turn affect off at work and then turn it back on at home, the result is often emotional detachment and withdrawal, decreased communication, inhibited expression of affection and intimacy, and subsequent marital distancing. Secondly, having no outlet for emotional expression can result in increased stress and acting out behavior in a variety of other arenas (Bibbens, 1986; Schreiber & Seitzinger, 1985). In addition, many peace officers will turn to alcohol as a means of suppressing what they perceive to be unacceptable, i.e., the mere experience of emotions. Indeed, peace officers have been identified as being at high risk for alcoholism (Bibbens, 1986; Blackmore, 1978; Kroes, 1976), and alcohol often plays a role in domestic violence as either a disinhibitor or as a means of denial of responsibility. Emotional suppression, while it may protect a peace officer on the job, has many direct and indirect negative implications for both law enforcement relationships overall and domestic violence in particular.

A related issue is the tendency of peace officers to buy into the "macho image." This macho image includes an emphasis on the traditional masculine role, suppression of affective expression, over reliance on physical prowess, and an inability to admit weakness or ask for assistance. Peace officers attempt to hide vulnerability (Trompetter, 1986), tend to be stereotypically masculine (Garner, 1979; Hogan, 1971) and are likely to be dominant and "tough minded" (Snibbe, Fabricatore & Azen, 1975). Anecdotally, peace officers note that an officer who is able to "talk someone in" may be less respected than an officer who uses physical force to achieve the same result. This macho style again will impact law enforcement relationships through lack of communication of affect and needs, expectation of a traditional female role from the spouse (for males), and refusal to address relationship concerns (e.g. refusal to obtain counseling). In addition, a male peace officer who does not "keep his spouse in line" may be concerned that he will lose face with peers.

Organizational Structure

Law enforcement agencies typically are described as para-military organizations. The existence of a strict uniform code, an identified chain of command, rank structure, etc., all help establish control, organization, and structure. Most law enforcement academies refer to their students as recruits or cadets and expect military protocol to be observed.

Working in a paramilitary environment can potentially have two types of negative impact on the home life of law enforcement personnel. The average peace officer's understanding of the world is filled with "superior" officers who give orders that the peace officer obeys and with "subordinates" who are given orders that they then obey. Since most law enforcement personnel have a more traditional view of family hierarchy, it may seem like a natural extension to give orders at home and to expect them to be obeyed (Stratton & Stratton, 1982). It is not intentional and may not be a conscious expectation; however, for some peace officers the boundary between work and home can become blurred regarding the chain of command. Some officers describe a marital dispute in terms that sound suspiciously like

"insubordination." This feeling can be even more pronounced when children are involved. And it is sometimes difficult for a peace officer to arrive at an acceptable means of dealing with an "insubordinate" family member. Unfortunately, some peace officers resort to using "police authority" to end a domestic argument (Daviss, 1982).

The second impact of a paramilitary environment is often in terms of displaced anger and frustration. Law enforcement personnel are just as likely to disagree with their supervisors or be angered by orders that seem arbitrary or ineffective as "civilian" personnel. However, expressing anger or disagreement in a para-military environment is often seen as insubordination. Several authors have noted that law enforcement personnel often appear to take home that anger or frustration, displacing it into their relationships (Bibbens, 1986; Means, 1986; Stratton, 1975).

Training

Law enforcement academies stress the importance of gaining compliance and in fact often equate exact compliance with officer safety. Some forms of noncompliance are officer safety issues and are an attempt on the part of the suspect to obtain a better position in which to conceal his or her actions or to prepare for an attack on the officer. Often, however, a suspect may be slightly noncompliant because of fear/confusion, alcohol or drug intoxication, or anger (i.e., "contempt of cop" behavior). Although the suspect is complying with the spirit of the request, the peace officer may attempt to force exact compliance because of an ingrained fear that failure to obtain exact compliance means that the officer is losing control of the situation and is therefore in danger. Law enforcement personnel can bring that same knee-jerk reaction to noncompliance at home. Failure to obtain complete compliance from a spouse may trigger that same fear of loss of control and result in an almost automatic justification for the application of physical force.

A second factor relates to law enforcement's view of physical force. For the majority of citizens, the use of physical force to solve a problem is a rare event. For the average peace officer, however, periodic use of physical force on the job is a fact of life. There are even guidelines as to when physical force "should" be used and how it is applied. Peace officers receive training in the efficient use of physical force. Use of physical force, therefore, is appropriately added to a peace officer's repertoire of "solutions" to problem situations. Physical force must be an option at work. Once it becomes an option, however, it may be chosen inappropriately as a solution to an altercation at home.

Job Characteristics

The average peace officer witnesses use of physical force daily, is frequently the target or potential target of a physical attack, and uses various levels of physical force in the routine performance of his or her duty. For a peace officer, having to restrain someone is probably a 2 on the scale of 1 to 10 for use of force. Grabbing or pushing would rank equally low. A single strike, grappling, or choking restraint might warrant a 5 or 6. A 10 would be reserved for drawing a weapon and shooting. Having to raise your voice would not even be considered to be on the scale. To a certain extent, most peace officers have habituated to the use of force, whether it is physical, emotional, or verbal. However, when the peace officer goes home, the scale for use of force is very different. The average spouse would consider yelling to be a 3 or 4 on their scale and might grade pushing or grabbing a 6 or 7. One of the landmark behaviors of men who batter is discounting of violence or minimization of the degree and impact of the violence. The habituation of peace officers to violence is likely to greatly increase the risk

that they will not see their use of physical force in the home as acts of violence much less see the use of verbal or emotional force as abusive.

Many peace officers develop an "us-them" philosophy as a means of dealing with a hostile environment (Stratton, 1975). This philosophy is reflected in the very language used by law enforcement personnel; e.g., the "war on drugs." It begins to color any contact a peace officer has while on duty. Peace officers expect to be lied to and become cynical and suspicious of individuals they meet while performing their job (Davidson & Veno, 1980). This philosophy can generalize to everyone a peace officer meets. Even if the other person is not a criminal, they are still a part of the "them" since they could not possibly understand what it is like to be a peace officer. Peace officers often will not reveal their occupation in a social situation for fear that they will be subject to a long tirade regarding police brutality or the latest ticket a fellow party goer has received.

Eventually this "us-them" philosophy can have a negative impact at home. Peace officers become suspicious of the actions of their spouse and children (Potter, 1978). Lies and deception are the norm in the field and it is hard for a peace officer to "turn the trust back on" at home, which can result in chronic jealously and paranoia. In addition, the us-them philosophy can cut a peace officer off from potential support at home. While a spouse is not one of the "them," a peace officer may believe that his/her spouse does not understand the environment, demands, or stressors of law enforcement and consequently is not quite one of the "us" either. A peace officer may decide not to share many thoughts, feelings, or work events with his or her spouse. As the peace officer withdraws, the spouse often begins to feel excluded and rejected and so withdraws too. Consequently, communication and the ability to problem solve conflict situations becomes greatly impaired.

Because of the physical danger involved in the field of law enforcement and the "us-them" philosophy described earlier, peace officers tend to draw together and close ranks. Much has been written about the concept of police "solidarity." While this solidarity provides needed support and security to peace officers, it also results in a closed system that allows in little outside feedback. If a peace officer has any doubts about how he or she is handling affect, about his or her drinking, about what constitutes violence at home, he or she consults a colleague who is very likely to agree with the interpretation or the behavior described. Thus maladaptive behavior is reinforced.

As peace officers are exposed to more and more deception, victimization, and violence, they become more suspicious and mistrustful of the world at large. This can result in an overprotectiveness at home, which is expressed in two ways. One form of overprotectiveness is a peace officer's decision not to "burden" the spouse with concerns or fears related to work issues (Madamba, 1986). This refusal to discuss work avoids "hurting" the spouse and enables the peace officer to not experience the emotional impact of work trauma (Maslach & Jackson, 1979). Spouses notice and resent this withdrawal, especially when they later hear their peace officer spouse share work related trials and tribulations with a colleague (although emotions other than anger are, of course, often not discussed).

The second form of overprotectiveness is extreme restrictiveness for both spouse and children out of fear that something will happen to them. This kind of curtailment can lead to rebellion or, if it is successful, to isolation of the family from outside contact. This kind of isolation can assist the progress of domestic violence since it cuts the spouse off from information and support from the outside world.

Lastly, there are many aspects of the law enforcement environment that add to the general level of stress at home (Stratton, 1975). Law enforcement couples often identify shift work, irregular days off, holiday work, mandatory overtime, and court responsibilities as adding considerable stress to their

relationship. According to the Los Angeles Commission on Assaults Against Women (LACAAW), battering is often seen as a way of dealing with excessive stress or conflict.

ORGANIZATIONAL CONTRIBUTIONS TO CHANGE

Some of the factors that may increase the risk for domestic violence among law enforcement personnel are ones that are beyond the control of law enforcement agencies. For example, law enforcement personnel <u>are exposed</u> to violence and are themselves sometimes the victim of violence. Habituation to violence, to at least some degree, is a fact of life for law enforcement personnel. Law enforcement personnel <u>must</u> have expertise in the appropriate application of physical force. Consequently, familiarity with force and recognition of use of force as a viable option are necessities for law enforcement personnel. There are, however, many ways that a law enforcement agency can impact domestic violence through selection, organizational policy, training and counseling assistance.

Selection

Current selection procedures for most law enforcement agencies involve screening out obvious pathology. While it is beneficial to screen out pathological individuals, many individuals who would not be considered pathological would still make poor peace officers. Common sense would dictate that the potential peace officer have a high standard of personal ethics, be flexible, be self-confident, and have good impulse control and good interpersonal skills. In a study that attempted to differentiate ideal from undesirable police officer applicants, Shaw (1986) found that undesirable applicants were more likely to be intolerant, rigid, aloof, socially maladjusted, and self-doubting.

Consequently, the selection procedure must not only screen out those individuals who have demonstrated pathological behavior or test scores, but must also select in factors that will make an applicant a good peace officer. These same factors--flexibility, good impulse control, good interpersonal skills, etc., are also factors that can decrease the risk for domestic violence. Domestic violence perpetrators have been found to have low self-esteem, poor social skills, rigid sex roles, and a tendency to be controlling and blaming of others.

Lastly, it is important to gather information about an applicant's use of alcohol and his or her family of origin. Alcohol consumption should be closely examined and evidence of difficulty should be considered an additional basis on which to "screen out" a candidate. Since according to the Los Angeles Commission on Assaults Against Women (LACAAW) some 80% of the perpetrators of domestic violence witnessed violence in their family of origin, any individual who has a history of violence in his or her family of origin may also warrant additional examination to ensure that the individual has developed better interpersonal skills, impulse control, and problem solving than was demonstrated in his or her family of origin.

Organizational Structure and Policy

The paramilitary structure found within most law enforcement agencies has been the norm for many years. However, as agencies attempt to select individuals who are more flexible, with better interpersonal skills, they can no longer expect nor afford to remain as regimented as they have in the past. It is unreasonable to select recruits for their flexibility and interpersonal skills, train them to further develop these skills, and then maintain an inflexible hierarchical organizational structure. In order for

these skills to be seen as viable they must be seen as practical and effective. Incorporating interpersonal skills and flexibility into the organization must occur from the top down through both formal and informal training and policies that allow and encourage bottom-up input.

A second area in which agency policies can have an impact on violence in law enforcement families is through the way an agency handles allegations of domestic violence. For example, in the past, many peace officers were hesitant to take action when a colleague was stopped for being under the influence or when called out to a colleague's home because of a domestic dispute. Research suggests that domestic violence often continues because there have been no negative consequences to the batterer. Recently, law enforcement agencies have begun to take a much more aggressive stand when it comes to potential alcohol, domestic violence, or child abuse issues. Such a stance helps communicate clearly to peace officers that such behavior is unacceptable and puts their job in jeopardy. In addition, agencies are sending down a clear message that "looking the other way" when a colleague is domestically violent also will not be tolerated. Failure to take action when evidence of abuse exists is labeled as unacceptable and can place the job of the handling unit (or supervisor) in jeopardy.

Training

Current training procedures within law enforcement can unintentionally put a peace officer at increased risk for domestic violence. As mentioned earlier, physical force as a viable solution to a problem is a given for law enforcement personnel. However, it is important that it be emphasized that physical force is only one possible solution. Individuals turn to the behavior that is most familiar and comfortable when under pressure. Many agencies now offer a number of different courses such as interpersonal skills training or "tactical communications" to ensure that the average peace officer has many options to choose from when faced with a hostile or uncooperative individual. These interpersonal skills require thorough understanding, practice (e.g. role plays), and periodic review to guarantee that they are seen as viable options during a field situation. It is also important that "talking someone in" or "talking your way out of bad situation" be reinforced. For many, using mind rather than muscle still brings into question one's ability to handle a situation and "pack your own mud." Consequently, talking skills must be taught at the academy, reinforced and modeled during training, and supported at all levels of the department. Many agencies now have "commendable restraint" awards to recognize situations where a peace officer successfully used mind over muscle to handle a touchy situation.

A second area of concern involves the current practice of most agencies with regard to obtaining compliance. Most peace officers are taught that "exact compliance" is mandatory for officer safety. It is not being suggested that peace officers allow suspects to gain control of a situation and possibly put an officer at risk. Rather, it is being suggested that officers be trained to obtain compliance necessary and sufficient to eliminate threat, not compliance for the sake of compliance. Training, either intentional or unintentional, to obtain exact compliance creates a mind set where anything less than exact compliance equals discomfort and lethal danger. And this mind set can be carried home. Unrealistic expectations are another of the profile characteristics identified by the LACAAW as belonging to batterers. Obtaining "exact compliance" from a spouse is clearly a case of unrealistic expectations.

Lastly, although many of the stressors in law enforcement are unavoidable, preparing peace officers for these stressors through ongoing department wellness programs, stress management trainings, and critical incident debriefings can help avoid potentially explosive situations. Positive outcome can be achieved, not only in the area of domestic violence, but in reducing an officer's, and ultimately the agency's, overall level of use of force.

Counseling Assistance

A final organizational issue relates to the availability of psychological services to law enforcement personnel and their spouses. These services can include individual and relationship counseling, informal seminars on marital issues, and formal orientation classes for law enforcement couples. Many agencies now offer spousal orientation courses that cover everything from working environment to gun safety. One of the major focuses of these spousal orientation classes relates to couples' issues. Time is set aside to discuss the impact of a law enforcement career on relationships and stresses the importance of communication. It is important to educate department members and their spouses about the various trends described earlier such as emotional suppression, overprotectiveness, alcohol abuse, solidarity, etc. Once these potential problems have been identified, each couple can be taught preventative strategies. For example, continuing to have regular contact with non-law enforcement friends is essential for a law enforcement couple because it can decrease the "us-them" mind set and help avoid the isolation that contributes to the continuation of a domestically violent situation.

Overall, it is important to stress the concept of early detection and appropriate action. Most agencies now offer individual as well as marital counseling to employees and their spouses. The availability of services (both within the agency and in the community) and the necessity of prompt action in response to signs and symptoms of distress must be emphasized at the spousal orientation classes as well as the stress management courses mentioned earlier. Often a peer or supervisor is the first to recognize a marital problem brewing. Consequently, supervisor training classes must include information about available resources and how to make appropriate referrals.

SUMMARY

While it is true that a law enforcement agency cannot realistically stop domestic violence from occurring within law enforcement relationships, it is possible to reduce the likelihood of its occurrence through selection, training, and positive organizational change. Many factors within law enforcement may increase the risk for domestic violence; some can be controlled while others only their impact mitigated. Exposure to violence, habituation to the use of physical force, repeated alienation from the public, particular training practices, departmental attitude towards use of force, and the organization's emphasis through selection and training on the importance of interpersonal skills are a few of these factors. Additional indirect risk variables stem from the adaptions that many peace officers make to handle the demands of the job such as emotional suppression, increased cynicism, suspiciousness, isolation, etc.

Whether the variables are direct effects or indirect adaptions to perceived demands, a law enforcement agency has a positive responsibility to be an agent of change through selection, education, proper training, and informal and formal departmental policy and practices. Agencies must evaluate their current practices in light of these risk factors and wherever possible make changes to address the issues raised. Given that domestic violence constitutes use of force, common sense suggests that reductions in this arena may also have far-reaching impact on the organization's overall use of force.

BIBLIOGRAPHY

Bibbens, V.E. (1986). Quality of family and marital life of police personnel. In J.T. Reese & H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp. 423-427). Washington D.C.: U.S. Government Printing Office.

Blackmore, J. (1978). Are police allowed to have problems of their own? <u>Police Magazine, 1</u> (3), 47-55.

Daviss, B. (1982). Burn out. <u>Police Magazine, 5</u> (3), 9-11, 14-18.

Davidson, M. & Veno, A. (1980). Stress and the policeman. In C. Cooper & J. Marshall (Eds.), <u>White collar and professional stress</u> (pp. 136-166). New York: Wiley & Son.

Garner, G. (1979). <u>Police role in alcohol related crises</u>. Springfield, IL: Charles C Thomas.

Hageman, M.J.C. (1977). <u>Occupational stress of law enforcement officers and marital and family relationships</u>. Doctoral Dissertation, Pullman, Washington, Washington State University.

Hargrave, G.E., Norborg, J.M. & Oldenburg, L. (1986). Differences in entry level test criterion data for male and female peace officers. In J.T. Reese & H.A. Goldstein (Eds.) <u>Psychological services for law enforcement</u> (pp. 35-42). Washington D.C.: U.S. Government Printing Office.

Hill, W. (1981). Stress, police officers and survival. <u>Police Stress, 4</u>, 35-36.

Hogan, R. (1971). Personality characteristics of highly rated policemen. <u>Personnel Psychology, 24</u>, 679-686.

Kroes, W. (1976). <u>Society's victim - the police: An analysis of job related stress in policing</u>. Springfield, IL: Charles C Thomas.

Kroes, W., Margolis, B., & Hurrell, J. (1974). Job stress in policemen. <u>Journal of Police Science and Administration, 2</u> (2), 145-155.

Madamba, H.J., (1986). The relationship between stress and marital relationships in police officers. In J.T. Reese & H.A. Goldstein (Eds.) <u>Psychological services for law enforcement</u> (pp. 463-469). Washington D.C.: U.S. Government Printing Office.

Maslach, C. & Jackson, S. (1979). Burned out cops & their families. <u>Psychology Today, 12</u> (12), 59-62.

Means, M.S. (1986). Family therapy issues in law enforcement families. In J.T. Reese & H.A. Goldstein (Eds.) <u>Psychological services for law enforcement</u> (pp. 140-142). Washington D.C.: U.S. Government Printing Office.

Niederhoffer, A. & Niederhoffer, E. (1978). <u>The police family from the station house to the ranch house</u>. Lexington, MA: Lexington Books.

Potter, J. (1978, May). The liberation of the police wife. <u>Police Magazine</u>, pp. 39-42.

Schreiber, F.B. & Seitzinger, J. (1985). The stress pressure cooker: A comprehensive model of stress management. The Police Chief, 55(2), 40-46.

Shaw, J.H. (19086). Effectiveness of the MMPI in differentiating ideal from undesirable police officer applicants. In J.T. Reese & H.A. Goldstein (Eds.) Psychological services for law enforcement (pp. 91-96). Washington D.C.: U.S. Government Printing Office.

Snibbe, H.M., Fabricatore, J. & Azen, S.P. (1975). Personality characteristics of white, black and Mexican-American policemen as measured by the 16PFQ. American Journal of Community Psychology, 3 (3), 221-227.

Stratton, J. (1975, November). Pressures in law enforcement marriages: Some considerations. Police Chief, pp. 44-47.

Stratton, J. & Stratton, B. (1982, May). Law enforcement marital relationships: A positive approach. FBI Law Enforcement Bulletin, pp. 8-11.

Trompetter, P.S. (1986). The paradox of the squad room - solitary solidarity. In J.T. Reese & H.A. Goldstein (Eds.) Psychological services for law enforcement (pp. 533-535). Washington D.C.: U.S. Government Printing Office.
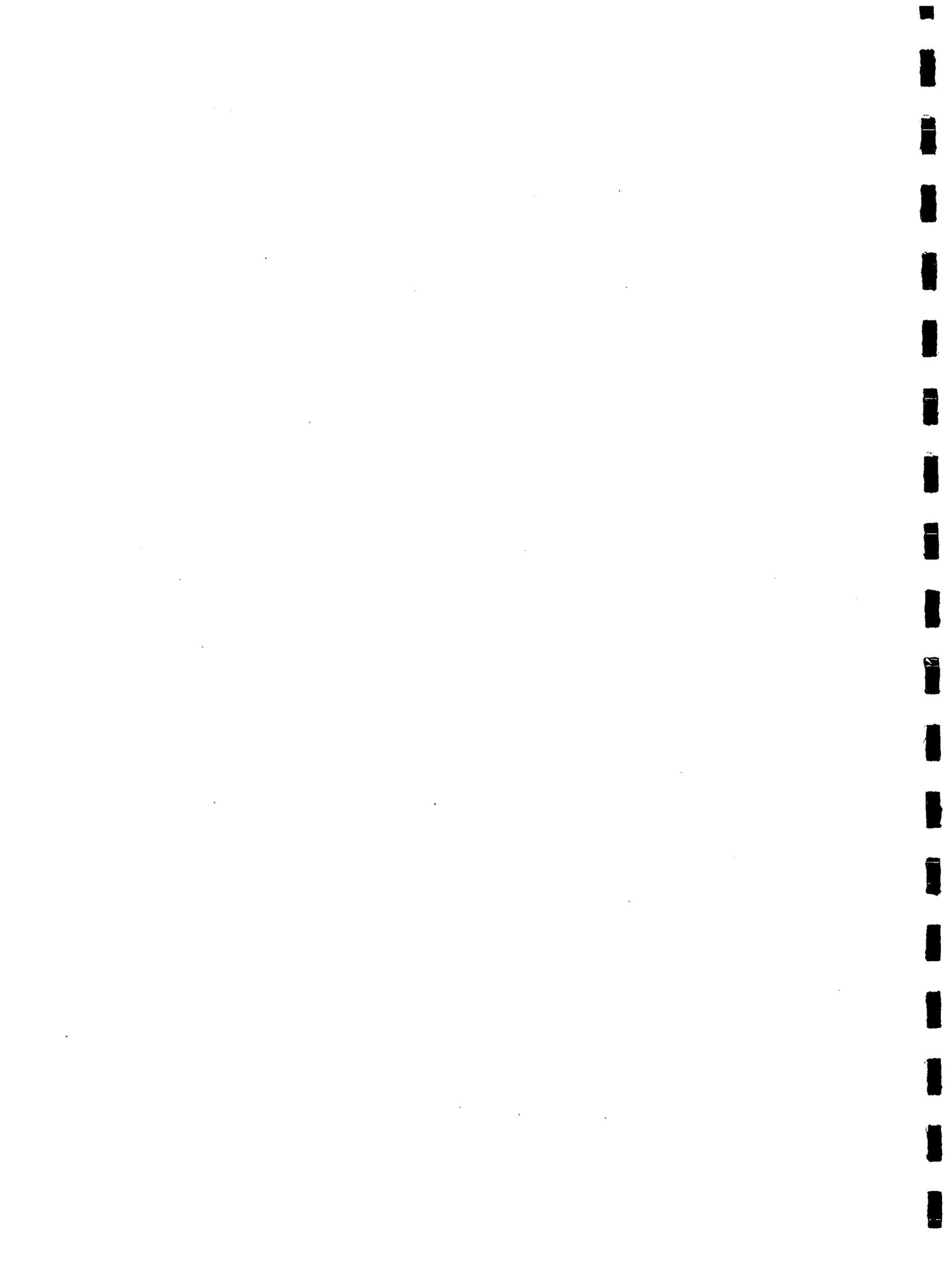
AN ASSESSMENT OF UNDERCOVER OFFICER SPOUSE/MATE RELATIONSHIPS

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Twenty-four officers and their spouses/mates were administered the HRI-P and the HSMI. Subjects reported "slight" to "moderate" negative impact of undercover work on their lives. Officers reported that "Rotating Shifts," "Spouse/mate alone at night," and "Politics of the job" had significantly greater negative life impact than that reported by their spouses/mates. A trend was found regarding tenure and the level of self-reported negative impact of various job-related factors on officers' relationships. Long-tenured undercover officers reported lower levels of job-related negative life effects compared to less-tenured undercover officers. Spouses/mates of less-tenured officers, however, reported lower levels of job-related negative life effects compared to the spouses/mates of long-tenured officers. These results suggest a need for spouse/mate support programs and officer transition programs within the world of undercover policing.

Undercover policing has long been considered a law enforcement specialty that has placed great demands on the officer and his/her family. Anecdotal evidence suggests there is an association between undercover work and police corruption, substance abuse, and marital discord. Such associations have led researchers to explore many dimensions of undercover work in a search for its related stressors. Endeavors like these seek to identify factors inherent to undercover policing that can negatively affect an officer's professional and personal life. Once identified, negative factors can be addressed individually or through other interventions to eliminate or minimize their adverse impact on an officer and his/her family.

Girodo (1983, 1984a, 1984b, 1991) used a basic clinical approach to identify personality factors critical to selection, supervision, and transition of police officers in and out of undercover assignments. Farkas (1986) researched similar dimensions of undercover work within a large metropolitan police department. The Federal Bureau of Investigation (FBI) also recognized through its "Safeguard Program" the need to develop methodologies that would insulate police officers from the potential deleterious effects of undercover police work.

The Michigan Department of State Police (1990) undertook a systematic task analysis (Levine, 1983) of undercover police work. This study produced a comprehensive description of 12 critical functions necessary for undercover officer success. The study also identified 15 related skills that could be measured and thus used for selecting and training undercover officers. The study's results led to the development of a behavior-based selection system, an undercover police officer training program, a supervisor training program, and a transition program for officers entering or leaving an undercover officer assignment (Michigan State Police, 1990, 1991). Today these programs continue to be monitored and refined.

One element of the Michigan Department of State Police study was the administration of The Adult Health Concerns Questionnaire (Spoth and Dush, 1988) to 1,071 federal, state, county, city, and campus police officers throughout Michigan. This sample included 254 current undercover officers, 578 police officers with no undercover experience, and 239 uniformed officers with previous undercover experience. Love, Kaufmann, and Tolsma (1992) found that police officers currently working in an undercover assignment self-reported significantly fewer clinical symptoms than uniform officers with or without previous undercover experience. The most frequently reported symptom, by all officers, was

"Marital Stress." Officers currently working in an undercover assignment reported this symptom at a frequency (45.3%) lower than either uniform officers with no undercover experience (49.7%) or uniform officers with prior undercover experience (60.7%). The frequency of the reported marital stress symptom by current undercover officers was intuitively counter to what one would expect. Consequently, these investigators chose to further explore undercover officer marriages. Due to the exploratory nature of this pilot study no hypotheses were formulated in advance regarding undercover officer spouse/mate relationships.

METHODS

Subjects

Twenty-four police officers currently working in undercover assignments were recruited from two basic narcotics officer training programs. Subjects were asked to complete the Hilson Relationship Inventory For Public Safety Personnel (HRI-P) and its associated data sheet. In addition to the other information requested, officers were also asked to give the time in months they worked as an undercover officer. Officers ranged in age from 24 to 43 years ($M = 33.2$), with one subject not giving his age. The undercover officers were predominately white (96%), male (88%), patrol officers (71%), with an average tenure in law enforcement of 11 years. Officers' tenure working undercover was 1 to 144 months ($M = 20.6$ months). One half of the officers sampled (50%) had a tenure of six months or less as an undercover officer.

Officers were asked to take the Hilson Spouse/Mate Inventory (HSMI) home and have their spouses/mates (n=24) complete the instrument. Spouses/mates ranged in age from 25 to 44 years ($M = 32.0$). Once the inventories were returned, they were matched and coded so data for each undercover officer could be compared to his/her spouse/mate. The 24 couples were affiliated with state, county, and local law enforcement agencies. Other sample socio-demographics are given in Table 1.

Instruments

The Hilson Relationship Inventory for Public Safety Personnel (HRI-P) and the Hilson Spouse/Mate Inventory (HSMI) are coordinated instruments for administration to police officers and their spouses/mates. The instruments independently measure the same factors in a relationship, but from each partner's unique perspective. Gebbia and Inwald (1993) describe the instruments as follows:

> The HRIP contains three main scales that measure Stress Symptoms, Communication/Relationship Difficulties and Police Issues. This survey focuses on the relationships between police officers and their spouses/mates (p. 1).

Included with each instrument is a "Personal Data" sheet with a series of 15 statements regarding police-related issues (See Table 2). Participants were asked to rate each statement using a scale of 0=no negative effect, 1=slight, 2=moderate, 3=seriously, and 4=very seriously has a negative effect on the respondent's relationship with his/her spouse/mate.

RESULTS

A series of analyses was conducted to see if there were any significant differences between the undercover officers and their spouses/mates relative to the socio-demographics given. Results showed one significant difference between the undercover officers and their spouses/mates. Overall the undercover officers achieved significantly lower GPAs in high school compared to their spouse/mates $[F(1/45) = 6.040, p = .02]$. The mean high school GPAs of undercover officers and their spouses/mates are presented in Table 1.

Table 2 shows the mean, standard deviation, and range of the negative impact ratings for various job-related factors that could affect an undercover officer's relationship with his/her spouse/mate. Results showed only three of the job-related factors significantly affected relationships. These were the undercover officer's rotating hours/shifts $[F(1/46) = 4.512, p = .04]$, the spouse/mate left alone at night $[F(1/46) = 6.372, p = .015]$, and the politics of the job $[F(1/46) = 5.180, p = .02]$. A total job-related factor score, the sum of the 15 ratings, was also significant $[F(1/48) = 4.008, p = .05]$.

Additional analyses showed that the distribution of mean ratings for the significant job-related factors did not change over time at a rate exceeding the level of chance. However, the distribution of mean rating scores for undercover officers and their spouses/mates with six or less months' tenure and more than six months' tenure illustrated an interesting trend. Figures 1 through 4 illustrate these distributions. Undercover officers and their spouses/mates showed no significant differences on the total score, the Police Issues, Communication/ Relationship Difficulties, nor the Stress Symptoms Scales of the HRI-P and the HSMI.

DISCUSSION

This pilot study was undertaken to explore the varied effects of undercover work on officers currently assigned to this duty and their spouses/mates. Undercover officer tenure was also examined as a variable possibly affecting the relationships between undercover officers and their spouses/mates.

In general, undercover work was viewed as producing only a slight to moderate negative impact on respondents' relationships. The major finding of this study, however, was that officers, and not their spouses/mates, report a greater negative effect on their lives of some job-related factors inherent to their chosen assignment. Among the 15 job-related factors measured, undercover officers reported that their rotating hours/shifts, their spouse/mate left alone at night, and the politics of their job had significantly greater negative life effects for them compared to that reported by their spouse/mate. The significance of these three factors strongly contributed to a significant difference in the mean job-related factors total score of undercover officers and their spouses/mates.

There were no significant differences between undercover officers and their spouses/mates on the total scores of the HRI-P and its companion instrument, the HSMI. Consequently, no significant differences were anticipated nor discovered for each of the scales, "Police Issues," "Communication Difficulties," and "Stress Symptoms," measured by these instruments. It was interesting to note the stress symptoms scale score for this particular sample did, however, approach significance $[F(1/46) = 3.464, p = .069]$. Again, as with the job-related factors, undercover officers reported more stress symptoms than their spouses/mates.

A comparison of instrument responses was made for officers, and their spouses/mates, with six months' or less exposure to undercover work with those officers and their spouses/mates having more

than six months' exposure to the undercover environment. Although no significant differences were found related to tenure on the 15 job-related factors or on the 4 scores produced by the HRI-P and the HSMI, some interesting trends were identified. Undercover officers with more than six months' experience reported lower scores (lower levels of negative impact on their relationships by the job-related factors) than their less-tenured counterparts. In contrast, however, the spouses/mates of long-tenured officers reported a greater negative impact of the job-related factors on their relationship with their undercover spouses/mates. At the same time, the spouses/mates of short-tenured officers reported the job-related factors had a lesser impact on their relationships.

These trends suggest that new undercover officers viewed their jobs as having greater overall effects on their lives. However, time and experience in undercover work permitted an adaptation effect and led officers to view certain aspects of their jobs as having less negative impact on their relationships and so their lives. Spouse/mates of these same officers, however, reported increases in the negative impact of the various job-related factors on their relationships and thus on their continued role as spouse/mate to an undercover officer. The only job-related factor not conforming to this trend was in assessing the physical danger of the undercover officer's job. Both long-tenured undercover officers and their spouses/mates agreed that there was less danger inherent to the job than that reported by officers and their spouses/mates with six months or less exposure to the undercover environment.

One might speculate that this trend is the basis for the "marital stress" that is frequently reported by undercover officers. The demands, the teamwork, and the excitement of undercover policing create a seductive work environment for officers. As undercover officers adapt and become more integrated within their roles as undercover officers, they may become less bothered by the negative life effects of the job-related factors by pulling away from their spouses/mates. The increases in long-tenured undercover officer spouse/mate scores on the negative impact of various job-related factors on their relationships may reflect the discontent or frustration s/he feels in reacting to his/her spouse/mate's immersion in undercover police work. The spouse/ mates may also observe negative changes in the undercover officer's demeanor and behavior, which are in turn attributed to the job. Concurrently, these changes may not be perceived by the undercover officer.

These results also supported the previous research of Love, Kaufmann, and Tolsma (1992), which found that incumbent officers report fewer stress symptoms than either uniform officers or uniform officers with previous undercover experience. While much has been written about the high stress of undercover policing, undercover officers do not characterize their work as _distressful_. Distress appears to be associated with the transition from uniform policing to undercover work and the transition from undercover work back to uniform duties, each transition representing an epigenesis from one identity to another.

Current findings lend support for more extensive undercover officer orientation and training. The disparity between short-tenured undercover officers' and their spouses/mates' scores regarding the negative impact of the different job-related factors might also suggest lowered emotional support from the spouse/mate of the new undercover officer. During the officer's transition to undercover work, the spouse/mate may not understand the new undercover officer's adjustment challenges. Therefore, an orientation for spouses/mates of new undercover officers, to the undercover work environment, may be helpful.

These findings also reinforce the need for ongoing spouse/mate support programs and programs for officers to facilitate their transition from undercover work back to uniform/patrol or other police functions. Anecdotal evidence indicates that officers exiting an undercover assignment and returning to a uniform work environment experience an overall sense of loss that is often compounded by a rather

"cool" reception from other uniform officers. Confronted with these work adjustments along with a psychological distance between the officer and his/her spouse/mate, a significant threat is posed to the relationship and the psychological well-being of the marital partners.

SUMMARY AND CONCLUSIONS

Twenty-four undercover officers and their spouses/mates were administered the HRI-P and the HSMI. Subjects reported a "slight" to "moderate" negative impact of undercover work on their relationships. Undercover officers reported that their "Rotating Shifts," their "Spouses/mates left alone at night," and the "Politics of their job" had significantly greater negative life impact than that reported by their spouses/mates.

A trend was found regarding tenure and the level of self-reported negative impact of various job-related factors on officers' relationships. Long-tenured undercover officers reported lower levels of job-related negative life effects compared to less-tenured undercover officers. Spouses/mates of less-tenured officers, however, reported lower levels of job-related negative life effects compared to they spouses/mates of long-tenured officers. These results suggest a need for spouse/mate support programs and officer transition programs within the world of undercover policing.

REFERENCES

Farkas, G.M. (1986). Stress in undercover policing. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement, (pp. 433-440). Washington D. C.: U. S. Government Printing Office.

Gebbia, M. & Inwald, R.E. (1993). Responses of police officers and their spouses/mates to negative job-related factors. Manuscript submitted for publication.

Girodo, M. (1983). Undercover operators and law enforcement stress: Getting the pendulum to return. R.C.M.P. Gazette, 45, 26-28.

Girodo, M. (1984a). Entry and re-entry strain in undercover agents. In V.L. Allen & E. va de Vliert (Eds.), Role Transitions (pp. 169-179), New York: Plenum.

Girodo, M. (1984b, Winter). Psychological factors in undercover narcotics agents. The Narcotics Officer, pp. 59-62.

Girodo, M. (1991). Personality, job stress, and mental health in undercover agents: A structural equation analysis. Journal of Social Behavior and Personality, 6, 375-390.

Levine, E.L. (1983). Everything you always wanted to know about job analysis. Tampa, FL.: Mariner Publishing Co.

Love, K.G., Kaufmann, G., & Tolsma, J.L. (1992). Psychological impact of undercover assignment in law enforcement: Clinical symptomatology of undercover v. uniform officers. Presented at the Second Annual Conference of the American Psychological Association/National Institute for Occupational Safety and Health on Stress in the 90's: A Changing Workforce In A Changing Workplace, Washington, D. C.

Michigan Department of State Police. (1990). The ultimate role conflict: Assessing and managing the undercover officer--Part I: Task analysis. East Lansing, MI.: Michigan Department of State Police.

Michigan Department of State Police. (1991). The ultimate role conflict: Assessing and managing the undercover officer -- Part II: Assessment and management guidelines. East Lansing, MI.: Michigan Department of State Police.

Spoth, R.L. & Dush, D.M. (1988). The adult health concerns questionnaire: A psychiatric symptom checklist. In P.A. Keller & S.R. Heyman (Eds.), Innovations in clinical practice (pp. 289-297). Sarasota, FL.: Professional Resource Exchange, Inc.

Table 1

Sample Description by Undercover Officer and Spouse/Mate

Descriptor	Undercover Officer				Spouse/Mate			
	X	SD	MIN	MAX	X	SD	MIN	MAX
Age	33.21	5.90	24.00 -	43.00	32.00	4.95	25.00 -	44.00
No. Of Children	1.29	1.30	.00 -	4.00	1.33	1.20	.00 -	3.00
Years With Current Spouse/Mate	10.75	6.10	1.00 -	22.00	10.75	6.10	1.00 -	22.00
No. Years With Spouse/Mate While Police Officer	8.33	5.39	.00 -	17.00	8.33	5.39	.00 -	17.00
[a] High School GPA	2.88	.61	2.00 -	4.00	3.28	.52	2.00 -	4.00
College GPA (No. of subjects)	3.17 (n=18)	.59	2.00 -	4.00	3.35 (n=17)	.49	2.50 -	4.00
Time as Undercover Officer (months)	20.63	31.80	1.00 -	144.00	--	--	--	--

	Number	Percent	Number	Percent
Gender				
Male	21	87.5	3	12.5
Female	3	12.5	21	87.5
Race				
White	23	95.8	23	95.8
Black	1	4.2	1	4.2
Marital Status				
Never Married	3	12.5	1	4.2
First Marriage	15	62.5	19	79.2
Separated/Divorced	1	4.2	2	8.3
Remarried	5	20.8	2	8.3

Table 1 (Cont'd)

<u>Sample Description by Undercover Officer and Spouse/Mate</u>

	Undercover Officer		Spouse/Mate	
	Number	Percent	Number	Percent
Education				
GED	1	4.2	--	--
HS Diploma	9	37.5	8	33.3
Associates Degree	6	25.0	8	33.3
Bachelors (BA BS)	6	25.0	5	20.8
Masters (MBA MA MS)	1	4.2	1	4.2
Doctorate (PhD MD JD)	1	4.2	2	8.3
Employment Status				
Working Full-Time	24	100.00	17	70.8
Working Part-Time	--	--	5	20.8
Full-Time Homemaker	--	--	2	8.3
Annual Salary				
Under $11,000	--	--	4	16.7
$11,000-$20,000	--	--	3	12.5
$21,000-$30,000	3	12.5	7	29.2
$31,000-$50,000	18	75.0	9	37.5
$51,000-$80,000	3	12.5	1	4.2
Duty Position/Rank				
Officer/Deputy/Trooper	17	70.8	2	8.3
Detective SGT/SGT	5	20.8	--	--
Detective LT	1	4.2	--	--
Other (Corporal)	1	4.2	--	--

[a] $p = .02$

Table 2

Mean, Standard Deviations, and Range of Negative Impact Ratings For Job Related Factors
That Can Affect Undercover Officer and Spouse/Mate Relationships

Job Related Factor	Undercover Officer				Spouse/Mate			
	X	SD	MIN	MAX	X	SD	MIN	MAX
UCO's excessive hours	1.917	1.283	.000 -	4.000	1.583	1.060	.000 -	4.000
UCO's working holidays/weekends	1.125	1.076	.000 -	4.000	.875	.797	.000 -	3.000
(a) UCO's rotating hours/shifts	1.542	1.021	.000 -	4.000	.917	1.018	.000 -	3.000
(b) Spouse/Mate left alone at night	1.833	1.129	.000 -	4.000	1.042	1.042	.000 -	3.000
Poor public image of public safety personnel	.958	.955	.000 -	3.000	.500	.834	.000 -	3.000
Lack of support by administration	1.583	1.316	.000 -	4.000	1.167	1.204	.000 -	4.000
Lack of support by supervisors	1.167	1.239	.000 -	4.000	.833	1.007	.000 -	3.000
Lack of support by UCO's co-workers	1.042	.999	.000 -	4.000	.625	.770	.000 -	2.000
(c) Politics of UCO's job	1.708	1.334	.000 -	4.000	.917	1.060	.000 -	3.000
UCO's poor potential for advancement	.708	.955	.000 -	3.000	.792	1.103	.000 -	4.000
UCO's salary being too low	.750	.847	.000 -	3.000	.625	.770	.000 -	2.000

Figure 1
Undercover Officer and Spouse/Mate
Negative Job Factors Total Mean Scores*

Officer Spouse

22.83	13.5
Six Months or Less	
17.17	15.33
More Than Six Months	

By Time Undercover Officer In Assignment

*p = .05
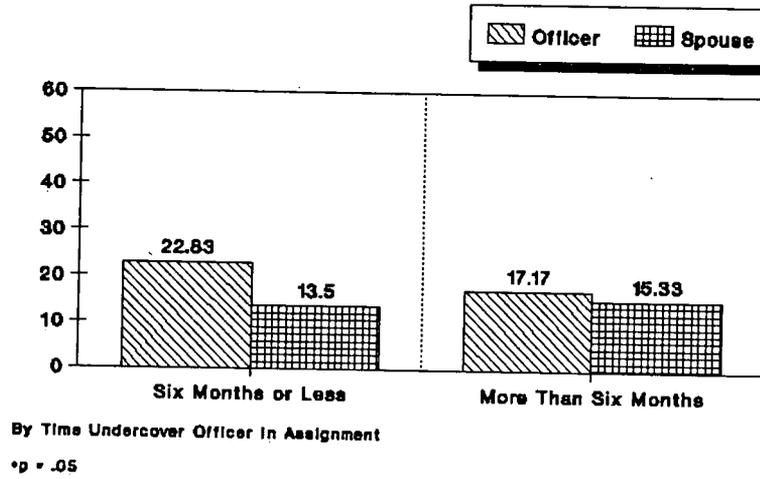
Figure 2
Undercover Officer and Spouse/Mate
Rotating Hours/Shifts Mean Scores*

Officer Spouse

1.75	0.92
Six Months or Less	
1.33	0.92
More Than Six Months	

Time Undercover Officer In Assignment

*p = .04
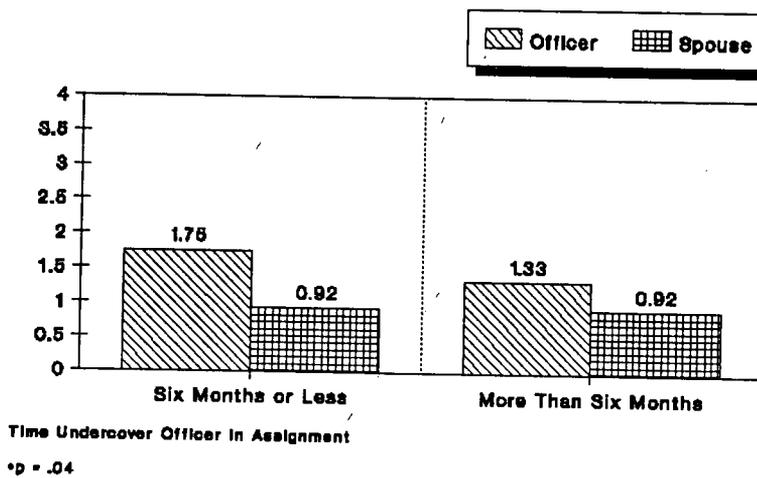
Figure 3
Undercover Officer and Spouse/Mate
Spouse/Mate Alone At Night Mean Scores*

Officer   Spouse

4
3.5
3
2.5
2   1.92
1.5   1.17   1.75
1   0.92
0.5
0
        Six Months or Less   More Than Six Months

Time Undercover Officer In Assignment

*p = .02
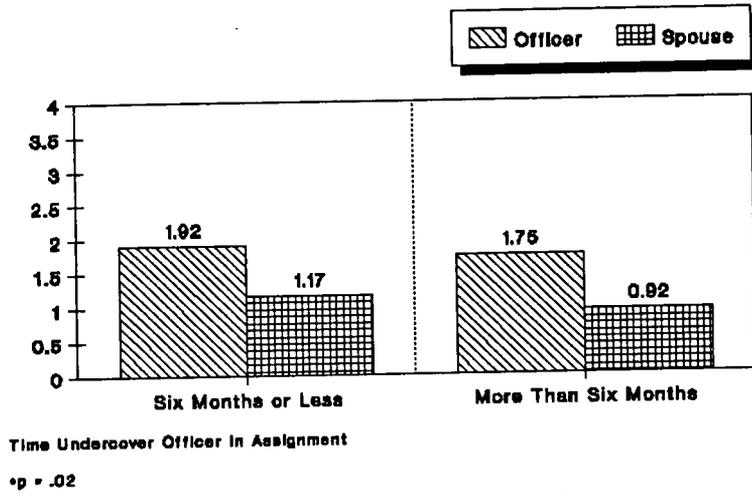
Figure 4
Undercover Officer and Spouse/Mate
Politics of UCO's Job Mean Scores*

Officer   Spouse

4
3.5
3
2.5
2   2.08
1.5   1.33   1.08
1   0.75
0.5
0
        Six Months or Less   More Than Six Months

Time Undercover Officer In Assignment

*p = .03
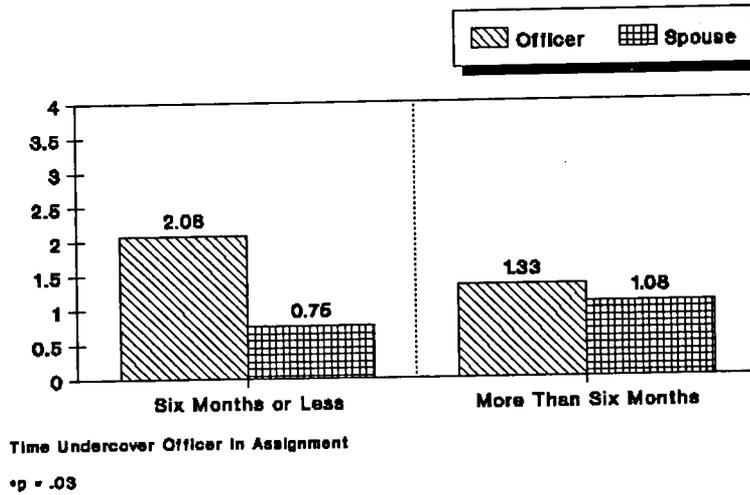
Table 2 (Cont'd)

Mean, Standard Deviations, and Range of Scores For Job Related Factors
That Can Affect Undercover Officer and Spouse/Mate Relationships

Job Related Factor	Undercover Officer				Spouse/Mate			
	X	SD	MIN	MAX	X	SD	MIN	MAX
Physical danger of UCO's job	1.708	1.367	.000 -	4.000	1.667	1.090	.000 -	4.000
Psychological stress of UCO's job	1.833	1.129	.000 -	4.000	1.542	.884	.000 -	3.000
UCO's racial attitudes	.833	1.007	.000 -	3.000	.417	.830	.000 -	3.000
UCO's cynical or skeptical attitudes	1.375	1.096	.000 -	4.000	.917	1.060	.000 -	4.000
[d] Total Mean Score	20.00	10.554	4.00 -	39.00	14.417	8.677	2.00 -	35.00

[a] $p = .04$

[b] $p = .02$

[c] $p = .03$

[d] $p = .05$

THE EFFECTS OF SHIFT WORK ON
CIRCADIAN RHYTHM DESYNCHRONIZATION AND
STRESS LEVELS ON LAW ENFORCEMENT FAMILIES

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Kelly Spooner, B.S.

Law enforcement personnel and their families are subjected to a variety of stressors and problems as a result of the job. The negative aspects of the law enforcement career track impact job performance, psychological well-being, physical health, and family life. A major contributor to this disruption is shift work. The necessity of working different shifts, as well as rotating shifts, disrupts the individual's natural circadian rhythms, causing both mental and physical stress. Family life becomes disrupted because of the officer being on a different sleep/wake cycle from other family members. In order to minimize the negative aspects of such a life style, the officer and his/her family must attend to sleep/wake cycle issues, controlling environmental conditions, physical activity levels, diet, and planning and structuring of family versus personal time. In addition, the law enforcement agency must, within realistic limits, be aware of the effects of shift work on the officer and his/her family. The optimum solution would be stabilization of the sleep/wake cycle. However, in reality, that option is not possible. Therefore, the officer and his/her family must adapt and focus on the areas in which they can provide some aspects of control.

INTRODUCTION

The effects of law enforcement careers on personnel and their families is a well-documented fact dating back to the late Sixties (Reiser, 1970). In his book, Society's Victim: The Policeman, Kroes (1980) identified three categories of stressors that impacted law enforcement personnel. He divided the categories into levels of control by either the officer or the department. In his third category, Kroes identified shift work as a major contributor to stress. However, the identification of shift work as a major stressor in police work was not a new revelation. Several other earlier researchers, including Kroes and Hurrell (1975), also highlighted shift work's contribution to stress and performance. (Horstman, 1978; Matthews, 1979).

In populations outside police work, the detrimental effects of shift work have also been documented (Akerstedt, 1988; Keller & Koenig, 1989; Reinberg, et al., 1988). The interest in shift work intensified with the advent of the industrial revolution. Vollmer (1987) estimated that 27 percent of the work force in the United States engaged in some form of shift work. Since Vollmer's work was conducted in the early 1980s, that percentage probably has increased.

Shift work appears to impact both the officer and his/her family. The officer's shift work affects the entire family system because they must also rotate and adjust to his/her work requirements. However, a significant consequence of shift work appears to be a disruption of the officer's circadian rhythm cycle.

Circadian rhythms refer to the body's biological clock that resets every 24.4± hours. Dawn and/or dusk are used as the main stimuli to synchronize circadian rhythms in most plants and animals (Ashkenazi, Reinberg, Bicakova-Rocher, & Ticher, 1993). Humans are basic diurnal creatures, whose primary activity occurs during daylight hours and the nocturnal phase is associated with rest. Our social life and our physical functioning is calibrated around this cycle.

The body temperature, blood pressure, pulse, respiration, blood sugar, hemoglobin levels, and amino acids fluctuate according to circadian rhythms (Luce , 1978). Every creature's strengths and weaknesses vary according to the time of day. For example, the body temperature of humans varies from a night time low of 36.5°C around 0400 hours to a high of 37.5°C around 2200 hours (Refinetti & Menaker, 1992). An interesting sidelight of this temperature change was related to perception of time. A very early study conducted by Hoagland (Fraser, 1966) found that students counted faster when their body temperatures were high. Other studies have also found perceptual distortions of time according to body temperatures (Pfaff, 1968; Thor & Hoats, 1969). These studies, although somewhat dated, provide an interesting source of concern as it relates to an individual's ability to make judgments under stress while working off shifts.

It has been documented that alertness decreases at night (Akerstedt, 1988). Many of the recent disasters that have happened were due to human error that occurred on night shifts (3-Mile Island, Chernoble nuclear accident, Bhopal chemical disaster, and the Exxon Valdez accident). Industrial studies have also shown higher rates of accidents due to night shift work (Downey, 1987; Focus, 1989).

A study conducted on police officers and shift work found that sleep quality and sleep hygiene improved after changing from rotating to permanent shifts (Phillips, Magan, Gerhardstein & Cecil, 1991). The study found that absentee rates fell from 1,400 hours in the six months prior to the change to 883 in the six months after the change. The administration of the Symptoms Checklist 90 also indicated an increase in psychological wellness. Other studies have found that rotating shift work causes chronic fatigue syndrome (up to 80 percent affected), depression and mood swings (5 to 15 times more than the general population), chronic sleep problems (up to 80 percent affected), and GI ailments (4 to 5 times more likely to occur).

In summary, it appears that a significant reason for shift work problems appears to be circadian rhythm desynchronization (Klein, 1988).

SOLUTIONS

The research has significantly documented the disruptive nature of shift work in all life and social/interpersonal areas. The logical solution to such a problem, therefore, would be for all agencies and businesses to develop a regular work schedule in which all of their employees arise in the morning at the same time daily, as well as eat and sleep at the same time daily. Unfortunately, this solution is both unrealistic and impractical. However, there appear to be several workable options for providing relief of the disruption of the circadian rhythm cycle. For the purposes of this paper, the solutions will be divided into the following sections: Organizational Considerations, Sleeping Habits, Environmental Conditions, Dietary Habits, Exercise Habits, and Planning and Structuring of Family versus Personal Time.

Organizational Considerations

As was mentioned in the previous paragraph, the best life schedule for maximum health and longevity is a regular schedule, arising in the morning at the same time daily. However, many agencies (and especially law enforcement) are forced to staff at all hours. Therefore, a compromise between organizational requirements and physiological needs must be made. It has been well documented that the most unhealthy situation is rotating shift work with frequent random rotations from day to night and back. In this category of negative approaches falls counterclockwise rotation. Counterclockwise rotation is the most disruptive to the circadian rhythms. The most effective manner of rotating centers around slow

clockwise rotation of shifts. Dr. Cziesler of the Harvard Medical School (1982) recommended having the longest possible time between shift rotations in order to allow for circadian stabilization. It takes approximately two weeks for the body to adjust to a new shift. This is even longer if it is a counterclockwise rotations. During this adjustment period, the body is stressed and experiencing a variety of internal disruptions. Agencies or departments that require individuals to rotate weekly will cause the individual's body's circadian rhythms to be constantly in flux. The body would never be at a maximum functioning. Several studies have found that clockwise rotations that occurred every 21 days were able to increase morale and productivity while decreasing accidents (Akerstedt, 1988; Cziesler, 1986; Raymond, 1988). It was interesting to note that employees show individual variation in ability to shift their sleep/wake cycle. It appears that about 20 percent of the population is totally unable to tolerate rotating shifts (Slapper, 1992). In addition to the above areas of consideration, companies should also provide shift work employees with information on circadian rhythm desynchronization and how to counteract it. The information could be disseminated in either written form or through workshops, or a combination of both. We have found in our research with the Denver area police departments that providing this information as a part of the stress management workshop provides the most potential for retention and utilization by the officers and/or their families.

Sleeping Habits

This section of the paper will focus on two specific subcategories of sleeping habits. The first section will focus on sleeping habits related to the variety of shift work, and the second section will focus on sleeping habits and hygiene in general. In developing appropriate sleep habits related to shift work, it is important to note that the average person working the night shift who tries to sleep during the day gets only about four or five hours of sleep. This type of sleep is deficient in REM and Delta sleep (Akerstedt, 1988; LaDou, 1989). Delta and REM appear to be the most important sleep states for physical recuperation and psychological well being. It is therefore important that officers working rotating shifts try to obtain as much sleep in those phases as possible. The sleep schedules to be discussed in this section center around working straight evenings, working straight nights (graves), rotating shifts, and working occasional nights (graves). The main goals for developing appropriate sleep hygiene and habits center around stabilizing the body rhythms and providing consistent time cues to the body.

Evening shift work is actually more compatible with the body's normal circadian rhythms than either work the day or the night shift. This is because the body temperature cycle corresponds to peak levels of alertness and performance. This is more likely to occur in the middle of an evening shift. In addition, evening shift works allows the individual to sleep during the time the body is naturally prepared to sleep. The difficulties in this form of shift work occurs if the officer has to arise early because of the family or other responsibilities.

The officer, after work, should go to bed as soon as he/she is relaxed enough to fall asleep. The officer should avoid staying up for several hours after work even though the body's natural tendency makes it easy to do. The best approach to dealing with evening shift work centers around having a regular wake up time. The officer should try to get up around 9:00 a.m. or 10:00 a.m. once a regular wake up time has been established. It is important the officer try to be as consistent as possible, even on days off. The regular wake up time helps reset the circadian rhythms, as well as promote a regular onset of sleepiness each night. If the officer must wake up early due to responsibilities, the officer runs into problems because he/she will not obtain enough hours of adequate sleep. If possible, child care services can help the officer maintain the necessary sleep. However, this may not be logistically or financially possible. If that is not possible, the officer should try to sleep later on days off if that option

is available. If possible, after child care and family responsibilities have been completed, the officer should return to bed as quickly as possible.

The research on taking naps prior to going to work is somewhat equivocal and appears to be affected by the individual's normal rhythm states. Therefore, officers choosing to take a nap should evaluate their emotional and physiological states after awakening from the nap. The officer should avoid inconsistent napping. Naps should be used as a regular part of sleep strategy or reserved for times when the officer really needs one. Nap times should be kept consistent.

Straight night shift work is better than rotating shifts but not as helpful as straight days or straight evenings. The difficulty many officers experience on straight nights is that during the work day they are on straight nights, but during their days off they are on straight days. This drastic back and forth change in sleep/wake schedule actually contributes to the desynchronization of the body rhythms. For maximal adjustment to occur, the officer would have to maintain a consistent sleep schedule on work days as well as days off. However, for most people this is not a realistic solution. It is recommended that on work days, the officer maintain a consistent sleep schedule, while on days off stay up later and sleep in later if possible. If the officer can do that, he/she will be sleeping during the part of the time normally reserved for sleep. This overlapping period is called anchor sleep and tends to help the body recuperate and readjust circadian rhythms.

Officers who have to rotate shifts for shorter stretches (under 21 days) will not have time to adjust from one schedule to another. The goal, therefore, in this instance would be to prevent the body rhythms from shifting from its normal pattern. If the officer must rotate the shifts on a short-term basis, it is better to try to have split sleep periods. The two sleep period appears to help cancel out the shift effect on the body rhythms. If possible, the officer should sleep right before his/her shift. By applying this strategy, the officer's body rhythms are more likely to remain on their normal daily cycle. The officer must also be aware of his/her limitations. During the low point of the body temperature cycle, which would be from 0300 to 0500 hours, the officer will not be at his/her best either mentally or physically.

When the officer is forced to work an occasional night shift, his/her body rhythms should be firmly set on the day shift. The individual's goal is to isolate any disruption of the body rhythms. After working all night, the officer should come home and sleep for three or four hours and then force himself/herself to get up. Those few hours' sleep allows the officer to obtain some Delta sleep without shifting his/her rhythms to a new time. That next evening, the officer will be sleepy enough to go bed at the usual time and should be able to get up at the usual time the next morning and be fully recovered. The advantage of this approach is that it allows the officer to maintain consistent time cues by returning to a normal sleep schedule the next night.

Sleep hygiene and sleep research has also indicated other factors that need to be considered in order to have a healthy wake/sleep cycle. These factors should be included irrespective of the shift. The first factor centers around the officer's approach to sleep. Sleep cannot be forced; it must be allowed to occur. The more the officer becomes competitive with respect to sleep, the less likely he or she is to obtain it. The principles of 20 minutes and two weeks are helpful in this process. The principle of 20 minutes states that if the officer cannot get to sleep or cannot get back to sleep within 20 minutes, he/she should stop trying to force the issue and just do something relaxing. He/she should continue doing the relaxing activity until he/she feels the first phase of sleep taking over. At that point in time, the officer should return to bed and try to recapture the sleep cycle. This may be difficult at first, since the body probably has developed a bad habit. The officer should keep clock observation to a minimum during sleep cycles. The reason for that suggestion is that whenever an individual looks at a watch or a clock, he/she automatically does a math problem, either trying to figure out how long he/she has been in bed

or how long until it is time to get up. The computation of a math problem begins to activate the body's energy level.

The two-week principle relates to habit formation. It generally takes two weeks to form a new habit. Therefore, any type of sleep improvement program should be continued consistently for approximately 14 days. The officer needs to view his/her body as a rheostat rather than as a regular light switch. It is difficult for the body to go from a high level of activation to all of a sudden jumping into sleep. The officer should try to allow wind-down time even if it is only a few minutes prior to going to sleep. If possible, the officer should utilize the bed only for sleep and sex. If the bed is associated with arguments, tax computation, and other stressful work, it will take on that characteristic and become a stressor rather than a relaxer.

Environmental Conditions

The purpose of environmental conditions monitoring is to keep the time cues consistent with the body's normal cycles. Since humans are diurnal creatures who require sleep during dark, cool periods, the officer should try to choose a room without windows and eliminate all daylight. In addition, the officer should keep the sleeping room temperature cool. Sleep is more efficient when the room temperature is around 65° to 68° Fahrenheit. When the officer works night shifts and is awakening during periods of darkness, he/she should try to be exposed to bright light (2,500 lux) for two hours after the time selected to awaken. (Cziesler, 1986; Rosenthal, 1989).

Dietary Habits

The basic rule of thumb for any type of shift work is that the officer should eat lightly toward the end of the shift. Foods high in protein, fats, or spices can make sleeping more difficult. The other general principle is that caffeine should be avoided within four hours of bedtime, as it has a tendency to accumulate in the body. It is generally better to work with the body's natural gastrointestinal cycle. The first meal after sleep should be high in protein. If the officer feels the need for fat, that is also the time to include it in the diet. Unfortunately, many officers work on the opposite principle in that they skip breakfast and eat heavier later in the day. The actual term breakfast is really a combination of "break & fast." When awakening from a period of sleep, the body has also been fasting. After the fast, the body needs to be provided with sufficient fuel. Lighter protein should be taken at lunch and foods high in carbohydrates should be consumed closer to bedtime. Alcohol, although functioning as a relaxant, does interfere with sleeping cycles. Therefore, alcohol close to sleeping time should be minimized or avoided. In addition to complex carbohydrates, foods high in the neuro transmitter tryptophan (serotonin pre-cursor) are also useful in sleep onset.

Exercise Habits

The benefits of exercise related to improving overall health, decreasing stress, and giving the feeling of well being needs no explanation. The individual should exercise vigorously immediately after waking up, if possible, with lighter exercise prior to sleep. Light exercise prior to sleeping helps facilitate the process because it drains cortisol from the system. Cortisol is a gluco-corticoid that is secreted in the adrenal cortex. This chemical is involved in the stress response requiring long-term vigilance type arousal and is a typical chemical officers build up throughout the day. Excessive levels of cortisol interfere with sleep and a variety of physiological functions and accelerate the aging process. Cortisol can only be drained from the system by either time or exercise. Therefore, exercise is the preferred choice.

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Family Versus Personal Time

Relationships between officers and their families are considered to be high risk because of the stressors of the job, as well as the stress created by shift work. Therefore, in order to have the family survive such pressure, the officer and his/her significant other must structure time and interaction. Humans require a balance in all areas of their lives. The structure developed within law enforcement families must involve both time together and personal time. Officers and their families should develop an agreement related to hours of sleep, waking time, household responsibilities, child-rearing responsibilities, personal time, and interpersonal time. This contract should also allow for the officer and his/her significant other to both have individual time without defined responsibilities. A positive family life is able to relieve stress and improve tolerance for shift work. The officer should be as meticulous about planning for social and family time as he/she is about sleep and work time.

SUMMARY

Law enforcement shift work, sleep difficulties, and stress appear to be interchangeable terms. The job of law enforcement is high risk, as are relationships formed between individuals in the field. Therefore, surviving in this type of environment requires a structured, meticulous, and proactive approach. The detrimental effects of shift work on circadian rhythms have been established over a period of years in almost all occupations. It is therefore recommended that law enforcement agencies accept the reality of circadian rhythm desynchronization and incorporate it into training programs for both beginning level officers and current employees. In the workshops conducted in the Denver area, the reception toward the material has been high and positive. Officers find the information very useful and are eager to implement the techniques. The techniques do not appear to be threatening to the officer or his/her family, and therefore appear to be user friendly. It is recommended that more departments conduct research in the areas of circadian rhythm desynchronization, shift work, and stress. The other interesting area for future research centers around officer judgment as a function of body temperature and circadian time cycle.

REFERENCES

Akerstedt, T. (1988). Sleepiness as a consequence of shift work. Sleep, 11(1), 17-34.

Ashkenazi, I., Reinberg, A., Bicakova-Rocher, A., and Ticher, A. (1993). The genetic background of individual variations of circadian-rhythm periods in healthy human adults. American Journal of Human Genetics, 52, 1250-1259.

Cziesler, C. (1982). Rotating shift work improved by applying circadian rhythms. Science, 217, 460-463.

Cziesler, C. (1986). Bright light resets human circadian pacemaker. Science, 233, 668-671.

Downey, R. (1987). Performance during frequent sleep disruptions. Sleep, 10(4), 354-363.

Focus, the Fatigue Factor. (1989, May 15). Traffic World Magazine, pp. 10-12.

Fraser, J.T. (Ed.)(1966). The voices of time. New York: George Braziller.

Horstman, P. (1978). Consequences of sequential night work. Unpublished paper.

Keller, K., Koenig, W. (1989). Sources of stress and satisfaction in EM. Journal of Emergency Medicine, 7, 293-299.

Klein, M. (1988). Chrono care handbook. Washington, DC: Synchronicity.

Kroes, W.H. (1980). Society's victim: The policeman. Springfield, IL: Charles C Thomas.

Kroes, W.H., and Hurrell, J.J. (Eds.). (1975). Job stress and the police officer: Identifying stress reduction techniques. Washington, D.C.: U.S. Government Printing Office.

LaDou, J. (1989). Effects of shift work on illness and treatment. UCSFEM Course Syllabus.

Luce, G. (1978). Biological rhythms in psychiatry and medicine. U.S. Department of Health, Education, and Welfare.

Matthews, C.J. (1979). A selected bibliography concerning police stress: The psychological evaluation and counseling of police. Toronto: University of Toronto Center for Criminology.

Pfaff, D. (1968). Effects of temperature and time of day on time judgement. Journal of Experimental Psychology, 76, 419-422.

Phillips, B., Magan, L., Gerhardstein, C., and Cecil, B. (1991). Shift work, sleep quality, and worker health: a study of police officers. Southern Medical Journal, 84(10), 1176-1184.

Raymond, C. (1988). Shifting work/sleep cycles becoming public health issues. JAMA, 259(20), 2958-2959.

Refinetti, R., and Menaker, M. (1992). The circadian rhythm of body temperature. <u>Physiology and Behavior</u>, <u>51</u>, 613-637.

Reinberg, A., Motohashi, Y., Bourdeleau, P., Andlauer, P., Levi, F., & Bicakova-Rocher, A. (1988). Alteration of period and amplitude of circadian rhythms in shift workers: with special reference to temperature, right and left hand grip strength. <u>European Journal of Applied Physiology and Occupational Physiology</u>, <u>57</u>, 15-25.

Reiser, M. (1970, August). <u>The police psychologists</u>. Paper presented at APA Convention.

Rosenthal, N. (1989, March). Phase shift bright light for delay and sleep syndrome. <u>Sleep</u>, <u>12</u>, 313-329.

Slapper, D. (1992). <u>Circadian Rhythm Disruptions</u>. American College of Emergency Physicians Wellness Committee Report.

Thor, D.H., and Hoats, D.L. (1969). A circadian variable in self-exposure to light by the rat. <u>Psychonomic Science</u>, <u>12</u>(1), 1-2.

Vollmer, M.E. (1987). Health and safety consequences of shift work. Indiana Medicine, AD, 554-556.

A VIOLENCE POTENTIAL RATING FORM FOR USE DURING MANDATORY PSYCHOLOGICAL EVALUATIONS OF LAW ENFORCEMENT OFFICERS

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Mental health professionals who perform mandatory psychological evaluations on law enforcement officers are often asked to provide some prediction of dangerousness. The Tarasoff decision has imposed a "duty to warn" standard of care upon the field, yet several authors have addressed the difficulties inherent in attempting to predict dangerousness at work and at home. A review of the literature on the unauthorized use of force by police and on the prediction of violence is presented in an effort to delineate the trait and state factors that may relate to police violent behavior. A Violence Potential Rating Form was developed to assist mental health professionals in coping with this dilemma, according to the guidelines for risk containment provided by Monahan (1993).

INTRODUCTION

Police Psychologists are often called upon to perform mandatory psychological evaluations "...when questions have been raised about an experienced officer's emotional functioning relevant to his ability to perform the duties and meet the responsibilities of being a fully active police officer" (Ostrov, 1986, p. 291). Often the question of an officer's emotional stability is expected to be answered by the psychologist, including some prediction of the potential for violence or the use of unauthorized force. This is particularly relevant to officers who have received brutality complaints or are accused of domestic violence. The problem is that these evaluations are often limited by the conflicting information about alleged incidents, the issue of departmental standards in dealing with a problem officer, and the limitation of the psychological tests that are used to evaluate an officer (Ostrov, 1986). When performing these evaluations, the psychologist must also take legal and ethical issues, such as the conflict between the police officer's rights and the Department's concerns, into consideration (Weiner, 1986).

The increase in litigation against police officers in recent years has pressured police administrators to request the prediction of dangerousness from police psychologists. Silver (cited in Meadows & Trostle, 1988) stated that there are almost 30,000 annual civil actions against police officers and departments, most of which allege "...assault and battery and/or excessive force" (p. 78). Higginbotham (1985) stated that a nine-year period resulted in a 600 percent increase in lawsuits for police misconduct. A study by the Americans for Effective Law Enforcement (AELE) (1983), covering a ten-year period, determined that 31 percent of all suits filed against the police alleged brutality and excessive force.

The Tarasoff decision, by the California Supreme Court, resulted in therapists having a duty to warn intended victims of violence under a "reasonable care" standard (Birns & Levien, 1980). This placed a burden on mental health professionals to accurately assess the potential for violence, although several authors addressed the problematic issues and inaccuracy involved in such an undertaking (Monahan, 1993; Schwartz, 1980; Steadman, 1980). They called for a reliance on empirical data to enhance the predictive process and to buttress clinical opinion. Tardiff (1989) exhorts the documentation of all data related to the prediction of violence and a logical account of how the conclusions were reached within a report of evaluation.

In light of the above, the relevant literature on police violence and the prediction of dangerousness will be reviewed with the purpose of developing a Violence Potential Rating Form to be used during mandatory psychological evaluations of police officers.

RELEVANT LITERATURE ON POLICE VIOLENT BEHAVIOR

Burnham (1970) provides an historical review of the issue of police violence. Attempts to control police violence date back to the Wickersham Committee of 1931, which found that one out of ten of the policemen studied used "improper" or "unnecessary" force. He cites specific reasons for police violence, including: contempt by police officers against certain groups (e.g., minorities, gays, etc.); stress; physical fear; feelings of inferiority when confronted by a better-educated individual; a departmental emphasis on the violent aspects of police work; and a lack of knowledge of alternate nonviolent coping techniques.

Hans Toch (1975) dealt with reducing violence in the criminal justice system. He discussed the difficulty in firing problem officers due to Civil Service protection and the problems in defining "emotional instability." He asserts that norms within police units "facilitate or enable violence to occur" (p. 52).

Walker (1982) studied police attitudes toward violence using the Attitudes Toward Violence Scale (ATVS) and the Police Violence Index (PVI). A sample of 123 Caucasian police officers (116 males & 7 females) was drawn from the participants at a police training institute in Illinois. He commented that violence "...exists in the form of values, beliefs, and attitudes held by violence-prone persons" (p. 93). He found that police officers who had significantly higher attitudes for accepting violence as a way of solving problems: 1) Came from violent homes and/or were subjected to corporal punishment (a lower childhood socioeconomic level led to more physical punishment in the officer's youth); and 2) Had participated in heavy contact sports (e.g., football, wrestling, lacrosse). Walker (1982) points to a sequence, learned in the family, where violence is legitimized. The potential result is an authoritarian personality who adheres rigidly to conventional roles, seeks power and status, and identifies with other authoritarian figures. Thus, the person remains excessively obedient to strong authority in adulthood, while taking out his/her repressed hostility upon weak individuals or groups who may be attacked without reprisal. Discipline is "characterized by strict rules and regulations enforced by severe punishment" (p. 98).

Grennan (1987) found that female police officers do not react any differently to violent incidents, when compared to male officers. However, he points out that the higher rate of weapons discharges by male officers may be explained by the female officers' less aggressive personalities and better negotiation skills.

A study by the FBI (1991), involving American major city police chiefs, identified the factors that lead to the unauthorized use of force by police officers. These included officers who were: 1) poorly trained in confrontation negotiation and defensive tactics; 2) psychologically unfit to handle confrontation without having to resort to punishing those who challenge their authority [These officers could have been unfit when hired or could be using illegal drugs, such as steroids or cocaine, or, in some cases, legal drugs, such as alcohol or prescription medicine.]; 3) feeling peer pressure from fellow officers to be macho, tough, or hard-nosed; 4) suffering from extreme cowardice and compensating through "toughness"; 5) suffering from "various forms of racism, sexism, cultural ignorance, and a 'holier than thou' attitude that contribute significantly to the problem, particularly in the early stage of a situation."(p. iii); 6) handing out retribution when injured or high on adrenalin; and 7) deliberately attempting to teach community members not to be violent toward the police.

In a review of the literature on the use of deadly force by police officers, Geller (1982) cited data on police officers who are shot. Of the 187 cases in Chicago from 1974 through 1987, 51 (27.3%) were suicides and 71 (37.9%) were accidents. The location of 53% of the suicides and accidental shootings

was the officer's home. Fyfe (cited in Geller, 1982) found that "Police in New York 'are at least as likely to be killed by themselves, their acquaintances, or their colleagues as by their professional clientele'" (p. 157). The shooting of citizens by police can reflect unauthorized violence. For instance, during 1970 and 1971, 12% of the police shootings nationwide violated departmental policies (e.g., 7% in Chicago, 29% in New York City, 18% in Los Angeles). Off-duty police shootings are also controversial, since many of these shootings are deemed unacceptable by the officer's department (e.g., Chicago 13%; Los Angeles 18%; New York City 40%). Geller's (1982) criteria for identification of problem officers who may misuse force included: (1) Citizen complaints against officers; (2) complaints by the officer of resisting arrest, disorderly conduct, or assaults by arrested suspects; (3) a history of involvement in shootings or injuries to suspects; (4) an officer's records, including assignments, partners, disciplinary proceedings, commendations, and supervisory evaluations.

Friedrich (1980) studied the factors that have an influence on police use of force and how much influence each factor exerts. He found that police officers were more likely to use force when they were more racially prejudiced than other officers or were dissatisfied with their jobs (Waters & Martinelli, 1989).

RESEARCH ON THE PREDICTION OF VIOLENCE

Most of the research on the prediction of violent behavior was conducted on the mentally ill and those with a history of criminal behavior (Brizer, 1989). While these studies do not directly relate to police officer behavior, they do provide some data that can be taken into consideration when attempting to determine if a police officer is prone to violent behavior.

Brizer (1989), in a review of the literature on the prediction of violence, focused on the "...threat or application of force that results in physical injury to people" (p. xiii). He breaks down the factors that correlate with violence into "dispositional variables" (i.e., trait and state). Tardiff (1989) proposed a short-term model for predicting violent behavior. Listed below is a compilation of the predictors that they have identified in the literature on the prediction of dangerousness, with relevant references in parenthesis.

Significant trait predictors of violent behavior included the following:

1)   Age: The young are more violence prone (i.e., between 17 and 34 years of age).

2)   Gender: Male police tend to be more violence prone than females (see Grennan, 1987).

3)   A History of Violent Behavior: This was the best predictor of future violence.

4)   Overcontrolled Individuals: These people were more likely to become assaultive once their controls broke down (see Megargee, Cook, & Mendelsohn, 1967).

5)   A History of Alcoholic Blackouts: Found to be significant for violent behavior (see Yesavage & Zarcone, 1983).

6)   Seizure Disorders or Brain Dysfunction: Including partial complex seizures, traumatic brain injury, intracranial infections, tumors, and cerebrovascular disorders (see Devinsky & Bear, 1984; Reed, 1986).

7) Suicidal and Self-destructive Behaviors: Good predictors of violent behavior (see Allen, 1986; Danto, 1978; Geller, 1982).

8) A Family History of Mental Illness & Alcohol Abuse: Significant for future violence (see Brizer, 1989).

9) A Family History of Violence and Child Abuse: Significant for future violence (see Widom, 1989).

State predictors included the following:

1) Some Mental Illnesses: Including schizophrenia and paranoid schizophrenia; bipolar disorder, manic phase; psychotic depressions; and antisocial and borderline personality disorders (see Grossman, Haywood, Ostrov, Wasyliw, & Cavanaugh, 1990; Monahan, 1992; Saathoff & Buckman, 1990; Yesavage & Brizer, 1989).

2) Drug Use or Alcohol Use: Including barbiturates and sedatives, minor tranquilizers, amphetamines, cocaine, phencyclidine (PCP), hallucinogens, anticolinergics, glue/solvents, and steroids (see Dietrich & Smith, 1986; Girodo, 1991; Ostrov & Cavanaugh, 1987; Pendergrass & Ostrove, 1986).

3) Marital Status: Single individuals may be more prone to violence.

A VIOLENCE POTENTIAL RATING FORM

Monahan (1993) provided guidelines for risk containment in relation to Tarasoff liability, when working with potentially violent individuals. He outlined a process that includes: 1) risk assessment; 2) risk management; 3) documentation; 4) policy development; and 5) damage control. He urges that mental health professionals become acquainted with the literature concerning risk assessment. A knowledge of the legal standards related to the issue in their state is essential, as is documentation of the information about the patient, including the source, content, and date of the information. Multiple sources of information are recommended, including direct questions to the patient about violent behavior or fantasies, questioning significant others, and obtaining past and current records.

A Violence Potential Rating Form (VPRF) has been developed to assist mental health professionals in assessing the potential violence of a law enforcement officer during a mandatory psychological evaluation (see Appendix). The categories and items on the form were collated from the literature on the prediction of violent behavior and police use of unauthorized force. The VPRF can be used as a template for gathering information, assessing violence potential, and documenting the basis for a determination or exculpation of violence potential, during a mandatory psychological evaluation. The VPRF should not be utilized until the mental health professional has become familiar with the relevant literature in the prediction of violence or without consulting an experienced peer professional for a second opinion. More research is obviously need to determine what trait, state, and situational factors are involved in police violence, both on and off the job.

REFERENCES

Americans for Effective Law Enforcement Legal Defense Center (Ed.). (1983). Survey of police misconduct litigation 1967-1976. The AELE workshop on police civil liability and the defense of misconduct complaints (33-1 through 33-3). San Francisco, CA: Author.

Allen, S. W. (1986). Suicide and self-destruction behavior among police. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 413-417). Washington, D.C.: U.S. Government Printing Office.

Birns, H., & Levien, J. S. (1980, Summer). Dangerousness: Legal determinations and clinical speculations. Psychiatric Quarterly (Special Issue), 52(2), 108-131.

Brizer, D. (1989). Introduction: Overview of current approaches to the prediction of violence. In D. Brazier and M. Crowner (Eds), Current approaches to the prediction of violence (pp. xi-xxx). Washington, D.C.: American Psychiatric Press, Inc.

Burnham, D. (1970). Police violence: A changing pattern. In A. Miederhoffer and A.S. Blumberg (Eds), The ambivalent force: Perspectives on the police (pp. 174-179). Walthom, MA: Xerox College Publishing.

Danto, B.L. (1978). Police suicide. Police Stress, 1(1), 32-40.

Devinsky, O., & Bear, D. (1984). Varieties of aggressive behavior in temporal lobe epilepsy. American Journal of Psychiatry, 141(5), 651-655.

Dietrich, J., & Smith, J. (1986). The nonmedical use of drugs including alcohol by police personnel: A critical review of the literature. Journal of Police Science and Administration, 14(4), 300-306.

Federal Bureau of Investigation (FBI). (1991). Use of unauthorized force by law enforcement personnel: Problems and solutions. Washington, D.C.: U.S. Government Printing Office.

Friedrich, R. J. (1980). Police use of force: Individuals, situations, and organizations. ANNALS of the American Academy of Political and Social Science, 452, 82-97.

Geller, W. A. (1982). Deadly force: What we know. Journal of Police Science and Administration, 10(2), 151-177.

Girodo, M. (1991). Drug corruption in undercover agents: Measuring the risk. Behavioral Sciences and the Law, 9, 361-370.

Grennan, S. (1987). Findings on the role of officer gender in violent encounters with citizens. Journal of Police Science and Administration, 15(1), 78-85.

Grossman, L., Haywood, T., Ostrov, E., Wasyliw, O., & Cavanaugh, J. (1990). Sensitivity of MMPI validity scales to motivational factors in psychological evaluations of police officers. Journal of Personality Assessment, 55(3 & 4), 549-561.

Higginbotham, J. (1985, April). Defending law enforcement officers against personal liability in constitutional tort litigation. FBI Law Enforcement Bulletin, pp. 24-31.

Meadows, R. J., & Trostle, L. C. (1988). A study of police misconduct and litigation: Findings and implications. Journal of Contemporary Criminal Justice, 4(2), 77-92.

Megargee, E. I., Cook, P. E., & Mendelsohn, G. A. (1967). Development and validation of an MMPI scale of assaultiveness in overcontrolled individuals. Journal of Abnormal Psychology, 72(6), 519-528.

Monahan, J. (1992). Mental disorder and violent behavior: Perceptions and evidence. American Psychologist, 47(4), 511-521.

Monahan, J. J. (1993). Limiting Therapist exposure to Tarasoff liability: Guidelines for risk containment. American Psychologist, 48(3), 242-250.

Ostrov, E. (1986). Use of multiple sources of information when doing mandatory psychological evaluations of police officers. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 291-298). Washington, D.C.: U.S. Government Printing Office.

Ostrov, E., & Cavanaugh, J. L. (1987). Validation of police officer recruit candidates' self-reported drug use. Journal of Forensic Sciences, 32(2), 496-502.

Pendergrass, V. E., & Ostrove, N. M. (1986). Correlates of alcohol use by police personnel. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 489-495). Washington, D.C.: U.S. Government Printing Office.

Reed, B.T. (1986). Post-concussional syndrome: A disability factor in law enforcement personnel. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 375-381). Washington, D.C.: U.S. Government Printing Office.

Saathoff, G. & Buckman, J. (1990). Diagnostic results of psychiatric evaluations of state police officers. Hospital and Community Psychiatry, 41(4), 429-432.

Schwartz, J. E. (1980). Some problems in predicting dangerousness. Psychiatric Quarterly (Special Issue), 52(2), 79-83.

Steadman, H. J. (1980, Summer). The right not to be false positive: Problems in the application of the dangerousness standard. Psychiatric Quarterly (Special Issue), 52(2), 84-99.

Tardiff, K. (1989). A model for the short-term prediction of violence potential. In D. Brazier and M. Crowner (Eds.), Current approaches to the prediction of violence, (pp. 1-12). Washington, D.C.: American Psychiatric Press, Inc.

Toch, H. (1975). Reducing violence in the criminal justice system. In D. Chappel and J. Monihan (Eds.), Violence and criminal justice (pp. 49-59). Lexington, MA: Lexington Books.

Walker, R. (1982). Exploratory investigation of police attitudes toward violence. Journal of Police Science and Administration, 10(10), 93-100.

Waters, L. & Martinelli, J. (1989). The police stress survey: Reliability and relation to job satisfaction and organizational commitment. Psychological Bulletin, 64, 267-273.

Weiner, B. A. (1986). Confidentiality and the legal issues raised by the psychological evaluation of law enforcement officers. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 291-298). Washington, D.C.: U.S. Government Printing Office.

Widom, C. (1989). Child abuse, neglect, and violent criminal behavior. In D. Brazier and M. Crowner (Eds), Current approaches to the prediction of violence (pp. 121-149). Washington, D.C.: American Psychiatric Press, Inc.

Yesavage, J., & Brizer, D. (1989). Clinical and historical correlates of dangerous inpatient behavior. In D. Brazier and M. Crowner (Eds), Current approaches to the prediction of violence (pp. 63-84). Washington, D.C.: American Psychiatric Press, Inc.

Yesavage, J. A., & Zarcone, V. (1983). History of drug abuse and dangerous behavior in inpatient schizophrenics. Journal of Clinical Psychiatry, 44, 259-261.

APPENDIX
VIOLENCE POTENTIAL RATING FORM

NAME _____ DATE _____

Age: 18-34 (1) _____   35-65 (0) _____
Gender: Male (1)____   Female (0) _____

I. HISTORY OF VIOLENT BEHAVIOR

1. Prior physical assaults?   Yes ___   No ___   Number ___

   Against Whom? _____

2. Prior incidents of domestic violence?   Yes ___   No ___

   Against spouse? ___   Against children? ____

3. Prior verbal threats or angry outbursts?   Yes ___   No ___   Number ____

   Against Whom? _____

4. Method of handling anger?

   Overcontrolled (1) ___
   Reasonable (0) ___
   "Hot-headed" (1) ___

II. HISTORY OF SUICIDAL OR SELF-DESTRUCTIVE BEHAVIOR

1. Prior suicide attempts?   Yes ___   No ____   Number ____

   Method?   Gun ___   Overdose ___   Vehicle ___

   Other _____

2. Prior Suicide threats?   Yes ___   No ____   Number ____

   Method?   Gun ___   Overdose ___   Vehicle ___

   Other _____

3. Prior self-destructive behaviors?   Yes ___ No ___   Number ___

   Self-mutilation ___
   Excessive risk-taking ___
   Off-duty fights ___
   Other _____

III. DRUG OR ALCOHOL USE AND ABUSE

1. Barbiturates (sedatives) ____
2. Cocaine ____
3. Minor tranquilizers ___
4. Amphetamines ___
5. Phencyclidine (PCP) ___
6. Hallucinogens ___
7. Anticolinergics ___
8. Glue/solvents ___
9. Steroids ___
10. Alcohol ___
11. Alcohol Blackouts ___

IV. PRESENCE OF A MENTAL ILLNESS

1. Schizophrenia ___
2. Paranoid schizophrenia ___
3. Bipolar disorder, manic phase ___
4. Psychotic depression ___
5. Antisocial personality disorder ___
6. Borderline personality disorder ___

V. SEIZURE DISORDERS, BRAIN DYSFUNCTION, OR HEAD INJURIES

1. Partial complex seizures ___
2. Intracranial infections ___
3. Brain tumors ___
4. Cerebrovascular disorder ___
5. Traumatic brain injury (open or closed-head) ___
6. Ever knocked unconscious or had severe blow to head?
   Yes ___ No ___

VI. FAMILY AND CHILDHOOD HISTORY

1. Mental illness in family?   Yes ___   No ___

    Relationship to officer? _____

    Diagnosis? _____

2. Alcohol or drug abuse history in family?   Yes ___   No ___

    Relationship to officer? _____

3. Family history of violence and child abuse?   Yes ___   No ___

    Was officer abused?   Yes ___   No ___

    Type of abuse?   Physical ___   Sexual ___   Verbal ___

4. Did officer participate in heavy contact sports (e.g., football, wrestling, lacrosse)?

    Yes ___   No ___

VII. WORK HISTORY

1. Internal Affairs complaints of "brutality" or "excessive force"?

    Yes ___   No ___   # "Not Sustained" ___   # "Sustained" ___

2. Vehicle accidents?   Yes ___   No ___   Number ___

3. Expressed job dissatisfaction?   Yes ___   No ___

4. Job evaluations?   Good ___   Poor ___

All items that are endorsed with a "Yes" are significant for violence potential, except those items where there is a differential by a particular factor like Gender. These items (i.e., Age, Gender, and No. 4) have a (1) by significant factors and a (0) by nonsignificant factors. All sources of information should be documented in terms of content and date.

TRAUMA IN THE

LAW ENFORCEMENT FAMILY
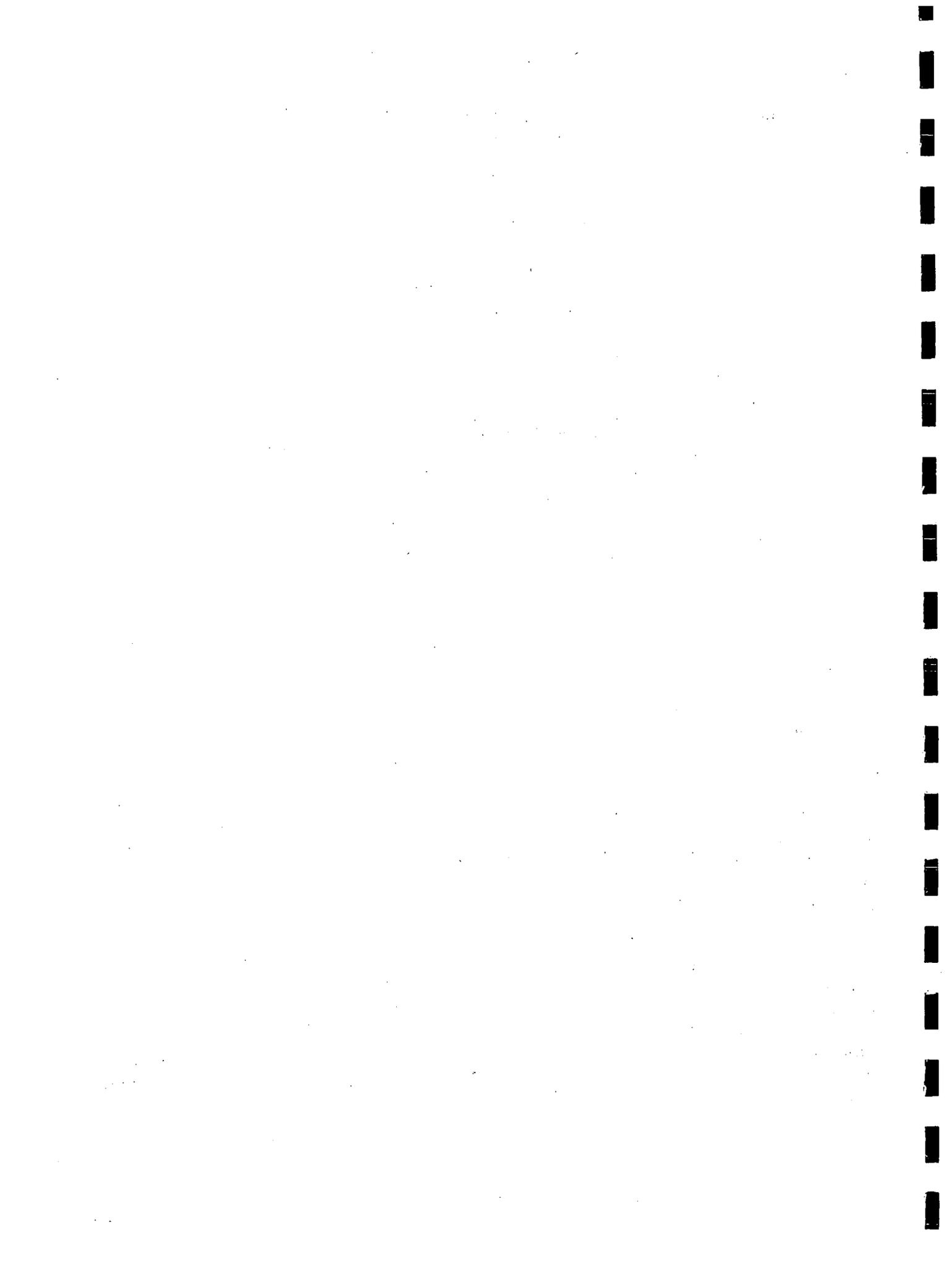
PROXIMATE TRAUMATIC SEQUELAE OF HURRICANE ANDREW
ON THE POLICE FAMILY[1]

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Perceived posttraumatic reactions were investigated in a sample of police officers from a large metropolitan police department. Subjects were 832 officers involved in the aftermath of Hurricane Andrew. Significant findings were found on all scales of the SCL-90-R for those officers who lived south. Also, the SCL-90-R discriminated on the factor of gender. Discriminant function analysis predicted group membership for live south. The subscale of GSI was significant (p < .001) for the live south group. The home alone group scored significantly higher on paranoid ideation (p < .05) than the other groups. Overall, the data provided initial support for the SCL-90-R in differentially identifying officers who were psychologically impacted by a natural disaster.

INTRODUCTION

Previous research has found that the psychological sequelae of natural disasters have ranged from significant long-term psychopathology among victims (Jimerson, 1987; Rangell, 1976; Tanaka, 1988; Titchener & Kapp, 1976) to minimal adverse psychological impact (Drabek & Key, 1984; Hardin & Cohen, 1988; Murphy, 1984; Quarantelli, 1985). Several theories have been proposed to explain this multivariant range of posttraumatic reactions. Pretrauma personality characteristics (Scrignar, 1988; Wilson, 1989), stressor severity (Keane, Zimmering, & Caddell, 1985), and the structure of the trauma environment (Green, Wilson, & Lindy, 1985) have been emphasized.

Considerable interest in this study focused on the posttrauma reactions of police officers to a natural disaster--specifically, Hurricane Andrew which struck south Florida on August 24, 1992. The Miami area experienced severe 180-mile-per-hour winds, and the hurricane resulted in hundreds of millions of dollars in property damage and the loss of over 80 lives in the south Florida area. The effects of Hurricane Andrew continue to impact upon the lives of those police officers and the community.

Gist & Lubin (1989) define a natural disaster as an extraordinary event that encompasses collective stress situations that manifest themselves relatively suddenly in a particular geographic area. The disaster causes great destruction of property and may result in death, physical injury, and human suffering. A natural disaster is termed "natural" because the events are not of human origin; hurricanes, earthquakes, floods, tornadoes, volcanic eruptions are examples. The occurrence of a natural disaster disrupts the ongoing social fabric of a community with the concomitant prevalence of major stressful affective reactions (Gist & Lubin, 1989). Police officers are required to respond to the scene of natural disasters, and it is part of their duty to maintain law and order during the chaotic event. In response to natural disasters, police officers are expected to take control and maintain community safety. Likewise,

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the citizens police officers have sworn to protect expect them to be able to take control in the crisis situation that the citizens themselves cannot control.

As part of a disaster assistance team, police officers are affected qualitatively in a manner that cannot be distinguished from the responses of the victims. The issues confronted by the emergency care providers involve the awareness of their own personal vulnerability. These police officers also live in the community affected by the natural disaster and have incurred their own losses and suffering related to the destruction of personal property. Police officers are exposed to stressors generated by both individual and collective responses to natural disasters.

Natural disasters have an intense and violent impact. They produce significant, widespread property damage and give rise to recovery and reconstruction activity in the community. During this time, police are confronted with their own professional limitations when typically professional identity is a source of internal support (Allen & Stock, 1992; Garrison & Williams, 1992).

After exposure to a traumatic incident such as Hurricane Andrew, police officers are likely to suffer the symptomatology of posttraumatic stress disorder (PTSD) (Ostrov, 1986). The DSM-III-R (American Psychiatric Association, 1987) identifies PTSD as the development of characteristic symptoms following a psychological traumatic event that is generally outside the range of usual human experience. Characteristic symptomatology of PTSD include various forms of recurrent and intrusive thoughts about the traumatic event (e.g. flashbacks) and avoidance (e.g. hypervigilence, suspiciousness, and mistrust of others). These symptoms may last a day, weeks, or even years depending on the intensity of the stressor and the emotional susceptibility of the police officer following massive sensory stimulation. Typically, PTSD is classified into acute and chronic cases. In acute cases, the onset of symptoms is within six months of the trauma, lasts less than six months, and has a generally good prognosis (Jordan, Howe, Gelsomino, & Lockert, 1986). In chronic cases, the onset of symptoms is delayed at least six months from the trauma, lasts more than six months, and has a poor prognosis (Jordan, et al., 1986). PTSD is an anxiety disorder with both positive and negative symptoms (Keane, 1989). The positive symptoms can be called "intrusive" and consist of nightmares, flashbacks, intrusive thoughts, hyperarousal, and outbursts of anger. The negative symptoms of PTSD can be called "avoidant" and consist of alienation, numbing, cognitive impairments, amnesia, anhedonia, and restricted affect. Keane also pointed out that symptoms vary depending on the type, intensity, frequency, and duration of the traumatic event, and on the gender of the victim and age of victim at the time of the trauma. Keane (1989) also believed that the resources the individual has to cope with the trauma (biological, psychological, social) are important determinants of the course of the disorder.

After exposure to trauma, some people may exhibit some symptoms of PTSD, but not full-blown PTSD, and others may develop chronic symptoms (Ramsay, 1990). Jordan et al. (1986) also found that PTSD symptoms may not appear for years after the trauma and can often be precipitated by current stressors (divorce, loss of job, death of loved one). Most research methodologies concentrate on either immediate stress reactions to disaster or late stage postdisaster psychological coping styles. However, less is known regarding immediate emotional reactions to the vicissitudes of natural disaster. This study attempted to determine initial findings of Hurricane Andrew victims' immediate emotional coping reactions.

Fell, Richard, and Wallace (1980) examined the most common occupations according to the number of employees who suffered stress-related disorders. These authors found that police officers developed stress-related disorders more frequently than other occupational groups. Further, Ostrov (1986) conducted surveys to determine police officers' perceptions of potentially stressful law enforcement situations. His findings indicate that the most stressful situations police had to deal with included the use

of force, scenes with badly injured victims (especially infants), and natural disasters. Given this differential impact of natural disasters on police officers, it is consistent to predict a disproportionately high incidence of posttraumatic symptomatology upon this law enforcement occupational group.

METHOD

Subjects

The subjects for this study were 832 sworn police officers of the Metro-Dade Police Department. The officers who were participants in this study were both victims and rescue personnel during and following Hurricane Andrew. How representative this group is of the total possible sample is difficult to project; certainly this is a methodological problem of most posttrauma research (Green, 1982).

Measures

The Symptom Checklist-90-Revised (SCL-90-R) is a multidimensional symptom self-report clinical rating scale primarily designed to assess the emotional symptom patterns of subjects (Derogatis, 1983). Specifically, the SCL-90-R is a measure of current emotional symptom status. It is comprised of 90 items requiring approximately 15-20 minutes for completion. Each symptom is rated on a 5-point scale of distress ranging from "not at all" (0) to "extremely" (4). Behaviors and experiences of a more cognitive performance category are emphasized within the nine primary symptom constructs: Somatization (SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (INT), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic-Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). In addition, three global measures reflect distinct aspects of overall psychological distress.

Thus, the SCL-90-R is a brief symptom-focused measure that can be used to screen for a variety of comorbid disorders. According to Derogatis, Yevzeroff, and Wittelsberger (1975), each global measure represents in a single score the level or depth of the patient's psychological distress. Each global measure achieves this in a distinct manner and reflects somewhat different aspects of psychological distress. The Global Severity Index (GSI) is the best single indicator of the current level or depth of psychological distress and should be utilized when a single summary measure is required since the GSI combines information on the number of symptoms and the severity of perceived distress. The Positive Symptom Distress Index (PSDI) is a pure intensity measure corrected for the numbers of symptoms endorsed. The PSDI functions similarly to a measure of response style in that the PSDI reflects whether the patient is augmenting or attenuating symptomatic distress through the style in which the symptomatic disorders is reported. The Positive Symptom Total (PST) is simply a count of the number of symptoms reported by the patient as experiencing to any degree other than "not at all." Thus, all global measures of psychological distress are made up of various combinations of individual symptoms.

Scoring of the SCL-90-R simply involves addition and division to two decimal places. Once these raw dimension and global scores are calculated, they are then referred to the appropriate norm (e.g. Outpatient, Nonpatient, or Adolescent) for conversion to standardized T scores.

In conclusion, the SCL-90-R is extremely appropriate for use in research involving the assessment of psychological symptom configurations. The SCL-90-R incorporates economy of administration, wide validation and reliability data in diverse clinical practice applications, as well as its ability to quantify and discriminate among a broad range of nine areas of behavioral and cognitive symptomatology.

PROCEDURE

The police officers who were participating in the Metro-Dade Police Department's Mandatory Annual Recertification and Qualification Course were chosen as the subjects for this study. To that effect, 832 consecutive police officers in this mandatory course were the subjects. Subjects were assessed between four and seven months following the occurrence of Hurricane Andrew. The subjects in the study were administered the SCL-90-R and asked to <u>retrospectively</u> respond to the SCL-90-R question, "How much were you distressed by." The retrospective time frame for the subjects was stated as "between one and five days post-Hurricane Andrew." All subjects were also requested to provide demographic information inclusive of age; gender; whether he/she worked North/South or lived North/South at the time of Hurricane Andrew or worked South following the hurricane; whether his/her family was home alone during the hurricane; whether he/she had military experience or combat experience; or whether he/she completed the Metro-Dade Police Department's Officer Survival Training (which includes psychological training to offset emotional trauma). Data were then collected and analyzed.

RESULTS

SCL-90-R GSI and subscale T-scores for each comparison are presented in Figures 1-3. Among the total sample size of 832 officers, sample subjects were placed into one of four age ranges (21-30, 31-40, 41-50, $\geq$ 51). The average of the sample was 35.8 years (SD= 9.2). Although there were significant correlations between age range and SCL-90-R scores, none were greater than .12, which was an effect of the large sample size. As a result, age was not further investigated.

The subject group was predominantly male (81%). The variable of gender produced several significant differences. Specifically, those significant relationships between gender and SCL-90-R subscale scores are presented in Table 1. Females scored significantly higher on the subscales of somatization, interpersonal sensitivity, depression, anxiety, additional items (items not belonging to any one subscale), grand total, and general severity index. Although not statistically significant, there was a strong tendency towards females scoring higher on the hostility subscale.

Data were then analyzed via multiple t-tests to determine differences for "lives south" versus "lives north," "works south" versus "works north," and "lives south" and "works south" versus "neither" (see Tables 2-4). These analyses showed significant differences between the groups (south versus north). These robust differences were especially significant for GSI, which is the best single indicator of the current level or depth of psychological distress since this scale combines information on the numbers of symptoms endorsed and their severity of perceived dysfunction. A review of the data inclusive of family living at home without the police officer (home alone) during the Hurricane Andrew landfall, previous military and/or combat experience, and officer survival training found only one significant SCL-90-R subscale score. The sole significant SCL-90-R subscale score was paranoid ideation for home alone (p < .05).

Following these analyses, a stepwise discriminant function analysis was performed with the subscale scores to assess how well these components of the SCL-90-R predicted group membership for live south. One variable (GSI) entered the discriminant function at the p < .05 level of entry criterion. The equation was significant (p < .001) with F=4.24 (degrees of freedom 1,817).

DISCUSSION

The findings reported in this study indicate that the disaster of Hurricane Andrew impacted upon this sample of law enforcement officers. These findings support the hypothesis that disaster victims undergo subsequent levels of psychological symptomatology. Although the data do not consider the relative susceptibility of psychological distress, the results are clearly indicative that those officers who lived south and/or were female endorsed a higher level of distress on the SCL-90-R.

Behaviorally, this is consistent with the observation that disaster victims (those officers who live south) experience considerable depression, anxiety, somatization, and overall feelings of helplessness. The findings for gender may not be as parsimonious as for the live south data. Females were found to be significantly more affected by the disaster. This may be due to a greater sense of loss related to home and family. Another ramification of helplessness that may have contributed to these gender differences is the dual-role of the law enforcement female as both worker _and_ primary family care provider. Following Hurricane Andrew, female police officers may have been overwhelmed--or perceived to be overwhelmed--by the demands of primary role identifications of law enforcement professional and family care provider. A final hypothesis is that male police officers may not have acknowledged their symptomatology on the SCL-90-R. These male officers may suppress information by forming a less threatening reality, which assists them in denying the adverse affective reactions of their situation. Therefore, it appears that psychological symptomatology may be more acknowledged and behaviorally exhibited by female police officers. Conversely, male police officers may not confront psychological distress but rather alter reality via denial in order to lower dissonance.

The finding that those officers who worked during Hurricane Andrew's landfall (home alone) did not exhibit significant symptomatology was surprising in that this group appeared more disproportionately in our clinical setting than other police officers inclusive of live south officers. However, the impact of the one SCL-90-R subscale of paranoid ideation may have been more psychologically disturbing than other affective factors. This scale certainly identifies those individuals who feel taken advantage of, not given proper credit for achievements, and areas of trust and self-efficacy. Thus, this group may either be denying the psychological aspects of Hurricane Andrew or periodically confronting the ramifications of the disaster. Yet whichever process is mediated to cope, this home alone group is exhibiting a cynical bitterness toward others and a concomitant inner-directed guilt. For the family dynamic, this has been observed clinically to produce a significant decrease in shared time with spouse and children and a progressive alienation from the overall family unit. The employment setting is impacted by a profound resentment and cynicism toward command staff personnel and a well-ingrained belief that the individual officer is the only person to develop a reasonable problem-solving plan, especially as it relates to any future hurricane/crisis situation.

Overall, our data have provided initial support for the SCL-90-R in differentially identifying police officers that have been psychologically impacted by a natural disaster. A one-year follow-up study is ongoing. Notwithstanding further replication and methodological issues, these preliminary findings are robust and provide impetus for future research.

TABLE 1

Scales of the Symptom Checklist-90-Revised
On Which Females Scored Higher Than Males

Measure	Significance
SOM	.001
OC	ns
INT	.01
DEP	.01
ANX	.001
HOS	ns
PHOB	ns
PAR	ns
PSY	ns
ADD	.001
GTOT	.001
GSI	.001

TABLE 2

Means, Standard Deviations, and Pooled Variance of SCL-90-R Data of Police Officers: Live South vs. Live North
(N=832)

Measure	Live South		Live North			
	M	SD	M	SD	t	Sig.
SOM	.44	.48	.33	.41	3.27	.001
OC	.72	1.45	.43	.56	3.34	.001
INT	.43	.51	.34	.48	2.65	.011
DEP	.59	.59	.39	.54	4.68	.001
ANX	.38	.49	.25	.43	4.16	.001
HOS	.61	.72	.39	.56	4.56	.001
PHOB	.12	.29	.08	.22	2.32	.01
PAR	.49	.61	.36	.52	3.10	.01
PSY	.20	.43	.13	.32	2.79	.01
ADD	4.68	4.41	3.26	3.99	4.63	.001
GTOT	41.18	40.87	28.13	35.68	4.64	.001
GSI	.46	.46	.33	.44	4.21	.001

TABLE 3

Means, Standard Deviations, and Pooled Variance Data of SCL-90-R
Data of Police Officers: Work South vs. Work North
(N=832)

| | Work South | | Work North | | | |
Measure	M	SD	M	SD	t	Sig.
SOM	.43	.47	.36	.44	2.32	.01
OC	.71	1.48	.46	.58	2.90	.01
INT	.42	.51	.37	.49	1.51	ns
DEP	.58	.60	.42	.55	3.79	.001
ANX	.38	.50	.25	.42	3.87	.001
HOS	.59	.73	.43	.58	3.41	.001
PHOB	.12	.29	.09	.24	1.53	ns
PAR	.48	.61	.38	.53	2.53	.01
PSY	.19	.39	.15	.39	1.39	ns
ADD	4.47	4.26	3.78	4.48	2.21	.01
GTOT	40.50	41.38	30.34	36.02	3.62	.001
GSI	.46	.46	.35	.44	3.34	.001

TABLE 4

Means, Standard Deviations, and Pooled Variance Data of SCL-90-R
Data of Police Officer: Work and Live South vs. Neither

(N=832)

| | Work and Live South | | Neither | | | |
Measure	M	SD	M	SD	t	Sig.
SOM	.45	.48	.35	.43	3.14	.01
OC	.75	1.56	.45	.58	3.52	.001
INT	.44	.51	.35	.49	2.72	.01
DEP	.61	.61	.41	.54	5.12	.001
ANX	.40	.50	.26	.42	4.30	.001
HOS	.62	.75	.42	.57	4.41	.001
PHOB	.13	.30	.08	.23	2.40	.05
PAR	.50	.62	.37	.54	3.29	.001
PSY	.20	.40	.15	.39	2.07	.05
ADD	4.69	4.30	3.60	4.30	3.62	.001
GTOT	42.45	41.73	29.65	36.09	4.64	.001
GSI	.48	.47	.34	.44	4.44	.001

Figure 1. SCL-90-R T-scores for Live South vs Live North samples
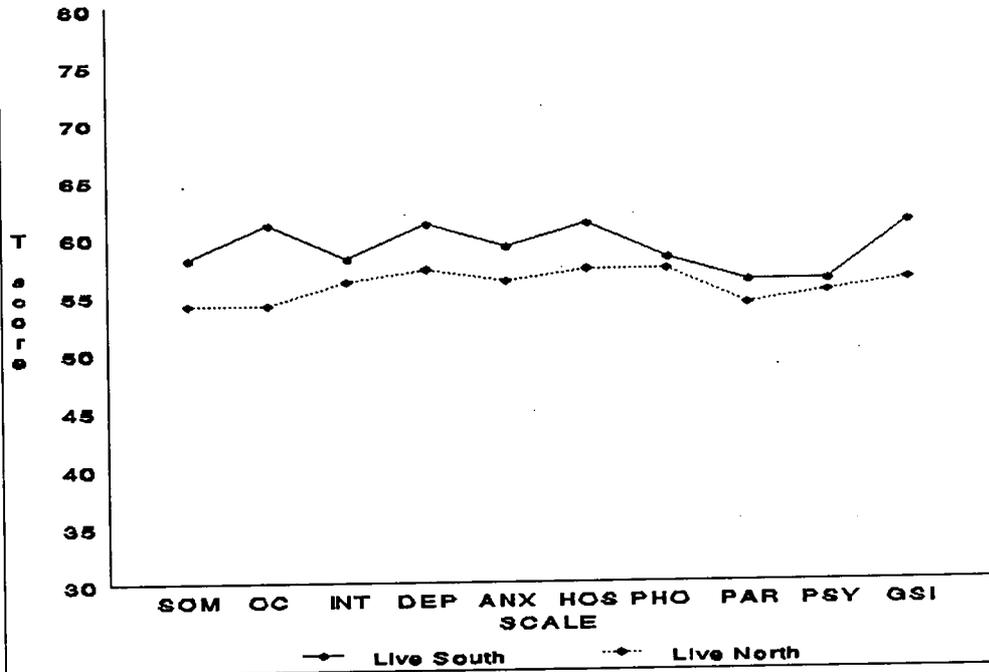
Figure 2. SCL-90-R T-scores for Work South vs Work North
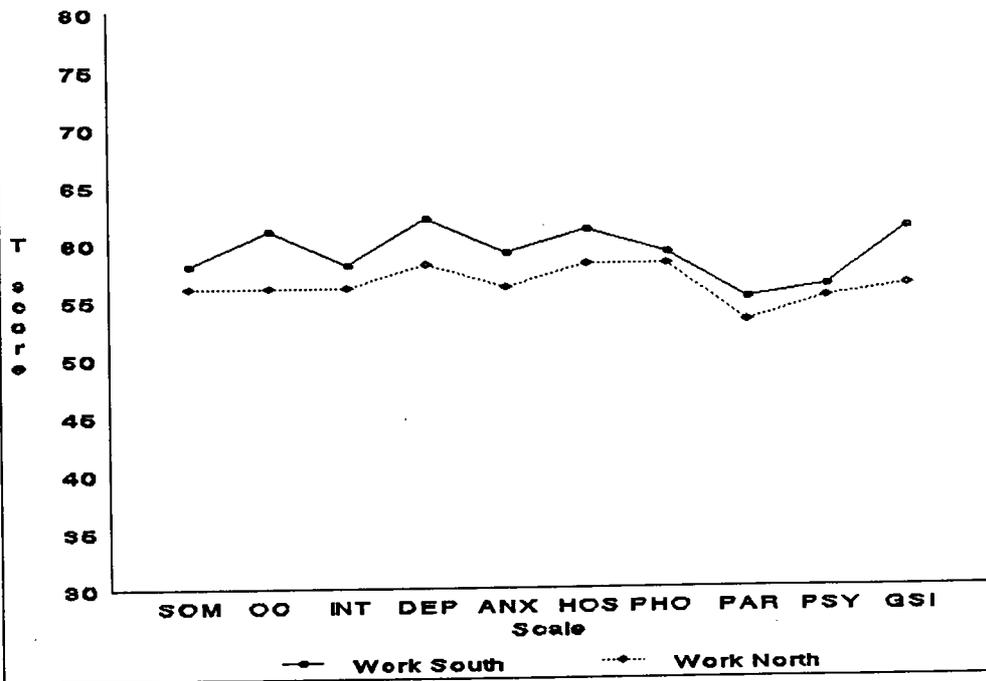
Figure 3. SCL-90-R
for Live South & Work North vs Neither
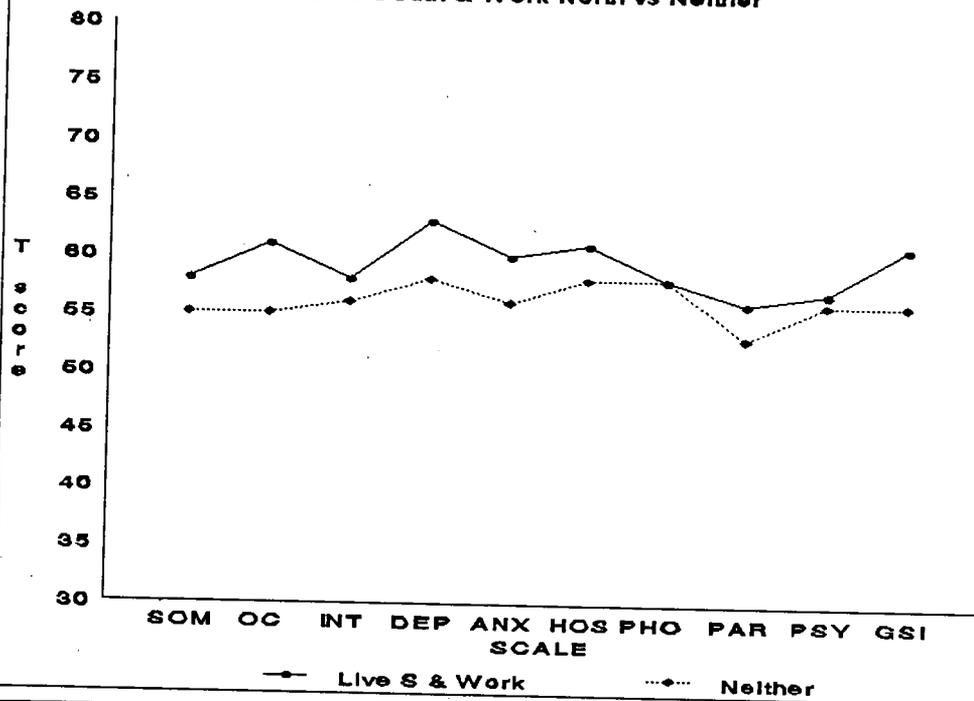
REFERENCES

Allen, S. W. & Stock, H. V. (1992). You've survived--Now what? Lifeline, 3, 1-2.

American Psychiatric Association. (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd ed. rev.). Washington, D.C.: Author.

Derogatis, L. R. (1983). SCL-90-R Manual II, Clinical Psychometric Research. Towson, MD.

Derogatis, L. R., Yevzeroff, H., & Wittelsberger, B. (1975). Social class, psychological disorders, and the nature of the psychopathologic indicator. Journal of Consulting and Clinical Psychology, 43, 183-191.

Drabek, T. E. & Key, W. H. (1984). Conquering disaster: Family recovery and long-term consequences. New York: Irvington Press.

Fell R. D., Richard, A. & Wallace, D. (1980). Psychological job stress and the police officer. Journal of Police Science and Administration, 8, 139-144.

Garrison, W. E. & Williams, T. (1992). In our defense: Dealing with the aftershock. Lifeline, 6, 2-3.

Gist, R. & Lubin, B. (1989). Psychosocial aspects of disasters. New York: John Wiley & Sons.

Green, B. L. (1982). Assessing levels of psychological impairment following disaster: Consideration of actual and methodological dimensions. Journal of Nervous and Mental Disease, 170, 544-552.

Green, B. L., Wilson, J.P., & Lindy, J.D. (1985). Conceptualizing posttraumatic stress disorder: A psychosocial framework. In C. Figley (Ed.), Trauma and its wake (Vol. 1, pp. 53-69). New York: Brunner Mazel.

Hardin, S. B. & Cohen, F. L. (1988). Psychosocial effects of a catastrophic botulism outbreak. Archives of Psychiatric Nursing, 2, 173-184.

Jimerson, S. (1987). In J. Haber, P. Hoskins, A. Leach, & B. Sideleau (Eds.), Comprehensive Psychiatric Nursing (3rd ed) (p. 549). New York: McGraw-Hill.

Jordan, H. W., Howe, G. L., Gelsomino, J., & Lockert, E. W. (1986). Posttraumatic stress disorder: A psychiatric defense. Journal of the National Medical Association, 78, 119-127.

Keane, T. M. (1989). Posttraumatic stress disorder: Current status and future directions. Behavior Therapy, 20, 149-153.

Keane, T. M., Zimmering, R. T., & Caddell, J. M. (1985). A behavioral formulation of post traumatic stress disorder in Vietnam veterans. The Behavior Therapist, 8, 9-12.

Murphy, S. A. (1984). Stress levels and health status of victims of a natural disaster. Research in Nursing and Health, 7, 205-215.

Ostrov, E. (1986). Police/law enforcement psychology. Behavioral Sciences and the Law, 4, 353-370.

Quarantelli, E. L. (1985). What is disaster? The need for classification in definition and conceptualization in research. In B. J. Sowder (ed.), Disasters and mental health: Selected contemporary perspectives. Rockville, MD: National Institute of Mental Health.

Ramsay, R. (1990). Invited review: Post traumatic stress disorder: A new clinical entity? Journal of Psychosomatic Research, 34, 335-365.

Rangell, L. (1976). Discussion of the Buffalo Creek disaster: The course of psychic trauma. American Journal of Psychiatry, 133, 313-316.

Scrignar, C. B. (1988). Posttraumatic stress disorder: Diagnosis, treatment, and legal issues. New Orleans, LA: Bruno Press.

Tanaka, K. (1988). Development of a tool for assessing posttrauma response. Archives of Psychiatric Nursing, 2, 350-356.

Titchener, J. and Kapp, F. (1976). Family and character change at Buffalo Creek. American Journal of Psychiatry, 133, 295-299.

Wilson, J. P. (1989). Trauma, transformation, and healing. New York: Brunner/Mazel.

MALE LAW ENFORCEMENT OFFICERS' AND THEIR SPOUSES' PERCEPTIONS TO POST-SHOOTING REACTIONS

Nancy Bohl, Ph.D.
Roger M. Solomon, Ph.D.

It is now well known that law enforcement personnel who have been involved in critical incidents experience a number of stress symptoms. Thirty male law enforcement officers and their wives completed similar forms of a 37-item questionnaire that assessed residual symptoms of stress in officers who had been involved in a critical incident 6 months previously. The purpose was to determine: (1) the degree to which spouses, as a group, recognize and acknowledge the symptoms shown by mates and (2) the degree of agreement between husband-wife pairs. Separate scales assessed blunted affect and withdrawal, depression, anger and aggression, anxiety, sexual functioning, and coping mechanisms. All of the officers had received a brief psychological intervention immediately after the incident. In terms of group means, husbands and wives did not differ significantly in scores on any of the scales of the test. However, when the degree of agreement between members of a married pair was calculated, it was found that partners had very different perceptions of the effects of the critical incident on the husband. Except for sexual relations, where both members of a pair agreed that there had been little change since the incident, the other correlation coefficients were 0 or close to 0. The findings showed that assumptions cannot be made about the feelings and perceptions of spouses; they need to be asked. Further research also is needed to determine why some married couples have such disparate views of the effects of the critical incident on the officer's behavior at home.

INTRODUCTION

That law enforcement personnel who have been involved in critical incidents experience a number of stress symptoms is now well known. These symptoms include guilt; anxiety; depression; excessive (and displaced) anger and aggression; "walling off" of emotion; withdrawal from helpful human contacts, including family; sexual dysfunction; and overindulgence in food, alcohol, and drugs (Ayoob, 1982; Blak, 1986, Bohl, 1988, 1991; Reiser & Geiger, 1984; Solomon and Horn, 1986; Stratton, 1984; Stratton, Parker, & Snibb, 1984). Some of these symptoms are only transitory; but others seem to persist for weeks or even months. It seems reasonable to assume, as several authors have done, that the residual symptoms are a source of distress not only to the officer but also to the officer's spouse; indeed, it has been said that the officer's involvement in a critical incident places a considerable strain on the marriage (Burge, 1984; Fishkin, 1988; Hartsough, 1991; Reiser, 1982; Sheehan, 1991). Surprisingly, there does not seem to be direct evidence on this point. The degree to which spouses are affected--or even recognize and acknowledge the symptoms displayed by their officer mates--is not clear because spouses do not seem to have been asked.

In the process of gathering data on officers involved in shootings, it was wondered what changes spouses perceive in the officer. The purpose of the present study was to examine what symptoms spouses perceive in the officer following a critical incident, and how close these perceptions are to the officers' self-report. Both the officer and the spouse were asked about the occurrence of post-shooting reactions experienced by the officer. Because it is often said that law enforcement personnel tend to deny their feelings and symptoms (Hartsough, 1991; Sheehan, 1991), it was of interest to determine whether, as a group, spouses were more sensitive than their officer mates. Would spouses, for example, perceive and report more symptoms than officers? Accordingly, comparisons were made between the two groups to determine whether the average number of symptoms reported by spouses was higher than that reported

by officers. A second concern was to determine whether, within a marital dyad, the officer and spouse agreed on the number of stress symptoms displayed by the officer at home. It was possible, for example, that individual spouses did not always recognize or acknowledge symptoms displayed by their mates. Accordingly, the degree of correlation between husband and wife pairs was calculated.

METHOD

Participants

There were 30 married couples, all of whom were living together. All of the husbands were officers involved in line-of-duty shooting incidents. As a matter of policy, all officers received a post incident intervention by a member of The Counseling Team. Nineteen of the husbands were from the Sheriff's Department in San Bernardino or Riverside County, 8 were from the San Bernardino Police Department, 2 were from the California Highway Patrol, and one from the State Medical Board. The average number of years in police work was 10.77 (SD = 5.72). The majority of men (17) had not been involved in a prior incident. For the 13 men who had been involved in a prior incident, the number of such prior incidents was 2.30 (SD = 1.37).

The mean age of the participants was 35.60 years (SD = 6.69) for the husband and 33.00 years (SD = 6.42) for the wives. The mean years of education were 14.17 (SD = 1.31) for the husband and 13.48 (SD = 1.76) for the wives. The average number of years married was 8.82 (SD = 6.52). The majority of the respondents were Caucasian (83% of both the husbands and wives); the remaining subjects were Hispanic, African-American, and Asian.

Test Materials

A 37-item questionnaire was prepared[1]. All of the items described stress symptoms typically experienced after a critical incident (Ayoob, 1982; Blak, 1986; Bohl, 1988; 1991; Reiser & Geiger, 1984; Stratton, 1984; Stratton, Parker, & Snibb, 1984). These items were drawn from a variety of sources. Some were adapted from two tests of posttraumatic stress disorder--The Mississippi Scale for Combat-Related Posttraumatic Stress Disorders (Keane, Caddell, & Taylor, 1988) and the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979; Zilberg, Weiss, & Horowitz, 1982). Others were taken from tests that assess depression--The Beck Depression Inventory (Beck & Beamesderfer, 1974), anxiety--the State-Trait Anxiety Scale (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), and general symptoms of psychological distress--The SCL-90 (Derogatis, 1983). Still other items were original.

Of the items that were taken from published sources, some were reworded slightly to make them appropriate for individuals who were responding to the impact of a critical incident. The criteria for inclusion of an item were: (1) that it asked about some symptom known to occur in individuals who had experienced critical incidents and (2) that it was something that could be observed by a wife. For example, it was not possible to ask a wife whether a husband thought about the incident or had dreams about it, but it was possible to ask her whether he seemed to have trouble falling asleep or getting up in the morning or whether he had talked to her about the incident.

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[1]Available from Nancy Bohl, Ph.D., The Counseling Team, 225 West Hospitality Lane, Suite 100, San Bernardino, CA 92408.

Items on the questionnaire were divided into six scales. The Blunted Affect and Withdrawal Scale (8 items, with a range of scores from 8 to 40) assessed the expression of feelings within the family and communication, including discussion of the critical incident. The Depression Scale (11 items, with a range of scores from 11 to 55) assessed feelings of sadness and disappointment, as well as the occurrence of common symptoms of depression (e.g., difficulty waking up and going to sleep). The Anger and Aggression Scale (5 items, with a range of scores from 5 to 25) assessed the overt expression of rage within the family. The Anxiety Scale (6 items, with a range of scores from 6 to 30) assessed tension and worry. The Sexual Function Scale (2 items, with a range of scores from 2 to 10) assessed interest in sexual activity. The Coping Mechanisms Scale (5 items, with a range of scores from 5 to 25) assessed use of food, alcohol, and nonprescription drugs as ways to deal with the emotions aroused by the critical incident.

Two forms of the questionnaire were prepared. The form for husbands asked the husband to indicate, on a 5-point scale that ranged from 1 (agree strongly) to 5 (disagree strongly) the extent of agreement with statements about responses at home since the incident. Some examples of items are the following: "Since the incident, I have been more worried than I used to be" (Anxiety Scale). "Since the incident, I have no feelings about anything" (Blunted Affect and Withdrawal Scale). "Since the incident, I feel less hopeful about the future than I did before" (Depression Scale). "Since the incident, my wife and family seem to feel more afraid of me than they used to" (Anger and Aggression Scale). The form for wives was virtually identical, except that the wife was asked to indicate the degree to which her husband seemed to have shown various responses at home since the incident (e.g., "Since the incident, he seems to be more worried than he used to be").

Procedure

Husbands who had been seen by counselors at The Counseling Team were contacted 6 months after the critical incident, and they were asked to volunteer for the study. The initial contact was made by telephone or in person when officers were in class. When officers agreed to serve in the study, forms were mailed to them. Wives received their forms separately. All respondents answered their questionnaires anonymously. Questionnaires were returned to the investigators by mail. Because the questionnaires were coded, it was possible, subsequently, to identify members of a married pair.

RESULTS

Level of Distress

Table 1 shows the means and standard deviations on each of the six scales and also the total scores for husbands and wives. To interpret the scores, it is necessary to understand that a score of "1" indicated strong agreement that a symptom was present. The <u>higher</u> the total score on any scale, the <u>less distress</u> the respondent indicated with respect to responses to the critical incident.

Examination of the scores shown in Table 1 indicates that, overall, both husbands and wives reported a low level of distress due to the critical incident. This point will be clearer if each of the means shown in the table is compared with the score that represents the midpoint or neutral point on each scale (also shown in Table 1). Note that the mean scores on each of the six scales were above the neutral midpoint for that scale. However, inspection of the standard deviations around the individual means show that there was considerable variability with respect to how individual husband and wives responded.

Table 1

Means and Standard Deviations for Husbands and Wives on the Impact of a Critical Incident on the Family Test

Scale	Neutral Midpoint	Husband Mean	SD	Wife Mean	SD	t	r
Anxiety	18	20.63	7.24	19.66	7.57	0.50	.15
Blunted Affect and Withdrawal	24	31.26	5.99	28.63	9.40	1.29	.00
Depression	33	44.46	10.73	39.66	13.90	1.49	.13
Anger	15	20.66	4.80	18.13	6.88	1.65	.14
Sex	6	7.3	1.62	7.36	1.56	0.17	.40*
Coping	15	20.66	3.95	21.16	3.47	0.51	.23
Total	111	145.00	28.86	134.63	36.46	1.22	.06

*p < .06.

The Differing Perceptions of Males and Females

The mean scores of husbands, as a group, were compared with those of wives, as a group, on each of the scales of the test. These statistical comparisons are shown in Table 1. Note that the two groups did not differ significantly on any of these comparisons.

Degree of Agreement Between Husbands and Wives

The group comparisons just described showed that, on the average, males and females viewed the effects of the critical incident similarly. However, a different issue to consider was whether, within a husband-wife pair, the perceptions of the effects of the critical incident were similar. To evaluate this issue, the correlations between husband-wife pairs were computed. These correlation coefficients are shown in Table 1. Only the one for the sex scale was statistically significant. All of the others were low and nonsignificant. For the test as a whole, the correlation was close to 0.

DISCUSSION

In a prior study (Bohl, 1991), it was found that officers who had received a brief psychological intervention after a critical incident reported significantly fewer stress symptoms 3 months later than an untreated control group. The findings of the present study, in which all of the officers were treated immediately after the critical incident, are essentially in agreement. Although, for the majority of the participants, the critical incident had been their first, 6 months later they reported that the impact of the incident was relatively minor. They seemed to be experiencing low levels of anxiety, depression, and other traditional symptoms of post-incident stress.

It was expected that if there was a tendency to deny or minimize symptoms, that tendency would be more marked in law enforcement personnel than in their spouses. However, the expected difference between husbands and wives with respect to mean scores was not found. The fact that there was a great deal of individual variability in scores is a factor that needs to be taken into account. As inspection of Table 1 shows, there was a consistent, albeit nonsignificant, tendency for wives to report more symptoms (shown by their lower scores) on every scale and on the total score as well. If the study were repeated with a larger sample, it is possible that significant differences between husbands and wives could be demonstrated.

Although, on the average, husbands and wives perceived a similar level of post-incident symptoms, within couples there is a disparity of perception. Except for sexual relations, where both members of a pair agreed that here had been little change since the incident, the other correlation coefficients were not significant. The nonsignificant correlations imply that some officers reported little distress, but their wives perceived or reported them experiencing considerable distress. Conversely, while some officers reported much distress, their wives perceived and/or reported that they were largely unaffected by the critical incident.

There are many possible reasons for the differences in perceptions in the officers' level of reactions. For example, officers who reported little distress may have tried to hide their reactions, but did not fool their spouses. The spouse perceived her husband's reaction more than he was willing to admit.

Indeed, many officers adopt a "macho" attitude and believe they will be perceived as weak if they admit a critical incident bothered them. Oversensitivity to changes in the officer following the incident may be another reason some spouses perceived more distress than the officer reported. Spouses also may feel vulnerable and be deeply affected by a critical incident, even if the officers are unaffected by the event. They not only experience their own fears and anxieties, but worry about their husbands'. As a result, the spouses may perceive greater distress than the officers experience.

Spouses sometimes did not recognize and/or acknowledge the symptoms reported by their mates. It may be that some spouses denied the impact of the incident or adopted the same "macho" attitude that sometimes is attributed to law enforcement personnel. As a result, they may have failed to see problems even when the officer admitted that such problems exist.

Future research needs to assess what effects disparate views of the impact of a critical incident has on coping and recovery from the event. Other variables of interest are the extent to which the officer shares his or her feelings and reactions, perceived spouse support, relationship stability, communication style intensity of the critical incident, and the effect of including the spouse in post-incident interventions. Furthermore, it would be interesting to research the impact of the critical incident on the spouse, and how the officer perceives the spouse's reaction.

REFERENCES

Ayoob, M. (1982, May-June). Post shooting trauma: Part one. Police Marksman, pp. 15-17.

Beck, A. T., & Beamesderfer, A. (1974). Assessment of depression: The Depression Inventory. In P. Pichot (Ed.), Psychological measurements in psychopharmacology: Modern problems in pharmacopsychiatry, (Volume 7, pp. 151-169). Basel: Karger.

Blak, R. A. (1986). A department psychologist responds to traumatic incidents. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 311-314). Washington, D. C.: U. S. Government Printing Office.

Bohl, N. (1988). Effect of psychological interventions after critical incidents on anger, anxiety, and depression in police and firefighters. Unpublished doctoral dissertation, California Graduate Institute, Los Angeles.

Bohl, N. (1991). The effectiveness of brief psychological interventions in police officers after critical incidents. In J.T. Reese, J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing (revised, pp. 31-38). Washington, D. C.: FBI.

Burge, J. H. (1984). Occupational stress in policing. La Canada, CA: American Educators Publishing.

Derogatis, L. R. (1983). SCL-90-R: Administration, scoring and procedures manual. Towson, MD: Clinical Psychometric Research.

Fishkin, G. L. (1988). Police burnout: Signs, symptoms and solutions. Gardena, CA: Harcourt, Brace, Jovanovitch.

Hartsough, D. M. (1991). Stresses, spouses, and law enforcement: A step beyond. In J.T. Reese, J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing (revised, pp. 131-138). Washington, D. C.: FBI.

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. Psychosomatic Medicine, 41, 209-218.

Keane, T. M., Caddell, J. M., & Taylor, K. L. (1988). Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: Three studies in reliability and validity. Journal of Consulting and Clinical Psychology, 56, 85-90.

Reiser, M. (1982). Police psychology. LA: LEHI Publishing Co.

Reiser, M., & Geiger, S. P. (1984). Police officer as victim. Professional Psychology: Research and Practice, 15, 315-323.

Sheehan, P. L. (1991). Critical incident trauma and intimacy. In J. T. Reese, J. M. Horn, & C. Dunning (Eds.), Critical incidents in policing (revised, pp. 331-334). Washington, D.C.: FBI.

Solomon, R. M., & Horn, J. M. (1986). Post-shooting traumatic reactions: A pilot study. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 383-393) Washington, D.C.: U. S. Government Printing Office.

Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). <u>Manual for the State-Trait Anxiety Inventory.</u> Palo Alto, CA: Consulting Psychologists Press, Inc.

Stratton, M. (1984). <u>Police passages.</u> Manhattan Beach, CA: Glennon Publishing Co.

Stratton, J. G., Parker, D. A., & Snibb, J. R. (1984). Post-traumatic stress: Study of police officers involved in shootings. <u>Psychological Reports,</u> 55, 127-131.

Zilberg, N. J., Weiss, D. S., & Horowitz, M. J. (1982). Impact of Event Scale: A cross-validation study and some empirical evidence supporting a conceptual model of stress response syndromes. <u>Journal of Consulting and Clinical Psychology,</u> 50, 407-414.
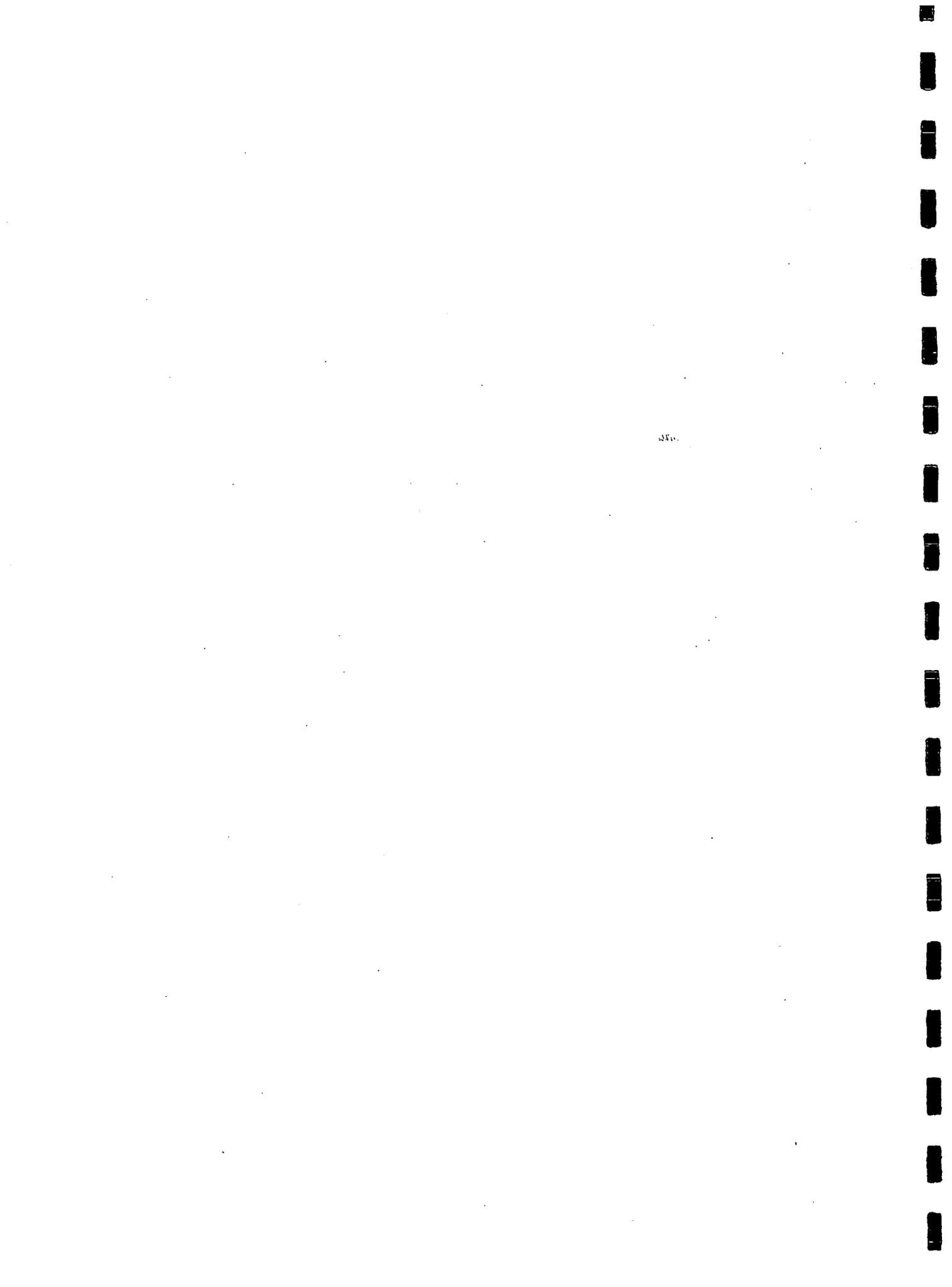
TRAUMA TO THE FAMILY: INTERGENERATIONAL SOURCES OF VULNERABILITY AND RESILIENCE[1]

Yael Danieli, Ph.D.

"What cannot be talked about can also not be put to rest; and if it is not, the wounds continue to fester from generation to generation" (Bettelheim, 1984, p. 166).

This presentation will examine intergenerational transmission of trauma as it applies to law enforcement families. Following a brief portrayal of a model of trauma, it will report data that permit drawing relevant comparisons among different populations, i.e., Nazi Holocaust survivors, World War II and Vietnam veterans, and police officers. This intergenerational perspective has been largely neglected in the law enforcement literature. This paper emphasizes that trauma is an integral part of the job of law enforcement, and that it reverberates in the officer's family. This fact carries policy, selection (screening), training, preventive and therapeutic implications.

THEORETICAL BACKGROUND CONSIDERATIONS

Trauma and the Continuity of Self

An individual's identity consists of a complex interplay of multiple spheres or systems. Among these may be the physical and intrapsychic; the interpersonal--familial, social, communal; the ethnic, cultural, religious, spiritual; the professional/occupational; the material/economic, political, national, and international. These systems dynamically coexist along the time dimension to create a continuous conception of his or her life from past through present to the future. Ideally, the individual should simultaneously have free psychological access and be able to move freely within all these identity dimensions.

In Figure 1, the concentric circles on the horizontal plane represent the individual's identity dimensions. If one envisions this plane as moving along the vertical vector (like an elevator shaft) which represents the continuous time dimension in one's conception of life from past to present through one's future, an individual ideally should simultaneously be able to move freely along both the horizontal and vertical dimensions. (Along the time dimension, for example, the individual should know who s/he was at age 2, 5, 10, today, who s/he wishes to be 5-10 years from now, even how s/he wishes to be remembered after s/he dies).

TIME

FUTURE

PRESENT

VICTIMIZATION/
RUPTURE

I

FAMILY

SOCIAL/COMMUNAL

RELIGIOUS/CULTURAL

NATIONAL

INTERNATIONAL

PAST
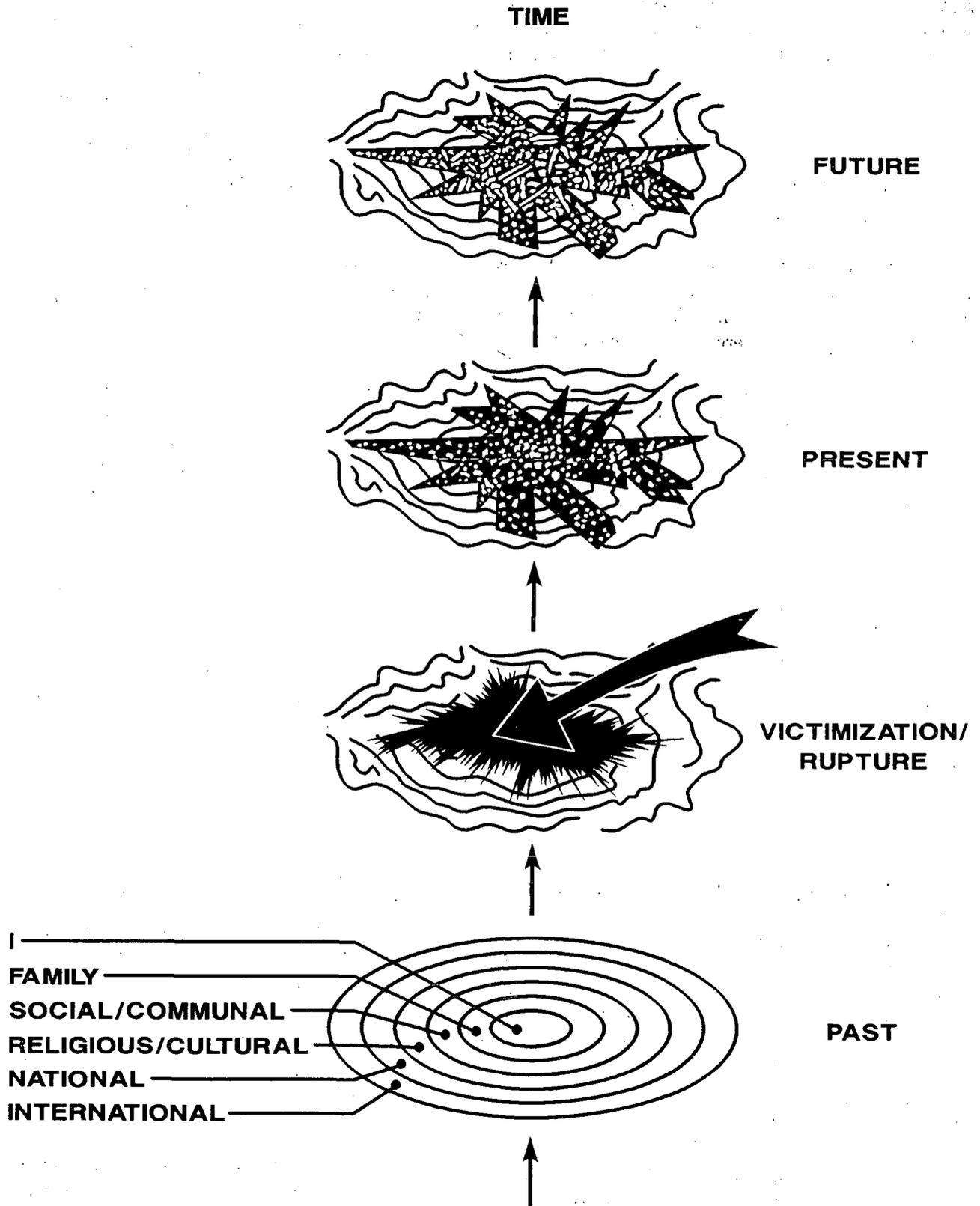
Figure 1

Victimization/trauma causes a **rupture**, a possible regression, and a state of being "stuck" in this free flow, which I have called **fixity**. The time, duration, extent, and meaning of the trauma for the individual, as well as post-victimization traumata and the conspiracy of silence (Danieli, 1984) or second wound (Symonds, 1980), will determine the elements and degree of rupture, the disruption, disorganization and disorientation, and the severity of the fixity. The fixity may render the individual vulnerable, particularly to further trauma/ruptures, throughout the life cycle. This framework allows evaluating whether and how much of each system is ruptured, and dictates the optimal systemic interventions. For example, the massive catastrophe of the Holocaust not only ruptured continuity but also destroyed all the individual's existing supports and was pervasively exacerbated by the conspiracy of silence that followed it (Danieli, 1985).

An essential aspect of the establishment of such perspective is that when we speak of integration for (severely and/or chronically) victimized/traumatized people, we speak of integrating rupture and the **extraordinary** into one's life. That is, confronting and incorporating aspects of human experiences that are not normally encountered in ordinary everyday life.

The optimal vehicles in fulfilling the reparative and preventive goals of psychological recovery from trauma are establishing perspective and integration through awareness. These should aid in reestablishing the sense of continuity, belongingness, and rootedness (see also Krystal, 1988; Lifton, 1973, 1979). Repairing the rupture and thereby freeing the flow rarely has the meaning of "going back to normal." This is true both in terms of (re)adapting to "normal society" or returning to pre-victimization ways of being and functioning, as if one could resurrect one's previous fabric of life.

To be healing and even potentially self-actualizing, the integration of traumatic experiences must be examined from the perspective of the **totality** of the trauma survivors' and family members' lives. Viewed from a family systems perspective, the multidimensional functioning of family members is profoundly interdependent, with changes in one part of the system reverberating in other parts of the system. In addition, family interactions and relationships tend to be highly reciprocal, patterned, and repetitive. Moreover, what happened in one generation will often repeat itself in the next, i.e., the same issues tend to be played out from generation to generation, though the actual behavior may take a variety of forms.

The Intergenerational Context

The intergenerational perspective reveals the impact of trauma, its contagion, and repeated patterns within the family. It may help to explain certain patterns, values, roles, symptoms adopted by family members, family sources of vulnerability as well as resilience and strength and job choices (following in the footsteps of a relative, a namesake) through the generations. Thus, trauma may be passed down as the family legacy even to children born after the trauma. The awareness of (the possibility of) transmitted, intergenerational processes may inhibit the transmission of pathology to succeeding generations (Danieli, 1985, 1987, 1993). Danieli's descriptions (1985), corroborated by Rich's (1982), and Sigal's and Weinfeld's (1989) studies of the four differing adaptational styles of survivors' families--the **Victim** families, **Fighter** families, **Numb** families, and families of **"Those who made it"** illustrate life-long and intergenerational transmission of Holocaust traumata.

It follows that to understand post-trauma adjustment, it is critical to examine fully pre-trauma background. The details of the family's trauma history are of paramount significance to the identities of its survivors and of their offspring, and should be thoroughly explored. For example, children of survivors of the Nazi Holocaust seem to have consciously and unconsciously absorbed their parents'

Holocaust experiences into their lives. Holocaust parents, in the attempt to give children their best, taught them how to survive and in the process transmitted to them the life conditions under which they had survived the war. Thus, one finds children of survivors who psychologically, and sometimes literally, live in hiding. Others are always ready to escape or continuously run from relationships with people, from commitment to a career, or from one place of residence or country to another. Some keep split or double (fake) identities. Yet others adopt a resigned passivity as their mode of being in the world-camp. We see tireless manipulators and those who, in whatever they do, are resistance fighters. These modes of being are manifested in their language, behavior, fantasy life, and dreams. Like their parents, many children of survivors manifest these Holocaust-derived behaviors, particularly on the anniversaries of their parents' traumata. Moreover, some survivors' offspring have internalized as parts of their identity the images of those who perished.

While some of the literature reports good adjustment in survivors' children, Solomon, Kotler & Mikulincer (1988) demonstrated in them a special vulnerability to traumatic stress.

Rosenheck described comparable processes of intergenerational transmission in Vietnam veterans who are sons of World War II veterans, and who exhibited "malignant PTSD" (1985, 1986; for a similar description of the vicissitudes of the "John Wayne Syndrome" in police officers see Reiser and Geiger, 1984), and in children of Vietnam veterans who demonstrated "secondary traumatization" (Rosenheck & Nathan, 1985; see also Jurich, 1983: "The Saigon of the family's mind...""). Similarly, the daughters (23 and 17 years old) of JL, a New York City policeman residing on Long Island, who constantly frightened them of the City, insisted that they would "absolutely never come to New York City" other than to therapy, despite their great attraction to things in it. Moreover, they would come to therapy only when driven by their father and no one else. When their father, after much testing, approved of the therapist, he extended his overprotectiveness to her, and in addition to giving her a can of Mace, lectured and interrogated her frequently about how to detect danger ("Look for bad people doing bad things. They are out there, everywhere") and how to protect herself. FH, whose officer father was murdered when FH was six years old, resolved to join the force after a rather rebellious adolescence "to get to know Dad as a real person rather than the saint you [his mother] always described him." The other profession he had considered "in order to get the story straight" was crime reporting.

LEGACIES OF TRAUMA TO THE FAMILY

The following reports data regarding intergenerational transmission of trauma that may suggest fruitful parallel lines of inquiry in law enforcement families.

The symptoms of PTSD, particularly the numbing of responsiveness and social withdrawal, have profound implications for interpersonal and family life. McFarlane, Blumbergs, Policansky, and Irwin (1985) have shown in disaster studies that ongoing parental PTSD is one of the most significant variables leading to disaster-related morbidity in the child.

In recent years, following studies on three generations of families of survivors of the Nazi Holocaust (Bergman & Jucovy, 1982; Braham, 1988; Danieli, 1981, 1985; Rosenthal & Rosenthal, 1980; Rubenstein, 1989; Sigal & Weinfeld, 1989), the effect of PTSD on family relationships, spouses, and children of combat veterans has also been examined. As summarized by Jordan, et al. (1992) a variety of problems that can negatively affect the family have been found to be associated with combat-related PTSD: difficulties with family cohesion and expressiveness (Solomon, Mikulincer, Fried & Wosner, 1987); the veteran's problems with intimacy and sociability (Roberts et al., 1982); the veteran's problems with self-disclosure, expressiveness, physical aggression, and relationship adjustment (Carroll, Rueger,

Foy, & Donahoe, 1985); and the veteran's deficiencies in interpersonal problem-solving skills (Nezu & Carnevale, 1987).

Among wives of veterans with PTSD, Verbosky and Ryan (1988) found increased levels of stress as a result of attempts to cope adequately with the veteran's PTSD symptoms; they also found that the majority of the wives verbalized feelings of worthlessness. Both Williams (1980) and Matsakis (1988) reported that about 50% of all Vietnam veterans' wives that they treat have been battered. In a survey of counselors from 100 Vet Centers (Matsakis, 1988), the problems most commonly reported for wives of Vietnam veterans were coping with the veteran's problems; loneliness and social isolation; feeling confused, overwhelmed, and responsible; feeling a loss of identity and a loss of control over one's life; and self-blame.

In the Vet Center counselor survey, the most commonly reported problems for children of Vietnam veterans were low self-esteem; aggressiveness; developmental difficulties; impaired social relationships; and symptoms mirroring those of the veteran. Problems of the children of Vietnam veterans with PTSD reported in the literature include "secondary traumatization" (Rosenheck & Nathan, 1985) and elevated risk of developing behavior of psychiatric problems (Davidson, Smith, & Kudler, 1989).

Nonetheless, Jordan, et al. (1992) conclude that "the pervasiveness and severity of problems vary substantially among the families of Vietnam veterans with PTSD" and do not suggest that all of the families of veterans with PTSD are "extremely chaotic, desperately unhappy, and severely disturbed" (p. 924). But, although background variables do have some effect on the development of family problems, PTSD is more strongly related to exposure to combat trauma, which greatly overshadowed the effect of any predispositional variable.

Many wives of veterans with PTSD function reasonably well and often assume the major financial, parental, and domestic responsibilities within the relationship (Verbosky & Ryan, 1988; Williams, 1980), which may mitigate some of its effects on the children. Also, many spouses might have entered the relationship in a rescuer role. Hartsough (1991) discusses how the spouses of law enforcement personnel relate to the stresses of police work and identifies three major sources of stress they experience: occupational, organizational, and traumatic incident sources.

In her empirical study of 40 families of Vietnam veterans with combat-related PTSD, Harkness (1993) interprets the similarity between many of the children's behaviors to their fathers' as the children's possible attempt to identify with or understand their fathers' behavior, or as indicative of the offspring's secondary traumatization to having a father with PTSD. A major finding was that the destructive effect of the violent behavior on the children appears to be more influential than either the father's PTSD or the level of family functioning. She also delineates the father's PTSD-related difficulties during life cycle transitions (e.g., "terrible twos," adolescence), which are experienced by the fathers as recapitulations of prior ruptures, as suggested in Figure 1. Maslach and Jackson (1979) similarly report that the wives of burned-out cops [of which younger officers seem to be in the greatest jeopardy, (p. 60)] described their children as feeling anxious, irritable, and isolated, and their husband's relationship with the children as most difficult during the teenage years, because of "getting a double dose of upsetting experience...having to "struggle with youthful criminals on the job" (p. 61). In these families, the wives reported that the children are four times as likely to look exclusively to their mother for support: "His work created a distance. We were a family--he was a stranger" (p. 61).

A preliminary impression of the children's perceptions portion of Harkness' study is that almost every child responded positively to her question, "Have you ever thought about your father killing

somebody?" and was quite open to discuss further and to offer his or her understanding of it. This is particularly poignant since so many of the fathers, like Holocaust survivors and police officers, avoid sharing their traumatic experiences for fear that the memories would corrode their and their children's lives. This created an intrafamilial **conspiracy of silence** (Danieli, 1985) in which the children avoided asking questions to protect their parents and themselves against the hurt of knowing, remembering, and reliving, even though some of them want to know all the details, who, what, why, where, read everything they can, retrace "trying to make it real" and constructively integrate their parent's trauma (For example, see Fisher, 1991).

Six (15%) of the veterans in Harkness' study were police officers, all of whom subsequently lost their jobs due to alcohol and drug abuse (Harkness, personal communication). In the National Vietnam Veterans Readjustment Study (Kulka, et. al, 1990), data on parents' military service and both parents' and Vietnam veterans occupations were collected but have not been analyzed yet (Schlenger, personal communication). Nonetheless, a very preliminary analysis showed that veterans who served in the Vietnam theater appeared to be more likely to have become police officers than either other (non-Vietnam) era veterans or a matched sample of civilians (Robert Rosenheck, personal communication).

Williams (1987) states:

> While there are remarkable similarities between the types of stresses on and the responses of [veterans and cops], there is also one crucial difference: for cops, the "war" never ends--they are out there 24 hours a day, 7 days a week to "protect and serve," to fight the criminal--our peacetime enemy. The police officer is expected to be combat-ready at all times while remaining "normal" and socially adaptive away from the job. The *psychological toll for many is great, unexpected, and not well understood. Their families* and friends have been adversely affected and emotionally wounded, as well (p. 267).

Concluding that both the immediate and long-term reaction patterns they found closely coincided with those reported in American studies, Manolias and Hyatt-Williams (1993) examined the impact of the following on the effects of postshooting experiences on police-authorized firearms officers in the United Kingdom: (1) attitudes toward firearms, (2) training, (3) reactions in the officers, (4) perceptual distortions during the shooting, (5) official actions and senior officers' attitudes, (6) attitudes of colleagues, (7) press and public, (8) reactions of families of officers, and (9) legal litigation and appearance in court. They found that the effects of the shooting incident had spread to all immediate family members, and that the quantity and quality of sharing and communication determined the outcome, particularly with the spouses and children. The in-laws frequently reacted with shock or distress, but were supportive in all instances and sometimes proud of their son-in-law's bravery. For one officer, the shooting incident followed very closely the death of his father. "The cumulative effect of the two shocks was overwhelming for his mother and completely demolished her efforts to retain any semblance of composure" (p. 392).

A Legacy Change?

Until 1983, the preference points allocated in civil service merit systems to war veterans made it very hard for nonveterans to compete for positions as police officers. Since most police officers retire at 50-55, Vietnam veterans will be leaving within the next 8 years. Even if Desert Storm veterans join, the change in the civil merit system makes it less likely that new combat-addicted veterans--to drug, street, domestic wars--will join law enforcement, unless they are crisis- and trauma- addicted child

survivors of alcoholic or abusive homes (For a review of findings on intergenerational transmission of child abuse, see Oliver, 1993).

Liebert (1991) illustrates police officers whose job performance was severely impaired by overidentifying with and wanting to rescue victims whose lives resembled theirs, or by identifying with their parents'/father's brutality.

Introducing his prediction of the shift in the composition of "the 21st Century cop," Maghan (1989) reports first that college educational background seems to affect the psychological profiles of police recruits in that it produces recruits who are not authoritarian at the outset of their police training (Lundman, 1984). Comparing authoritarianism in police college graduates and noncollege police, Smith, Locke and Fenster (1970) found college-educated police officers less likely to have an authoritarian attitude, and that newly appointed officers who chose to attend college scored lower than their noncollege peers on the "F" scale [a measurement of authoritarianism].

The 1986 class of the New York City Police Academy recruit population numbering almost 1,900, reflected the changing demographics of future police officers in that it had an historic high number of minority and female entry level recruits, which Maghan (1989) divided into subgroups based on race, gender, and police family background. The entry level recruits of this class, the subjects of his study, will have had 13 years of policing in the year 2000. Consequently, they may represent an important reference profile of the 21st Century Cop.

Approximately one-half, 50.4%, of the class, has some family member (father, mother, brother, sister, uncle, aunt, or cousin) currently (or previously) in police service. The demographic profile of police family background shows recruits who are (1) younger than those from nonpolice backgrounds, (2) less likely to have worked full-time previously, (3) more likely to live at home and less likely to have served in the military. The majority of police family background recruits are white and predominantly Catholic. (Until fairly recently, the NYPD was an agency attracting significant proportions of white, Catholic males--especially Irish). Police family background recruits generally have some college education as compared to nonpolice background recruits. Mothers and fathers of police family recruits tend to be better educated than the parents of recruits from nonpolice backgrounds. Like with other recruits, fathers/stepfathers are cited as the most influential persons affecting the decision to become a police officer. However, police family mothers are the only subgroup favorable towards the recruit's decision to become a police officer.

Like others, their most important reason for becoming a police officer was the ability to help people. Compared to nonpolice background recruits, they ranked "wearing a uniform" as less important and "carrying a gun" as the least important factor in their decision to become a police officer. They are also more like other entry recruits in changing their enforcement and service orientations as a result of training.

While these results are suggestive of what might well amount to a drastic cultural and normative shift, it is still far too soon to predict how these young officers will fare after a significant period of police service. Cumulative evidence, however, suggests that a legacy of trauma--on the job as well as within one's family tree (e.g., community and domestic violence, alcoholism, crime) is highly likely to render its victims vulnerable, particularly to further trauma/rupture.

Suicide and Trauma

One of the most poignant consequences as well as causes of trauma to the (police as well as one's own) family is suicide.

One police officer committed suicide right after his retirement. He was "a 100% pure policeman, and there was nothing left." During his service he had 'too much to do' and had neither the time nor the emotional resources available for his family, which he lost a while back. Another law enforcement officer recalled a "suicide agent [who] sat in his supervisor's chair, wrote a note and then ate his gun. While 'getting even with his supervisor,' he didn't remotely comprehend the life-long pain he inflicted on his family and what a lesson he taught his children about how to deal with problems" (Jim Horn, personal communication). Another colleague reported four suicides of policemen's sons, all of whom shot themselves with their fathers' guns (John Violanti, personal communication).

Suicide ruptures the family, and exacerbates previous family ruptures. In his paper on the illegacy of suicide, Kamerman (1993) reports preliminary results of his beginning follow-up study of the families of over 90 New York City police officers who committed suicide between 1934 and 1940. Since this was more than double the rate of the previous 6 years, data were collected on these families in the past. His research led him to conclude that "these suicides have affected the lives of wives, sons and daughters, grandchildren, and great-grandchildren."

To illustrate intergenerational 'illegacies,' he describes [after the suicide was hidden until age 16] a son who became an alcoholic a year or so after finding out the true cause of his father's death. His older brother, who looked exactly like his father and who was 4 1/2 when his father died, also found out only at 16 that his father had committed suicide. The older son died in a boating accident in his mid-forties. He had had a previous boating accident and had been warned by his wife not to go out on the boat again. He had also told his brother that "the best way for him [the older brother], that he would want to go, would be to drown. "And that's exactly how he went. Very strange" (p. 352).

In a striking case, an older son (whose image of his father was to a greater extent his own rather than his mother's), an officer, committed suicide about 4 years after his policeman father (after whom he was named), by firing the bullet into his head at exactly the same point that his father had fired a bullet into his.

A colleague illustrated the nurturing of resilience in the family:

When I was about 11 years old my mother for some reason mentioned suicide and asked me: " Do you know why suicide isn't an option?" I said: "No, why?" "Because it's not fair to the people that love you." It sounds fairly simple. Fourteen years later I was driving a jeep across a high bridge in Vietnam when I had a strong urge to drive the jeep off the bridge and commit suicide. The jeep was trying to pull itself to the right off the bridge. I tensed my muscles to hold the jeep to resist it. This is real weird--something pulling the jeep to the right which is obviously me, but I also resisted it. This lasted for 2-3 seconds when into my mind popped my mother's words. I thought about it for a few seconds, got outside of myself and my circumstances, and realized that what she said was very valid. The impulse disappeared and I continued on my way. That was the only serious suicidal impulse I ever had in my life. So there was some brief intergenerational training that may well have saved my life. My brother the psychologist and I agree that my mother is the best psychologist we have ever known (Jim Horn, personal communication).

SOME CONCLUDING REMARKS

The central reparative and preventive goal of understanding and integrating traumata and their effects, in part informed the use of the multi-generational family tree or genogram (Guerin & Pendagast, 1976; McGoldrick & Gerson, 1985) in mapping individuals' and families' unique dynamics, history, and culture (Danieli, 1993; McGoldrick, Pearce & Giordano, 1982; Wachtel & Wachtel, 1986). Although constructing the genogram may trigger an acute sense of pain and loss, it reaffirms the importance of continuity.

One invaluable yield of exploring the family tree is that it opens communication within families and between generations and makes it possible to work through toxic family secrets. Breaking the silence about the trauma, and pre- and post-trauma experiences within and outside the family is generally helpful, but it is particularly crucial for aging individuals and their offspring (Danieli, 1981).

An overwhelming clinical finding with police family members is that losses not worked through render the police officers and/or their families vulnerable, and sometimes even incapacitated in confronting and engaging constructively a present, current, new loss and trauma situations. While space constraints make it impossible to elaborate further, one cannot overestimate the psychological importance of "survivor guilt," its commemorative function (Krystal & Niederland, 1968; Carmelly, 1975), and its functions related to helplessness, loneliness, loyalty, mourning, and a sense of justice (Danieli, 1981, 1985, 1989; Goodman, 1978) in understanding the obstacles to grief and bereavement in the individual officer and his or her family. For example, it is common for a son or a daughter to carry on the military service tradition for a dead or injured veteran parent, just as in law enforcement for heroic police service to become the family legacy.

Part of the difficulty in understanding stems from the ceremonial public appearance that they are not lonely in their grief, that the memory and the legacy of their trauma and loss is shared by the law enforcement family, the community, and sometimes even the whole nation; that they share the pain and mourning, and their need to bear witness, and transform them into a part of its global consciousness.

But the real transformation that is called for in the law enforcement family and culture is in the full recognition and acknowledgement of trauma and its (possibly preventable) life-long and intergenerational effects. Trauma is an integral part of the work (life) of the police officer and his or her family. It must therefore carry policy, selection (screening), training, preventive, and therapeutic implications at all levels.

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REFERENCES

Bergman M. S., & Jucovy, M. E. (Eds.). (1982). <u>Generations of the Holocaust</u>. New York: Basic Books.

Bettelheim, B. (1984). Afterword. In C. Vegh, <u>I didn't say goodbye</u> (R. Schwartz, Trans.) (pp. 161-178). New York: E. P. Dutton.

Braham R. L. (Ed.) (1988). <u>The psychological perspectives of the Holocaust and of its aftermath</u>. New York: Columbia University Press.

Carmelly, F. (1975). Guilt feelings in concentration camp survivors. Comments of a "survivor." <u>Journal of Jewish Communal Service, 2</u>, 139-144.

Carroll, E.M., Rueger, D.B., Foy, D.W., & Donahoe, C.P. Jr. (1985). Vietnam combat veterans with posttraumatic stress disorder: analysis of marital and cohabitating adjustment. <u>Journal of Abnormal Psychology, 94</u>, 329-337.

Danieli, Y. (1981). On the achievement of integration in aging survivors of the Nazi Holocaust. <u>Journal of Geriatric Psychiatry, 14</u>(2), 191-210.

Danieli, Y. (1984). Psychotherapists' participation in the conspiracy of silence about the Holocaust. <u>Psychoanalytic psychology, 1</u>(1), 23-42.

Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimization: A lesson from Holocaust survivors and their children. In C. R. Figley (Ed.), <u>Trauma and its wake</u> (pp. 295-313). New York: Brunner/Mazel.

Danieli, Y. (1987). Treating survivors and children of survivors of the Nazi Holocuast. In F. M. Ochberg (Ed.), <u>Post-traumatic Therapy and Victims of Violence</u> (pp. 278-294). New York: Brunner/Mazel.

Danieli, Y. (1989). Mourning in survivors and children of survivors of the Nazi Holocaust: The role of group and community modalities. In D. R. Dietrich, & P. C. Shabad (Eds.), <u>The problem of loss and mourning: Psychoanalytic perspectives</u> (pp. 427-460). Madison: International Universities Press.

Danieli, Y. (1993). Diagnostic and therapeutic use of the multigenerational family tree in working with survivors and children of survivors of the Nazi Holocaust. In J.P. Wilson and B. Raphael (Eds) <u>International handbook of traumatic stress syndromes</u> (pp. 889-898). New York: Plenum Press.

Davidson, J., Smith, R., & Kudler, H. (1989). Familial psychiatric illness in chronic posttraumatic stress disorder. <u>Comprehensive Psychiatry, 30</u>, 339-345.

Fisher, C.R. (1991). Critical incident trauma treatment of an officer/son of a slain officer. In J.T. Reese, J.M. Horn, and C. Dunning (Eds.), <u>Critical Incidents in Policing</u> (pp. 83-84). Washington, DC: FBI.

Goodman, J. S. (1978). The transmission of parental trauma: Second generation effects of Nazi concentration camp survival. (Doctoral dissertation, California School of Professional Psychology, 1978). University Microfilms International No. 7901805.

Guerin, P. J., Jr., & Pendagast, E. G. (1976). Evaluation of family system and genogram. In P. J. Guerin, Jr. (Ed.), Family therapy: Theory and practice (pp. 450-464). New York: Gardner Press.

Harkness, L.L. (1993) Transgenerational transmission of war-related trauma. In J.P. Wilson and B. Raphael (Eds.) International Handbook of Traumatic Stress Syndromes (pp. 635-643). New York: Plenum Press.

Hartsough, D.M. (1991). Stresses, spouses, and law enforcement: a step beyond. In J.T. Reese, J.M. Horn, and C. Dunning (Eds.), Critical Incidents in Policing (pp. 131-137). Washington, DC: FBI.

Jordan, B.K., Marmar, C.R., Fairbank, J.A., Schlenger, W.F., Kulka, R.A., Hough, R.L., & Weiss, D.S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. Journal of Consulting and Clinical Psychology, 60(6), 916-926.

Jurich, A.P. (1983). The Saigon of the family's mind: family therapy with families of Vietnam veterans. Journal of Marital and Family Therapy. 9(4), 355-363.

Kamerman, J. (1993). The Illegacy of Suicide. In A.A. Leenaars (Ed.), Suicidology: essays in honor of Edwin S. Shneidman (pp. 346-355). New Jersey: Jason Aronson Inc.

Krystal, H. (1988). Integration and self-healing. New Jersey: The Analytic Press.

Krystal H. & Niederland, W. G. (1968). Clinical observations on the survivor syndrome. In H. Krystal (Ed.), Massive Psychic Trauma (pp. 327-348). New York: International Universities Press.

Kulka, R.A., Schlenger, W.E., Fairbank, J.A., Hough, R.L., Jordan, B.K., Marmar, C.R. and Weiss, D.S. (1990). Trauma and the Vietnam war generation. New York: Brunner/Mazel.

Liebert, J. (1991). Prevention of stress disorders in military and police organization. In J.T. Reese, J.M. Horn, & C. Dunning (Eds.), Critical Incidents in Policing (pp. 169-177). Washington, DC: FBI.

Lifton, R. J. (1973). The sense of immorality: On death and the continuity of life. American Journal of Psychoanalysis, 33, 3-15.

Lifton, R. J. (1979). The broken connection. New York: Simon & Schuster.

Lundman, R.J. (1984). Police and policing. New York: Holt, Rinehart and Winston.

Maghan, J.L. (1989). The 21st century cop: police recruit perceptions as a function of occupational socialization. Doctoral dissertation, City University of New York, 1988. University Microfilms International, 49(8).

Maslach, C. & Jackson, S.E. (1979). Burned-out cops and their families. Psychology Today. 59-62.

Manolias, M.B. & Hyatt-Williams, A. (1993). Effects of postshooting experiences on police-authorized firearms officers in the United Kingdom. In J.P. Wilson & B. Raphael (Eds.) International Handbook of Traumatic Stress Syndromes (pp. 385-394). New York: Plenum Press.

Matsakis, A. (1988). Vietnam wives. Kensington, MD: Woodbine House.

McFarlane, A.C., Blumbergs, V., Policansky, S.K., & Irwin, C. (1985). A longitudinal study of psychological morbidity in children due to a natural disaster. Unpublished manuscript. Department of Psychiatry, Flinders University of South Australia, Bedford Pard, South Australia.

McGoldrick, M. and Gerson, R. (1985) Genograms in family assessment. New York: W.W. Norton & Company.

McGoldrick, M., Pearce, J.K., and Giordano, J. (1982). (Eds.) Ethnicity and family therapy. New York: The Guilford Press.

Nezu, A.M., & Carnevale, G.J. (1987). Interpersonal problem solving and coping reactions of Vietnam veterans with posttraumatic stress disorder. Journal of Abnormal Psychology, 96, 155-157.

Oliver, J.E. (1993). Intergenerational transmission of child abuse: rates, research, and clinical implications. American Journal of Psychiatry. 150, 1315-1324.

Reiser, M. & Geiger, S.P. (1984). Police officer as victim. Professional psychology: research and practice. 15(3), 315-323.

Rich, M. S. (1982). Children of Holocaust survivors: A concurrent validity study of a survivor family typology. Unpublished doctoral dissertation. California School of Professional Psychology, Berkeley.

Roberts, W.R., Penk, W.E., Gearing, M.L., Robinowitz, R., Dolan, M.P., & Patterson, P.T. (1982). Interpersonal problems of Vietnam combat veterans with symptoms of posttraumatic stress disorder. Journal of Abnormal Psychology, 9, 444-450.

Rosenheck, R. (1985). Father-son relationships in malignant post Vietnam stress syndrome. American Journal of Social Psychiatry, 5: 19-23.

Rosenheck, R. (1986). Impact of posttraumatic stress disorder of World War II on the next generation. The Journal of Nervous and Mental Disease, 174(6), 319-327.

Rosenheck, R. and Nathan, P. (1985). Secondary traumatization in children of Vietnam veterans. Hospital and Community Psychiatry, 36(5), 538-539.

Rosenthal, P. A., & Rosenthal, S. (1980). Holocaust effect in the third generation: Child of another time. American Journal of Psychotherapy. 34(4), 572-580.

Rubenstein, I. (1989, October). Psychic trauma as a result of the Holocaust in three generations. Paper presented at the Fifth Annual Meeting of the Society for Traumatic Stress Studies, San Francisco, CA.

Sigal, J. J. & Weinfeld, M. (1989). <u>Trauma and rebirth: Intergenerational effects of the Holocaust</u>. New York: Praeger.

Smith, A. B., Locke, B., & Fenster, A. (1970). Authoritarianism in policemen who are college graduates and non college police. <u>Journal of Criminal Law, Criminology and Police Science</u>. <u>61</u>, 313-315.

Solomon, Z., Mikulincer, M., Fried, B. & Wosner, Y. (1987). Family characteristics and posttraumatic stress disorder: a follow-up of Israeli combat stress reaction casualties. <u>Family Process</u>. <u>26</u>, 383-394.

Solomon, Z., Kotler, M. & Mikulincer, M. (1988). Combat-related post-traumatic stress disorders among second generation Holocaust survivors: Preliminary findings. <u>American Journal of Psychiatry</u>, <u>145</u>, 865-868.

Symonds, M. (1980). The "second injury" to victims. <u>Evaluation and Change.</u> (special issue), 36-38.

Verbosky, S.J. & Ryan, D.A. (1988). Female partners of Vietnam veterans: Stress by proximity. <u>Issues in Mental Health Nursing</u>, <u>9</u>, 95-104.

Wachtel E. F., & Wachtel P. L. (1986). <u>Family dynamics in individual psychotherapy: A guide to clinical strategies</u>. New York: The Guilford Press.

Williams, C. (1980). The veteran system with a focus on women partners: Theoretical considerations, problems and treatment strategies. In T. Williams (Ed.) <u>Posttraumatic stress disorders of the Vietnam veteran</u> (pp. 73-122). Cincinnati, OH: Disabled American Veterans.

Williams, C. M. (1987). Peacetime combat. In Williams, T. (Ed.) <u>Post-traumatic Stress Disorder</u> (pp. 267-291). Cincinnati, OH: Disabled American Veterans.
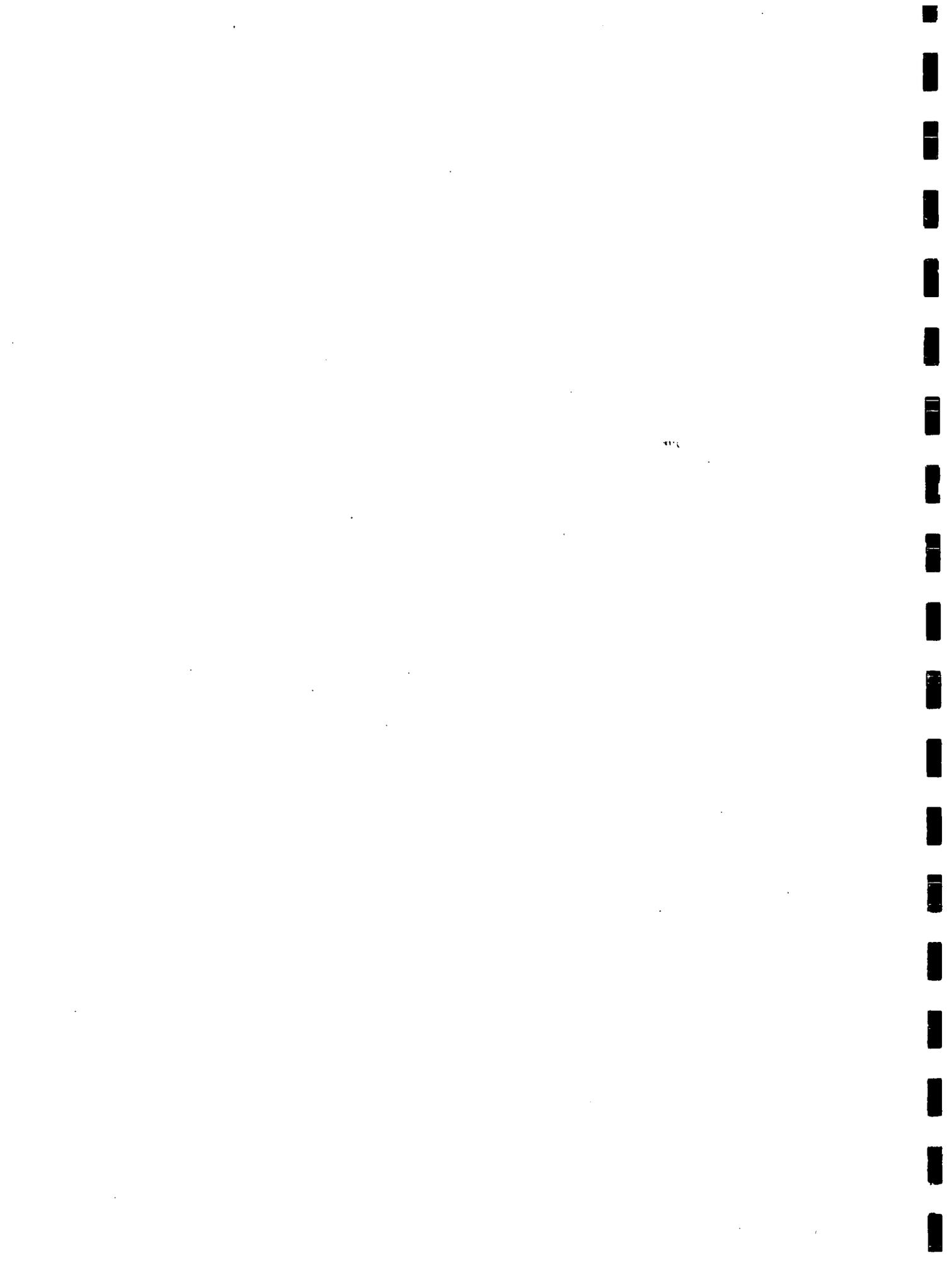
FAMILIAL PSYCHOTRAUMATOLOGY:
AN ANALYSIS OF THE IMPACT OF TRAUMATIC STRESS
UPON THE LAW ENFORCEMENT FAMILY VIA
DESTRUCTION OF THE FAMILIAL WELTANSCHAUUNG

George S. Everly, Jr., Ph.D., F.A.P.M.

"First study the science, then practice the art."
Leonardo da Vinci

The symptoms and core phenomenology of post-traumatic stress as experienced by the individual have been summarized from the micromorphological to the psychological domains (Everly, 1989, 1992, 1993a, 1993b; Wilson, 1989). As a result of analyses such as these, significant therapeutic advances have emerged. This is the natural course of a clinical science, i.e., description of symptoms, analysis of core pathophenomenological mechanisms, development of phenomnenologically-driven therapeutics. The symptoms of post-traumatic stress upon the family have been described (McCubbin & Figley, 1983) and initial courses of familial therapeutics have been applied. It is now time to delve deeper into the impact of post-traumatic stress upon the family to discover its pathophenomenological core. Only through such discovery can we refine our extant familial therapeutics and develop new ones. This paper combines speculation on biological underpinnings with the construct of weltanschauung and Maslovian motivation theory to analyze and better understand in practical terms the potentially devastating impact that post-traumatic stress can have upon the family, and most importantly, how the family may be healed. A two-factor model of familial psychotraumatogenesis is presented.

PSYCHOTRAUMATOLOGY

The field of traumatic stress studies has dramatically expanded within the last 15 years. Initially, it seemed as if our primary emphasis was upon combat-related psychological trauma. This emphasis was seen to expand as psychological trauma was acknowledged within the public safety sectors, industrial settings, and virtually every aspect of civilian life.

Donovan (1991) suggested that the term "traumatology" be used to unite the various endeavors within the field of traumatic stress studies. As Donovan notes, however, the term traumatology denotes the branch of medicine that deals with wounds and serious injuries, yet our colloquial usage has expanded the meaning of the term. It may, therefore, be suggested that the term "psychotraumatology" be used as a more precise descriptor for the study of psychological trauma; more specifically, the study of factors antecedent to, concomitant with, and subsequent to psychological trauma (Everly, 1992). Colloquial extension of extant terminology yields a legacy of confusion (viz "stress"); thus the value of considering more precise terms.

This paper represents an exercise in familial psychotraumatology through an analysis of the impact of traumatic stress upon the law enforcement family. Prior to looking at the family, however, let us reflect upon insights gained concerning individual psychotraumatogenesis.

Our publications in recent years (Everly, 1989, 1990, 1992, 1993a, 1993b; Smith, Everly & Johns, 1992, 1993) have focused upon discovering what post-traumatic stress is, i.e., the phenomenology of post-traumatic stress. The rationale was simple ... the most successful therapies will be those that go directly to target the core problem or dysfunction. It is this pathognomonic core that needs to be the target of any therapy, be it group, family, or even individual. Said more simply, "How can you fix a problem until you understand what the problem really is?"

Our conclusion was that post-traumatic stress had two pathognomonic aspects: 1) a biological hypersensitivity and 2) a psychological hypersensitivity (Everly, 1992, 1993a; Mitchell & Everly, 1993).

As we ultimately speculated upon how post-traumatic stress affects the individual, i.e., where in the brain post-traumatic stress resides and how the psychology of post-traumatic stress fuels the biological dysfunction, we must now search for how post-traumatic stress affects the family.

It may well be that the adverse effects of psychological trauma upon the family can be explained in a similar two-factor model.

Factor One: Biological Foundations of Family Dysfunction

Sociobiological research has revealed that the cingulate cortex of the human brain contains the biological drive for humans to create and live within family structures (Henry & Stephens, 1977). This basic drive is then expressed through the right neocortical hemisphere of the brain (see Henry & Stephens, 1977).

Psychological trauma may actually inhibit the basic biological drive for affiliation and interpersonal bonding (Henry, 1993), thus creating a biologically-based disturbance inhibiting the trauma victim from living effectively within social units, especially the family unit.

The discrete biology of this disturbance may be:

1) excitotoxicity of cingulate neurons;
2) excessive levels of intracranial cortisol blocking cingulate as well as right hemisphere integration;
3) excitotoxic communication dysfunction at the level of the corpus callosum (Henry, 1993).

The result of such a disturbance is likely to not only impede the drive for family affiliation, but to increase aggressive rageful, and violent behavior on the part of the traumatized individual (Henry, 1993; Henry & Stephens, 1977).

Factor Two: Psychological Foundations of Family Dysfunction

Having speculated upon the potential areas of biological dysfunction within traumatized individuals, let us move to speculation upon the psychological dysfunction. Using first exploratory factor analysis, then confirmatory factor analysis, and lastly casual mathematical modeling techniques, it may be concluded that the human interpretation of the traumatic event is not only the key to understanding the problem but is the key to healing (Smith, Everly & Johns, 1992, 1993). It may be the interpretation is key to understanding trauma's effect on the family, as well.

Practically speaking, there is simply no such thing as reality without considering the human perspective (Everly, 1989). "Men are disturbed not by things but the views which they take of them," noted Epictetus. "There are no things good or bad, but thinking makes them so, Horatio," uttered Shakespeare's Hamlet. Finally, it was Hans Selye himself who, after more than three decades of research into the nature of stress, concluded, "it is not what happens to you that matters, but how you take it." It seems as if the worlds of philosophy, literature, and science converge on the inescapable realization of the critical role that interpretational mechanisms play in the ultimate determination of human health.

An investigation into occupational stress conducted by Smith, Everly, and Johns (1992, 1993) using exploratory and confirmatory mathematical modeling techniques revealed that cognitive-affective interpretation of work-related stressors were more powerful predictors of physical illness than the stressors themselves; a finding in concert with the aforementioned declarations.

If, indeed, interpretational processes play such an important role in human stress, it may be assumed that they would also play an important deterministic role in familial reaction to psychological trauma. Figure 1 represents a model of post-traumatic stress. This model is adapted from Everly (1993b) and developed from previous models of Lazarus (1966), Everly (1989), and Wilson (1989).

Figure 1

A Model of Post Traumatic Stress

(Adopted from Everly, 1993b)

Traumatic Event

Initial Shock-Defense Reflex

Interpretation

(cognitive - affective complex)

Arousal ⟷ **Intrusive Memoriess**

Withdrawal

Major Psychiatric Syndromes   **Personality Disorders/ Dysfunctional Traits**   **Psychophysiological Disorders**
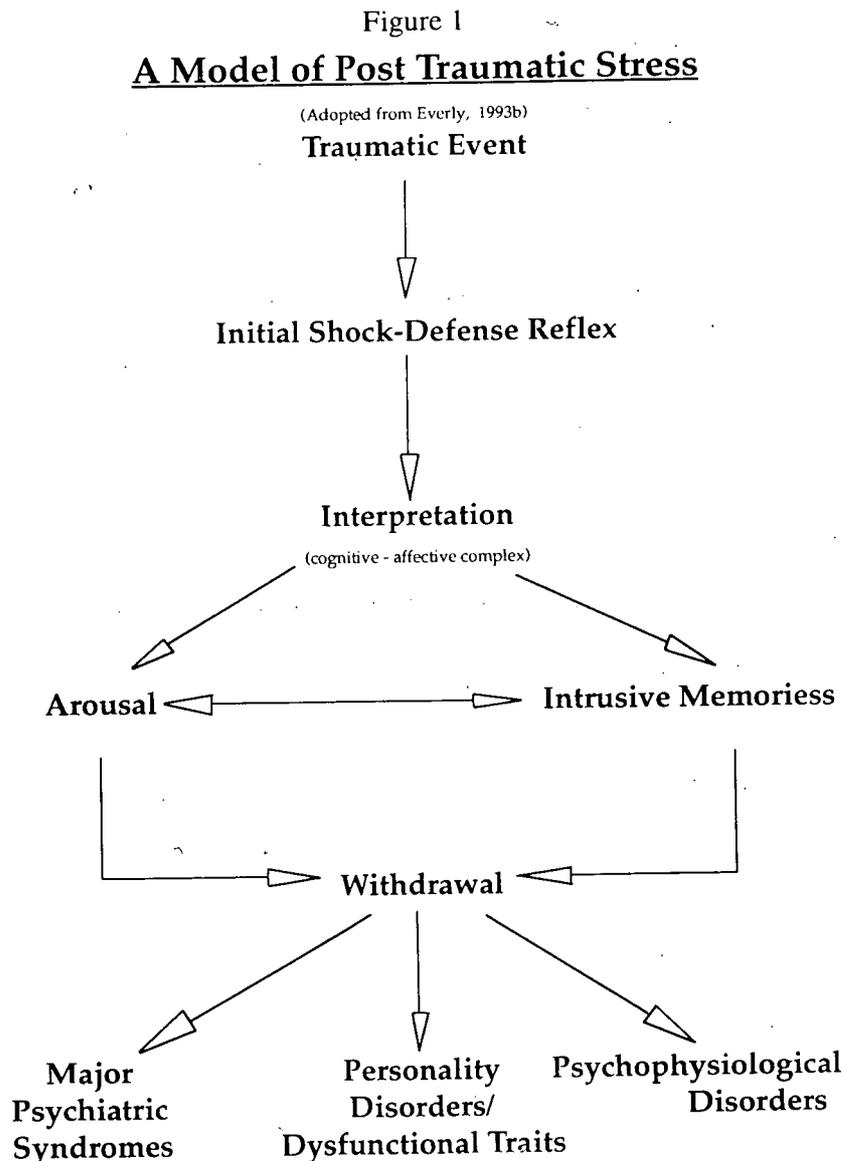
Figure 1 begins an analysis of psychotraumatogenesis with the exposure to a traumatic stressor event, i.e., a psychologically distressing event outside the usual realm of human experience. Once exposed, initial shock and the posterior hypothalamically-medicated defense reflex seem an initial consequence. Yet, as the model progresses, cognitive-affective interpretational processes are revealed as playing a critical role in mitigating or augmenting the subsequent arousal and memory encoding processes, which ultimately manifest themselves as a myriad of potential psychopathological conditions.

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This formulation is far from new. Pioneer psychotraumatologist Pierre Janet expressed similar notions in the early 1900s. His work is artfully summarized by van der Kolk, Brown, and van der Hart (1989), noting that Janet believed that psychological trauma resulted from the interpretation of perceived helplessness vis-a-vis the traumatizing event. "The resulting helplessness gave rise to 'vehement emotions' ..." (p. 368). They added, "Vehement emotion is the result of a combination of the emotional state at the time of the event and the cognitive appraisal of the situation ... Janet noted that the traumatizing event itself need not be a dramatic one: it is the intensity of the emotional <u>reaction</u> that determines whether an event precipitates post-traumatic psychopathology" (p. 375) Roseman's (1984) perspective appears to support Janet as he states: "...it is the interpretation of events rather than events per se that determine which emotion will be felt" (p. 14).

In sum, there appears to be compelling support for the notion that the interpretation phase of the post-traumatic stress response plays the key role in the augmentation or mitigation of the post-traumatic stress sequelae, i.e., determining just how severe the reaction will be. This is in no way to be viewed as an indictment of nor a license to blame, the victim. It is simply recognition of one important aspect in the phenomentology of trauma with the intent to identify where psychotherapeutic applications are likely to be most effective. The question arises as to why the interpretation of helplessness in the face of the stressor seems so powerfully psychotraumatogenic.

Developmentalists and existentialists appear to agree that human beings struggle to make sense out of the world around them. Bowlby (1969) argues that we create "World Models", i.e., beliefs about the world that make it safe to venture forth and explore and affiliate. Janoff-Bulman (1992) refers to these formulations as "assumptions". Thus, these constructs point out that human beings require understanding of, as well as safety and security from, the world around them; therefore they create assumptive explanatory models that do, indeed, render the world safe and predictable, at least psychologically. The intricate and artful Greek, Nordic, and Roman mythologies may have been motivated by just such a need.

The aggregation of assumptions ideologies and related interpretational constructs may be collectively referred to as one's worldview, or "weltanschauung." Within the overall weltanschauung, the quest for security appears to be critical subsequent to psychological traumatization.

Maslow's Hierarchy of Human Needs

Abraham Maslow (1970) constructed a theory of human motivation that provides insight into the interpretation phase of psychotraumatogenesis.

It will be recalled that Janet explained psychotraumatogenesis as the patient being overwhelmed by the traumatic stressor and being left in a condition of perceived helplessness and lack of understanding. This paper has extended that notion to mean that some aspect of the patient's personal weltanschauung has been violated or contradicted. In Maslovian terms, trauma is interpreted as a threat to the second most basic of all human needs ... the need for safety. Figure 2 represents Maslow's Hierarchy of Needs.

Figure 2 reveals the most fundamental of all human needs is to satisfy the basic physiological drives, for survival itself rests on these processes. Yet closely related, and the next most fundamental of all human needs, is the need for safety. According to Maslow, once the physiological needs are met, the need for safety becomes the dominating goal and "a strong determinant not only of (one's) current world outlook and philosophy but also of (one's) philosophy of the future ... A man in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone" (p. 39).

When these concepts are extended to the family, we may speculate that the psychological dysfunction within the family may be within the family's weltanschauung via:

1) a decreased sense that the family unit is a safe, secure, cohesive entity; and
2) the destruction of the existential sense of one's origins or roots yielding a perceived lack of purpose and identity for family members.

Figure 2

Maslow's Hierarchy of Human Needs
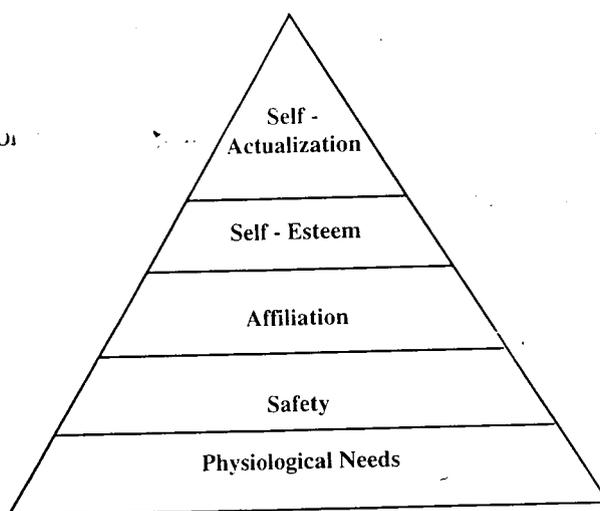
IMPLICATIONS FOR THE LAW ENFORCEMENT FAMILY

The two-factor model delineated above has unique applicability to the law enforcement family.

Factor one described a biologically-based decrease in affiliative drive within the primary trauma victim. Psychological trauma, therefore may be seen as exacerbating the natural premorbid propensity and driving a wedge between the law enforcement professional and the family.

Factor two described a contradiction to the aspect of the weltanschauung that deals with familial safety and security. That is, trauma attacks the very core assumptions about the family and the world itself. Further, law enforcement as a profession is seen as a family; thus, the way in which administrative and supervisory personnel respond to the psychological traumatization of line personnel becomes even more critical than in other professions that are seen as less "fraternal", i.e., less family like.

FAMILY THERAPY

It was stated earlier that the most effective therapies will be those that go directly to the root of the problem. This paper has argued that the problem is two-fold: 1) a biological hypersensitivity that decreases the biological drive for familial affiliation, and 2) the destruction of the weltanschauung, i.e., personal worldview that the family is a cohesive, safe, secure, and productive unit.

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This paper, therefore, recommends that family therapeutics be directed toward healing these two problems. The biological dysfunction DOES NOT NECESSARILY require medications, except in very severe cases. Rather, both of the two problems can be addressed through a well-constructed program of group support, family therapy, and perhaps individual therapy. The specific techniques are not as important as the strategy of achieving the goal of having the family perceived as a functional, safe, and secure unit.

SUMMARY AND RECOMMENDATIONS

1. Post-traumatic stress appears to affect the family through a two-factor dysfunction: a) the primary trauma victim appears to suffer from biologically-based diminution of affiliative drive and familial bonding propensity combined with an increased tendency for anger, in combination with, b) an overall diminution of familial cohesion and a perceived threat to the family's weltanschauung pertaining to safety and security.

2. Individual therapy may be used to assist the primary trauma victim with the primary and secondary symptoms of post-traumatic stress.

3. Family therapy is recommended in order to rebuild family cohesion and assist in restoring family members' overall trust in the family unit.

REFERENCES

Bowlby, J. (1969). Attachment and Loss, Vol. 1, NY: Basic Books.

Donovan, D.M. (1991). Traumatology: A field whose time has come. Journal of Traumatic Stress, 4, 433-436.

Everly, G.S. (1989). A clinical guide to the treatment of the human stress response. NY: Plenum Press

Everly, G.S. (1990). Post-traumatic stress disorder as a disorder of arousal. Psychology and Health, 4, 135-145.

Everly G.S. (1992, Feb). Psychotraumatology: A two factor formulation of post-traumatic stress. Invited paper presented to the Fourth International Montreux Congress on Stress, Montreux, Switzerland.

Everly, G.S. (1993a). Neurophysiological considerations in the treatment of post-traumatic stress disorder: A neurocognitive perspective. In J. Wilson & B. Raphael (Eds.) International Handbook of Traumatic Stress Syndromes. (pp. 795-801) NY: Plenum Press.

Everly, G.S. (1993b, Feb). Short-term psychotherapy of acute adult-onset post-traumatic stress. Invited paper presented to the Fifth Montreux Congress on Stress, Montreux Switzerland.

Henry, J.P. (1993, Feb). Alexithymia and PTSD. Invited paper presented to the Fifth Montreux Congress on Stress, Montreux, Switzerland.

Henry, J.P. & Stephens, P.M. (1977). Stress, health and the social environment. NY: Spranger.

Janoff-Bulman, R. (1992). Shattered assumptions. NY: Free Press.

Lazarus, R.S. (1966). Psychological stress and the coping process. NY: McGraw-Hill.

Maslow, A. (1970). Motivation and personality, 2nd edition. NY: Harper and Row.

McCubbin, H. & Figley, C. (Eds.). (1993). Stress and the family: 1. NY: Bruner Mazel.

Mitchell, J.T. & Everly, G.S. (1993). Critical incident stress debriefing: An operations manual. Baltimore, MD: Chevron.

Roseman, I. (1984). Cognitive determinants of emotion. In P. Shaver (Ed.) Review of personality and social psychology (pp. 11-36). Beverly Hills: Sage Press.

Smith, K., Everly, G.S., & Johns, T.R. (1992, Dec). A structured modeling analysis of the mediating role of cognitive-affective arousal in the relationship between job stressors and illness among accountants. Paper presented to the Second APA/NIOSH Conference on Occupational Stress, Washington, D.C.

Smith, K., Everly, G.S., & Johns, T.R. (1993). The role of cognitive-affective arousal in the dynamics of stressor-to-illness process. Contemporary Accounting Research, 9, 395-407.

van der Kolk, B., Brown, P., and van der Hart, O. (1989). Pierre Janet on post-traumatic stress. _Journal of Traumatic Stress, 2_, 365-378.

Wilson, J.P. (1989). _Trauma, transformation and healing_. NY: Plenum.

"I HAD NO BREATH TO BREATHE"
LINE-OF-DUTY DEATH OF THE ADULT CHILD

Deborah N. Gold, R.N., M.Ed.

Every 57 hours in these United States, a police officer is killed or dies in the line of duty. Each one of these officers is somebody's child. This article is the result of many years of counseling the parents of police officers who were killed or died in the line of duty. Workshops are presented each May at the COPS (Concerns of Police Survivors) National Police Survivors' Seminars. These parents have opened their hearts to me, telling me tales of shattered dreams, entrusting me with their feelings of panic and fright, loss and hopelessness, longing and despair. What I have tried to do has been to help them make peace with the memories of their catastrophe and its wake, to rise above the odds, to become survivors rather than remain victims, and to replace those feelings of hopelessness with some semblance of hope. Their feelings are most respectfully reflected in my words. These words would not be if not for them. Each family has a story to tell, a tragically, painful story of all that preceded the death of their child and all that followed, all that was said, and what was not said. When a child dies, silence often ensues and grows over the years. There are so many awkward silences, for to speak about a child's death is deemed too painful. However, there is <u>nothing</u> that families who ache and live with emptiness can gain from the silence. That which has been silenced needs to be brought to the surface. And that is what happens each year in May.

To All Parents

"I'll lend you for a little while, a child of mine," He said.
"For you to love while he lives, and mourn when he is dead.
"It may be six or seven years, or twenty-two or three,
"But will you, 'til I call him back, take care of him for me?
"He'll bring his charms to gladden you,
and shall his stay be brief,
"You'll have his lovely memories as solace for your grief.
"I cannot promise he will stay, as all from earth return,
"But there are lessons taught down there
I want this child to learn.
"I've looked the wide world over in my search for teachers true,
"And from the throngs that crowd life's lanes,
I have selected you.
"Now will you give him all your love--not think the labor vain,
"Nor hate me when I come to call to take him back again."
"I fancied that I heard them say, 'Dear Lord, thy will be done.'
"For all the joy this child shall bring,
the risk of grief we'll run.
"We'll shower him with tenderness and love him while we may,
"And for the happiness we've known, forever grateful stay.
"And should the angels call for him much sooner than we planned,
"We'll brave the bitter grief that comes, and try to understand."

-Author Unknown

The agony of losing a child is unparalleled. When their child dies, no matter the age, the parents feel as if they, too, have died; a vital part of them has been severed, never to be whole again. Nor is the family ever whole again because someone significant is missing. The entire family structure is forever altered.

Parents grieve for a lost child for the rest of their lives, grieving for what was and for what will never be. They remember, wishing instead they were planning. The child's *own* days--his birthday, the anniversary of his death, other special moments--are remembered vividly, with great longing and despair, with signs of acute grief as though he had just died. Parents ache with their own powerlessness over this senseless injustice. They wonder why, and they feel depressed, and angry, and very, very empty.

For, after all, isn't part of a parent's job to protect, to fend off death? Thus, to *not* have effectively intervened to protect the adult child somehow speaks of failure of the parent in this most important area of responsibility, producing a special sense of guilt--feelings of responsibility and guilt that are irrational.

Whether or not these feelings are rational, however, is irrelevant. They are feelings nonetheless and deserve the respect accorded feelings. Feelings are without rights and wrongs, without moral judgments attached to them. They are our feelings and they are part of us. But, in time, we must find a way to quiet the irrational ones or they will destroy us.

There is no easy way to lose a child. No disease or event is preferable, no situation more palatable. No age or point in time makes a difference. Grief for one's child knows no age limit. Whether expected or unexpected, a child's death is incomprehensible. A parent is not supposed to bury his child. Being predeceased by one's child is unnatural and intolerable, going against all the laws of Nature.

Most parents have thought at one time or another since the child's death, "Why didn't God take me instead? After all, I have had my life and he was just starting his. He had so very much to live for." There is a simple explanation. And that is because it was not the parents' Time. The end never comes before its Time. When it is Time, the end comes. It was just not the parents' Time. It was the child's.

In all ends, beginnings. The moon comes up, the sun goes down ... and as the day is lost, the new night begins. The end is not a curse nor a blessing, but a challenge. The end establishes a relationship between ourselves and the Universe.

Most of us look at life as if it were a straight line; a longer line indicating a better life, a fuller life. But longer does not mean better. It just means longer. Longevity must not be confused with quality. It is not the length of time one has lived but the fullness with which one enters each moment that builds and strengthens character.

Many parents find comfort in the belief that although this mysterious stroke of God's will seemed inexplicable and unjustifiable, yet, being God's work, must be part of some great plan beyond our mortal understanding, perhaps sparing him or them greater pain or loss.

When a child dies, silence often ensues and grows over the years. There are so many awkward silences, for to speak about a child's death is deemed too painful. However, there is *nothing* that families who ache and live with emptiness can gain from the silence. That which has been silenced needs to be brought to the surface.

Every year, without exception, the *same* remarks are voiced by the parents, the concerns that they agonize over. In no particular order, this is what they say:

1. "I want my friends and family to know that he was here, that he lived. Nobody speaks to me about my son. He is never mentioned. I don't want him to be forgotten."

2. "I will always be the mother of six children--one of them is dead."

3. "But he's my child til I die."

4. "She got another husband--I will never get another son."

5. "I wish I had told him I loved him more."

6. "People tell me 'at least she isn't suffering anymore.' I haven't come to terms with why she had to suffer at all."

7. "This is a life-altering experience, even if you stay on top of the grief."

8. "Nobody understands what I'm going through unless they, too, have lost a child. The value of this group is that we are understood--we are allowed to feel lousy."

9. "Why couldn't it have been me instead of my child? He didn't deserve to die so young. It's not fair."

10. "I never got to say goodbye."

11. "People ask me if I'm 'over it' yet. I'll never be 'over it.'"

12. "I'm tired of people telling me she's in a better place. She isn't here."

13. "I had no breath to breathe."

14. "As a parent, my grief is little recognized. All the comfort and solace goes to the widow and the children. What about me?"

15. "I grieve for my dead child, I grieve for myself, I grieve for how everything's so different now."

16. "I feel so guilty ... I felt like I had withered up and died ... I totally ignored my other children until months later, when they screamed at me, 'What about us? We didn't die! We're still alive. *What about us?*'"

17. "As a grandparent, my burden is twice as great. I have to suppress my own grief to help sustain my child. I can't kiss the hurt and make it go away. I can't even kiss a small part of it away. There is no bandage large enough to cover her shattered, bleeding heart. I am powerlessness. I am helplessness. I am frustration."

18. "She cries for her son (my grandson) and I cry for her (my daughter). Why can't I reach that aloneness?"

19. "Everyone tells me that God never gives you more than you can bear--who decides how much another person can bear?"

20. "He did not die alone. A part of his father's soul died with him that night."

21. "I feel abandoned by his Department ... the Department that he loved so much and was his life. He gave his life for that Department and they don't even call to see if I'm OK."

22. "If you lose your wife, you're a widower. If you lose your husband, you're a widow. If you lose your parents, you're an orphan. What is the mother of a dead child? They don't have a name for me. I must not be very important."

23. "They wouldn't let me see his broken and shattered body. Maybe he's not dead, after all, but has gone undercover and he'll come back ... I think that's what happened."

24. "I heard about her death on the radio. They forgot to notify me. I don't feel like I matter."

25. "I feel so out of control over what happened to her."

26. "Where do all these tears keep coming from?"

27. "Maybe it's not so bad, after all. I raised a Hero; the killer's mother raised a murderer."

28. "He wasn't perfect ... but he was perfect to us."

29. "He was a canine cop. The dog went to the funeral. The casket was still in the hearse when they let Baron out. Baron sat on the ground and cried and cried and cried. They had to take him away."

30. "I brought him into this world. That man did not have my permission to take him out."

31. "I was cheated out of him marrying. I was cheated out of grandchildren. I'm *really* angry about that."

32. "I do not want anything anymore. I am not hungry for anything anymore."

33. "If I met another Dad who lost his son, I don't think I could say I understand because I think each one of us feels differently ... I think all I could say is 'I'm sorry'."

34. "The doctor told me that these pills would help me cope. But everyday I seem to need more and more of them. I'm getting scared."

35. "I've had several dreams about my son. But if I told my wife, she'd just get more upset ... and she's upset enough."

36. "It is pointless to describe the days following her death. Those who know, know. Those who don't, will never understand. And ... may they never understand."

37. "My husband has become so distant. We're so far apart in this grieving ... it's tearing us apart. I'm afraid of what's going to happen to us."

38. "If I had never given birth to her, I wouldn't be suffering so terribly now. My heart is so heavy."

39. "No one knew what to say ... because the words did not exist."

40. "He did a brave thing. And lost."

41. "What kind of loving God could do this, could cause me such heartache, such heartbreak? Not my God. I've lost all faith."

42. "At least he was doing what he loved. I'm very proud of him. I go up to strange cops and shake their hands and tell them they're doing a great job ... and to put their vests on. It's the mother in me, I can't help it."

43. "'Be strong. Be a man. Show no weakness. Shed no tears.' That's what I was always told. But I want to cry, I need to cry ... I can feel the tears securely dammed up behind eyes that want to burst ... but I have to be strong, I have to be a man."

44. "There are worse things than dying ... and this is one of them."

45. "Losing him has brought me to my knees and it made me realize I have nothing to say about anything."

46. "My baby, my baby, my baby," she wailed.

47. "Sharing the burden lightens the load."

48. "There is now a new relationship--you are part of me and you are also gone. You are never far away. You are within my heart. You are my heart."

49. "After all these years, still miss you terribly, sweetie ... still miss you terribly."

Agony ... pure, unending agony ... this loss of a child.

As voiced consistently, the death of the adult child raises specific, and quite complicated, concerns. These include, but are not limited to: the feeling of failing in one's responsibility to protect; myriad problems with one's spouse; the neglect of the other children; anxiety concerning the availability of grandchildren and worsening friction with the daughter/son-in-law if there had already been problems; panic if the parents were dependent upon the adult child for emotional support, financial assistance, and everyday care; feelings of abandonment by the Department; insidious problems with prescription drugs and alcohol; and the inadequate recognition, support, and appreciation of a parent's loss.

Each family has a story to tell, a tragically, painful story of all that preceded the death of their child and all that followed, all that was said, and what was not said.

What parents need to do in order to heal is to tell and to retell their story ... perhaps for many years. They need to tell their story until they don't need to tell it anymore. This requires many patient and loving hearts.

Because parents' worst fear is that their child will be forgotten, setting up some type of memorial for their deceased child has proven extremely valuable in helping parents cope with their loss. This can

be in the form of a photo/video journal, an annual golf tournament, a renamed Public Safety Building or street, a planted tree, a pamphlet to hand out. One of our families has set in motion a commemorative postage stamp to honor all in law enforcement.

A memorial reminds us that although not everlasting, their child's life will be eternal. This provides tremendous solace for a family. Parents do not want to believe that their child died in vain and they do not want their child to be forgotten. They want people to know that their child lived and that their child made the ultimate sacrifice, that their child gave his all.

Critically important for surviving this dreadful loss is a connection, a solid connection, with the deceased officer's Department. Some of our parents have gone on ride-alongs with their child's partner, providing an invaluable link with their child. New memories are made as tales are shared. Continued support from and connection with the Department, the Department the child loved so much, remains a crucial issue for parental survival.

Being of service to others is yet another step towards healing. As past surviving parents reach out to the new parents, they transcend themselves and, almost without their knowledge, healing takes place. They share their sorrow ... *they talk of their children* ... and they grieve together. What they do not realize is that they heal together.

Some of our parents have gotten very politically involved, i.e., with Victim Assistance programs, MADD (Mothers Against Drunk Driving), COPS (Concerns of Police Survivors). This seems to give them an avenue in which to voice much of their anger and to vent their anger positively, and a chance to make a difference.

Lastly, those parents who seem to cope the best are the ones who have a deeply religious faith and belief. Although they have usually expressed some doubt and anger towards their particular God for this horribly devastating event in their lives, they ultimately believe that every situation serves some greater purpose and that their loving God remains in their corner, ready to support them in whatever befalls them.

One night a man had a dream. He dreamed he was walking along the beach with the Lord. Across the sky flashed scenes from his life. For each scene, he noticed two sets of footprints in the sand; one belonged to him, and the other to the Lord.

When the last scene of his life flashed before him, he looked back at the footprints in the sand. He noticed that many times along the path of his life, there was only one set of footprints. He also noticed that it happened at the very lowest and saddest times of his life.

This really bothered him and he questioned the Lord about it. 'Lord, you said that once I decided to follow you, you'd walk with me all the way. But I have noticed that during the most troublesome times in my life, there is only one set of footprints. I don't understand why when I needed you most you would leave me.'

The Lord replied, 'My precious, precious child. I love you and would never leave you. During your times of trial and suffering, when you see one set of footprints, it was then that I carried you.' (Anonymous)

ASSISTING A CHILD WITH THE LOSS OF A POLICE PARENT

Special Agent Andrew M. Gruler

It is estimated that five percent--1.5 million--of the children in the United States lose one or both parents by the age 15 (Osterweis & Townsend, 1988). Very often, some of the immediate concerns of the surviving spouse and/or family members are: how to talk to children about the death and how well the children react to the death. Knowing how to inform a child that a parent has died, as well as being aware that children react differently to traumatic events, will assist the surviving spouse and/or family members in helping the child through the grieving process.

CHILDREN'S UNDERSTANDING OF DEATH

In a 1973 study, 41 children (23 males and 18 females) ages 3 to 10 years old were interviewed about their concept of death (Melear, 1973). The children's ideas about death fell into four categories:

1. Relative ignorance of the meaning of death. Six subjects between 3 and 4 years of age fell within this group. They had little or no knowledge of the concept of death.

2. Death is a temporary state. Ten subjects, from approximately 4 to 7 years of age, felt that the dead can be restored to life or that they revive spontaneously.

3. Death is final but the dead function biologically. Four children, ages 5 to 10 years, were in this category. This group felt that death was final; however, they believed that the dead could see, hear, and feel.

4. Death is final with the cessation of all biological functioning. This last group contained 21 children. Three children were under 6 years of age and the rest over 6 years of age.

Another study (Osterweis & Townsend, 1988) also found the understanding of death by children similar to the Melear study. Osterweis and Townsend found that children under 7 years of age were unable to understand that death is final. Between the ages of 7 and approximately 11 years, children began to understand that death was final; however, they failed to view death as universal, that everyone was going to die, including them. After the age of about 11 years, the child began to realize that death is inevitable for everyone.

Some adults feel that children are just too sensitive and can not possibly cope with the idea of death. Parents fail to realize that their young ones have already been around death and have heard of death even though they may not understand the concept. Stories such as Little Red Riding Hood, Hansel and Gretel, and Charlotte's Web as well as nursery rhymes like Humpty Dumpty and There was an Old Lady who Swallowed a Spider introduce the idea of death to children. The loss of a pet gold fish, bird or dog shows a young child the finality of death and the sorrow it can bring. Even seeing a dead animal on the roadside can raise questions in the child's mind.

HELPING THE CHILD DEAL WITH DEATH

People knowledgeable in this area indicate that the best approach in telling a child of a death is the direct approach (Kushner, 1981; Lightner & Hathaway, 1990).

It is important that the child be told, in an age-appropriate manner, that the parent is dead and will not be coming back. At the same time, you have to reassure the child that the parent who died loved him and did not want to die, and it was nothing the child did that caused the death; that the deceased wanted to come back home but because of the accident or shooting, will not be able to do so. It is important the child knows that he/she is loved and will be cared for by the surviving parent and/or other family members.

Express to the child that it is all right to cry when he/she feels like crying, and to be mad if he/she feels like being mad (Wass, 1991). Thus, the releasing of emotions is the beginning of the grieving and accepting process.

It is best if terms like "daddy has gone away" or "mommy has gone to be with grandma" not be used. The reason being that daddy has "gone away" before but has always come home, and going to be with "grandma" may indicate that mommy just went for a visit and will return. Phrases like that may give the child the false sense that daddy or mommy will return.

The most important factor in helping the child to start accepting the loss is to explain to the child, so that it is understood, that death is final and that daddy or mommy will not be coming back.

It is also best to answer only the questions asked by the child. Going into more detail than the child can emotionally handle can be overwhelming (Fisher, 1991). All questions asked by older children should be answered as truthfully as possible, even if great detail is required. This is because the line-of-duty death of a police officer will make local, if not national, news. Reports will be carried by television, which may have film coverage of the actual death, as well as radio stations and newspapers. If the child sees, hears, or reads facts about the parent's death that were withheld by a surviving spouse or family member, a needed line of communication may be lost due to the lack of trust.

It is very important that an open and honest environment be established. This climate should be one that is nonjudgmental, where feelings can be expressed without fear.

If, for whatever reason, the surviving parent can not tell the child of the death, a person who is known by the child should make the notification. As with the police officer who informs the spouse, the person who notifies the child should also know as many facts surrounding the death as possible, so that if the child has any questions, they can be answered.

The child should be allowed to attend the funeral if he or she so desires. This will enable the child to be part of the family grieving process and to see and hear that other people feel sad and will miss the child's parent. This milestone will enable the family to have a common closure and starting point to begin the healing process.

CHILDREN AND GRIEF

Sometimes the spouse's grief is so consuming that he/she fails to see that the child's grief is just as deep and strong, but that the child's coping methods are somewhat different. Because a child's idea

of what death is and what death really means can differ from an adult's, the child may not react as expected or as an adult may feel is appropriate.

Children are unable to maintain prolonged stages of grieving and are more likely to grieve in spurts. It is not unusual for young children to start playing soon after the death as if nothing happened, or they may ask numerous questions, which may seem inappropriate to an adult and ask these same questions over and over again (Engram, 1990).

Fear is the most common part of grieving for children (Elizur & Kaffman, 1982; Lightner & Hathaway, 1990)--fear that the surviving parent may also die, leaving the child alone; fear that the death was caused by something the child did or did not do, said or did not say.

Children may feel that if they change certain behavior, or wish hard enough, they will be able to make the person who died return. Some fear that they may also die or that the dead may return and seek revenge (Osterweis & Townsend, 1988). Some older children may revert to pre-school behavior like thumb-sucking, bed wetting, and refusing to dress, feed, or wash themselves (Young, 1989).

A four-year longitudinal study of 25 kibbutz children in Israel who were between the ages of 2 and 10 years when their fathers were killed in the 1973 Yom Kippur War found that the immediate reactions of the children were crying, moodiness, and varied expressions of longing (Elizur & Kaffman, 1982).

This same study also showed that some of the older children used different defensive measures to help them "gain distance and time" in order that they may assimilate the loss in their own way. Two of their methods were to recall times when the child and the father were together doing some activity, and that the father was not dead and would return in the future. Unlike the younger children "who denied the loss" and tended to talk a lot about the father, most of the older children (age 7 to 10) tended to gain distance by withdrawal, restraint, and ignoring the subject of death directly.

This study also showed that approximately one and a half years after the death of their father, the children showed some acceptance of the loss along with a decrease in the denial defense. However, about two-thirds of the children showed an increase in the dependence on the mother, demanding more of her time and attention. It was also at this time that separation from the mother became difficult with the younger children clinging to, and wanting to know the whereabouts of, the mother at all times.

The third and fourth year of the study found some adjustment to the change in life style, and a decrease in grief reactions, anxiety levels, separation difficulties, and severity of fears.

CONCLUSION

Even though it is the hardest to do, it is suggested that the direct approach be taken when informing a child about the death of a parent or other close family member. By being direct and making sure that the child knows that death is final and the parent is not coming back, and at the same time addressing the fears and concerns of the child, you will be helping the child to start the grieving process.

REFERENCES

Elizur, R. & Kaffman, M. (1982). Bereavement reactions following death of the father: II. Journal of the American Academy of Child Psychiatry, 21, 474-480.

Engram, S. (1990). Mortal matters. Kansas City, MO: Andrews and McMeel.

Fisher, W.C. (1991). Critical incident trauma treatment for an officer son of a slain officer. In J.T. Reese, J.M. Horn & C. Dunning (Eds.), Critical incidents in policing/Revised, (pp. 83-84). Washington, D.C.: U.S. Government Printing Office.

Kushner, H.S. (1981). When bad things happen to good people. New York: Schocken Books.

Lightner, C. & Hathaway, N. (1990). Giving sorrow words. New York: Warner Books.

Melear, J.D. (1973). Children's conceptions of death. Journal of Genetic Psychology 123, 359-360.

Osterweis, M. and Townsend, J. (1988) Bereavement and Children. Understanding Bereavement Reactions in Adults and Children: A Booklet for Lay People. Maryland: National Institute of Mental Health.

Wass, H. (1991). Helping children cope with death. In D. Papadatou & C. Papadatos (Eds.), Children and death (pp. 16-23). Newark: Hemisphere Publishing.

Young, M.A. (1989). Working with victims who are children or adolescents. National Organization for Victim Assistance, 13 (1), 1-6.

CRITICAL INCIDENT STRESS INTERVENTIONS
WITH FAMILIES AND SIGNIFICANT OTHERS

Jeffrey T. Mitchell, Ph.D.

Critical incidents often produce a profound negative stress effect upon operations personnel. In the last decade, great progress was made in developing prevention and intervention programs to alleviate those harmful effects. Until recently, the issue of tertiary traumatic victimization of those who share their lives with operations personnel has received only very limited attention. Those who provide support services to emergency personnel are realizing that family members and significant others are also being seriously affected by the same critical incidents. The adaptation and application of critical incident stress management techniques for family members and significant others is currently receiving much greater attention. Programs must be designed to assist those who form the environment that provides primary support to operations personnel. In other words, it is not sufficient to assist the "uniform" without simultaneously underpinning the home environment in which the "uniform" lives. Guidelines are presented for effective critical incident stress management programs for families.

INTRODUCTION

Early family theorists such as Virginia Satir (1967) and Murray Bowen (1978) set the stage for our current understanding of the effects of job stress and critical incident stress events not only on the involved operations personnel, but also on the entire family unit. In essence, they theorized that if one part of the family or social system is negatively affected, the entire social network is negatively affected.

During the last twenty to thirty years, law enforcement organizations clearly saw a need to assist police officers with their family problems. Numerous counseling programs were established to assist families of police officers who were stressed by the tensions created by their loved one's work (Reese, 1987; Means, 1986; Stillman, 1986). In one study of 232 large municipal police departments, it was found that 42% of those departments provided counseling to police officer spouses and family members (Delaprino & Bahn, 1988). The needs of law enforcement families were also recognized in the U.S. Congress. In May of 1991 the Select Committee on Children, Youth and Families of the House of Representatives heard testimony from a number of experts regarding the counseling needs of law enforcement families (Schroder, 1991).

Additional recent writings regarding the families of law enforcement and other emergency workers point to the experientially established fact that a traumatic impact goes well beyond the individual involved with the incident and impinges on his or her family and the entire social network around that person. In a police shooting, for example, "The effects of the shooting incident were found to have spread to all immediate family members, that is, wives, children, and parents" (Manolias & Hyatt-Williams, 1993, p. 391). Hartsough (1991) wrote about the impact of traumatic events on police officers and their social networks:

> It is not unusual to find that <u>both</u> the officer and the spouse have become victims of a critical incident. In this case, the couple, and therefore the family, is psychologically quite vulnerable. Neither can give support that is so highly prized by victims of trauma. Because neither one can give it, neither one is receiving it from within the family. Parenting, work performance, and other socially important activities may decline significantly (p. 133).

Several clinicians have not only pointed out the fact that family and friends of operations personnel are quite vulnerable to changes in interpersonal relationships as a result of traumatic stress, but that the distressed worker recover from that experience. After traumatic stress, people desperately need to reconnect with their families and social network to recover from the shock of the occurrence (Hartsough, 1991; van der Kolk, 1991; Wittrup, 1991).

Recognizing that families are negatively impacted by traumatic events and that significant others have a key role to play in the recovery of the distressed operations personnel is not sufficient. It is also important to recognize that, at times, families may be so seriously overwhelmed by the stress response of their loved ones that they are unable to assume their appropriate roles in facilitating the recovery of the hurting emergency worker. They may be terrified by the event itself or by the powerful effects of the trauma that they perceive in their loved ones. Their fears may be widespread. They sense their own personal vulnerability as well as the realization that their loved one is more vulnerable than they have ever known him or her to be. They fear that the traumatic stress response may become a permanent condition and that life as they have known it will be negatively changed forever. They may be shocked by the breadth and depth of the stress response syndrome and unable to comprehend that such conditions are initially normal and can be rectified or mitigated with early intervention and a variety of support services. Families and loved ones of emergency workers may not know what to do or say and their own pain may cause them to withdraw from contact with each other.

Under these circumstances, outside support for the family will be necessary if the family and the emergency worker are to recover. The resources beyond the family will need to be well trained and knowledgeable or the potential for failure and further deterioration within the family is considerable. The knowledge and skill of an outside resource can be most effectively applied if there is in place a carefully designed set of policies and procedures and a broad spectrum of intervention techniques. The following information should serve as a helpful guideline for those who will be providing family support services to law enforcement agents and other emergency personnel.

THE CRITICAL INCIDENT STRESS MANAGEMENT TEAMS

During the past decade, over 305 special critical incident stress management (CISM) teams have been established in the United States and another 50 have been developed in other nations. Each of these teams is a combination of mental health professionals, clergy, and peer support personnel (peer advisors). Peer support personnel include police officers, fire fighters, paramedics, corrections officers, nurses, communications officers, and other first responders. A key characteristic of a CISM team is that peers provide a great deal of the primary services, but under the guidance of mental health professionals. The emphasis on CISM teams is the prevention of stress problems. Team members do not engage in psychotherapy. Their main role is described best by education, mitigation, and support functions. Peers from the emergency services organizations help their fellow workers to recover from traumatic stress, but in no way do they replace the functions of psychologists or employee assistance programs.

The teams provide a variety of services to emergency personnel in an effort to prevent or reduce traumatic stress. The usual services provided by a critical incident stress management team include, but are not limited to the following:

- preincident education
- on-scene support services
- defusings
- disaster demobilizations

- critical incident stress debriefings
- individual consults
- follow-up services
- specialty debriefings for nonemergency people
- significant other support services
- informal discussions (Mitchell, 1992)

CISM TEAMS AND SIGNIFICANT OTHERS

Some of these services have the potential to be directly applied to significant others. Others may need to be adapted for such use. Additional services may need to be developed in the future as the experience with traumatized significant others intensifies.

CISM teams began to work with families and significant others a decade ago, shortly after the teams were first exposed to the needs of emergency operations personnel. But the greatest development in procedures to assist emergency service families has occurred during the last five years (Mitchell & Bray, 1990; Mitchell & Everly, 1993).

An innovation in many CISM teams is the addition of spouses or significant others to full memberships on the teams. Spouses or significant others serve on the teams as peer support members. They receive the same training on the team as the peer support personnel from emergency services organizations. They attend meetings of the CISM team and participate fully in team activities. They do not fill a role as a clinician or clergy person. Likewise, they do not provide any support services to operations personnel. Significant others have been incorporated into CISM teams only to provide support to distressed spouses, family members, and other important people in the nonwork environments of the emergency personnel. They have been particularly useful to date in providing stress education and immediate support services after line-of-duty deaths and serious injuries to emergency workers.

SERVICES PROVIDED BY SIGNIFICANT OTHERS ON CISM TEAMS

The most common services provided by significant others on CISM teams include the following:

- spouse and significant other education programs
- recruit significant other orientation programs
- team teaching on family issues in recruit classes
- line-of-duty death support services
- critical incident stress debriefings
- individual consults (peer advisor support)
- regularly meeting support groups
- outreach programs to communities as necessary
- follow-up services for significant others
- informal discussions as required
- other services as may be required

Significant others should not be expected to provide support services without appropriate training in the field of critical incident stress management. Well meaning but untrained people can, in fact, produce considerable harm if they attempt to intervene with distressed families and significant others.

Appropriate training includes at least the basic critical incident stress debriefing team training that is provided to emergency personnel. Beyond that, significant others would benefit greatly from the following types of courses:

- Crisis intervention
- General stress management
- Peer counselor training
- Advanced CISD training
- Human communications skills

Significant other support training should also include a variety of ancillary programs and experiences specially designed to enhance the ability of nonemergency personnel to help significant others. Such programs or experiences might include:

- station visits
- familiarization with communications office
- firearms home safety programs
- ride-along programs
- familiarization with the organization's structure
- community resource referral networks
- parenting programs
- other programs as the needs arise

STRESS EDUCATION PROGRAMS

A decade of experience with CISM teams suggests that forewarning people about possible stress conditions and stress reactions has a positive effect on their ability to prepare for the situation and to manage the stresses induced by it. It also appears that stress education programs enhance a person's ability to recover from traumatic stress. People who know stress symptoms tend to call for help earlier and recover earlier.

CISM teams that serve families and significant others should be involved in providing stress education programs. Lectures on general stress, critical incident stress, and family stress should be periodically provided.

A typical outline of topics might include:

- nature of stress
- positive stress
- negative stress
- stress signs and symptoms
- general stress vs. critical incident stress
- impact of traumatic stress on the officer
- impact of traumatic stress on the family system
- survival skills for families and significant others
- calling for help
- restoring the balance in the family
- functions of a CISM team

The new recruits must be forewarned that the stresses associated with emergency services work can have a profound impact on a person's family system. They should be advised of types of assistance available should they or their family members require help. This type of information can be easily team taught by mental health professionals and peer support personnel. It is especially helpful if a significant other peer support person participates in the educational programs.

Significant others of new recruits should be given time to express their concerns and anxieties. Discussions led by CISM-trained significant others can do much to prepare spouses, family members, and friends for the impact of emergency work on their loved ones.

Some stress education programs are actually provided after a stressful event has occurred. These programs help calm a family system after it has been stressed by providing accurate information on the normal reactions to stress, the time frame the symptoms might last, and the easiest way to contend with the extra stress generated by the critical incident.

INDIVIDUAL CONSULTS

Frequently, a person who has attended an education session has questions or concerns that he or she would like to discuss privately with a trained CISM team member. The CISM team should be prepared to manage these contacts immediately. If the situation being discussed is beyond the abilities of a CISM team member, a referral might be indicated. Close contact with the mental health professionals on the CISM team assures that appropriate referrals can be made.

Individual consults might also be necessary after a debriefing is offered to families or other significant others. Additionally these one-on-one contacts may be stimulated by informal discussions that take place between trained team members and the spouses or significant others of emergency personnel. Experience indicates that much good has been accomplished by the support provided in individual consults and informal contacts with people who are knowledgeable about traumatic stress and its symptoms.

ROUTINE SUPPORT GROUPS

Although the schedules and activities of emergency personnel rarely permit them to meet on a regular basis for support, greater success has been met when attempting to provide such services to the spouses and significant others of emergency personnel. Many CISM teams have reported that regular group support meetings have been well attended in several localities across the nation.

The sessions must be well organized and educational, or attendance will fall off and the support group will dissolve. Each session should have an educational component, a question-and-answer period, and a time to ventilate problems and concerns. Groups should facilitate the resolution of problems so that participants feel that they have been listened to and helped.

Regularly scheduled group support meetings are important to the participants. They should be viewed as important by the CISM and the emergency organizations served by the team.

CRITICAL INCIDENT STRESS DEBRIEFINGS

Whenever traumatic incidents occur that cause an unusual amount of distress in the operations personnel and subsequently in the family systems attached to those personnel, Critical Incident Stress Debriefings (CISD) should be offered to both the operations personnel and their families (Mitchell & Everly, 1993). The CISM team divides the work by having operations personnel debriefed by operations CISM team members and the significant others debriefed by significant other CISM team members.

Structured with seven major phases, the debriefing moves in a nonthreatening manner from the usual cognitive-oriented processing of human experience, which is common to law enforcement personnel, through a somewhat more emotionally oriented processing of their experiences. The debriefing ends by returning the people to the cognitive-oriented processing of their experiences where they started. The seven steps are identified below. For more details about the debriefing process, see Mitchell and Bray (1990).

Phase 1: Introduction. The trained CISM team lays out the ground rules of the debriefing process, describes an overview of how a debriefing works, and encourages active involvement on the part of the participants. Confidentiality is emphasized throughout the process.

Phase 2: Fact. Officers are asked to discuss the general facts of the incident (not aspects that would jeopardize an investigation or cause them difficulties with their supervisors).

Phase 3: Thought. Officers are asked what their first thoughts were about the incident once they got off the "auto pilot" mode. This phase personalizes the experience for the officers. It makes it part of themselves rather than a collection of facts outside of themselves.

Phase 4: Reaction. The debriefing participants discuss emotions by means of answering the question "What was the worst part of the event for you personally?"

Phase 5: Symptom. The participants describe the signs and symptoms of distress.

Phase 6: Teaching. The critical incident stress team teaches a great deal of practical, useful information to help reduce stress at work and/or at home.

Phase 7: Reentry. Officers ask whatever questions they may have. Advice, encouragement, and support are offered by the CISM team members. Participants are given referral resources should they need additional assistance.

Although the seven-phase process is applied as it is with emergency personnel, some adaptations must be made to facilitate the interactions of the significant others. For example, in the fact phase, the significant others are not asked what their job or role was in the incident. Instead they are asked how and when they found out about the incident.

CISM teams need to be aware that significant others and family members are not as reluctant to discuss and express their emotions as emergency personnel are. They often begin to express these emotions in the fact and thought phases of the debriefing.

Common themes that are likely to arise during a significant other debriefing include fear and anxiety for the well-being of their loved ones, anger at the citizens or the administrators of the organization or even at their loved one for taking risks, and frustration that they could do nothing to help

those they care about. Many express a sense of loss of their security. There is also considerable concern about the welfare of their children. It is, of course, helpful to have a CISM-trained significant other support person present in the debriefing. The service, however, should not be withheld if no significant others are on the team. Instead the CISM team members continue the debriefing as best as they can without the help of the significant other.

The teaching phase of the debriefing can be a bit more of a challenge for a CISM team. It is necessary to teach very concrete guidelines for survival in the face of family stress. Many people want to know specific details of child care in times of crisis. They are also confused as to how to help themselves and their emergency service loved one. Many have difficulty focusing their anger or their energy and seek specific guidance from the team.

The typical occasions on which a CISM is provided include incidents such as line-of-duty death, serious injury to an emergency worker, communitywide events, and "close calls" in which personnel were almost wounded or killed.

Occasionally CISM team and the significant others on those teams can be very helpful to the community, such as in a disaster or other large-scale event. The work of significant others must be guided by mental health professionals when they are dealing with the average citizen. Too many variables can be troublesome without appropriate guidance.

LINE-OF-DUTY DEATH

Line-of-duty death is without doubt the most disturbing occurrence in an emergency services community. The event is totally overwhelming. The amount of work to be done by a CISM team is difficult to adequately measure. There is no doubt that the volume and intensity of CISM work will be greater than anything else the team has experienced.

The following is a brief list of some of the team duties in the aftermath of a line-of-duty death:

- funeral preparations
- immediate support for the spouse and immediate family members
- child care
- food services
- debriefings
- safe houses for family stressed by media
- young children program
- teen programs
- education programs

Teams that plan ahead for such activities will have greater chance of success. Ongoing team education and preparation is essential.

FOLLOW-UP SERVICES

Providing CISM services to families and significant others does not completely rectify the stress problem. Follow-up services--home visits, informal meetings, telephone calls, networking, and referrals--

must be provided. If positive results are not found in three to five contacts, the CISM team members should consider referral to qualified mental health professionals or other resources.

CONCLUSION

Emergency services organizations use a wide variety of effective support services to ensure that significant others of emergency personnel are not forgotten in their struggles with traumatic stress. This positive step will assure that the main source of emotional support for emergency personnel is protected and nourished and ready when emergency operations personnel are emotionally wounded in the line of duty.

REFERENCES

Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson, Inc.

Delaprino, R.P. & Bahn, C. (1988). National survey of the extent and nature of psychological services in police departments. Professional Psychology: Research and Practice, 19(4) 421-425.

Hartsough, D.M. (1991). Stresses, spouses and law enforcement: a step beyond, In J.T. Reese, J.M. Horn & C. Dunning (Eds.) Critical incidents in policing, (revised). (pp. 131-137) Washington, DC: FBI.

Manolias, M.B. & Hyatt-Williams, A. (1993). Effects of post shooting experiences on police-authorized firearms officers in the United Kingdom. In J.P. Wilson & B. Raphael (Eds.) International Handbook of traumatic stress syndromes. (pp. 385-394) New York: Plenum Press.

Means, M.S. (1986). Family therapy issues in law enforcement families. In J.T. Reese & H.A. Goldstein (Eds.) Psychological services for law enforcement. (pp. 140-142) Washington, DC: U.S. Government Printing Office.

Mitchell, J.T. (1992). Comprehensive traumatic stress management in the emergency department. The Emergency Nurses Association MONOGRAPH SERIES: Leadership and Management in Emergency Nursing, 1(9), 1-16.

Mitchell, J.T. and Bray, G.P. (1990). Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel. Englewood Cliffs, NJ: Prentice Hall, Inc.

Mitchell, J.T. and Everly, G.S. (1993). Critical Incident stress Debriefing (CISD): An operations manual for the prevention of traumatic stress among emergency services and disaster workers. Ellicott City, MD: Chevron Publishing Corporation.

Reese, J.T. (1987). A History of Police Psychological Services. Washington, D.C.: U.S. Government Printing Office.

Satir, V. (1967). Conjoint family therapy: A guide to theory and technique. Palo Alto, CA: Science and Behavior Books, Inc.

Schroder, P. (Chairwoman) (1991). On the front lines: Police stress and family well-being. Hearing before the Select Committee on Children, Youth and Families, House of Representatives. Washington, D.C.: U.S. Government Printing Office.

Stillman, F. (1986). The invisible victims: Myths and realities. In J.T. Reese & H.A. Goldstein (Eds.) Psychological services for law enforcement. (pp. 143-146) Washington, D.C.: U.S. Government Printing Office.

van der Kolk, B.A. (1991). The psychological processing of traumatic events: The personal experience of Post Traumatic Stress Disorder. In J.T. Reese, J.M. Horn & C. Dunning (Eds.) Critical incidents in policing, (revised). (pp. 359-364) Washington, DC: FBI.

Wittrup, R.G. (1991). Post traumatic stress disorders and the role of the family. In J.T. Reese, J.M. Horn & C. Dunning (Eds.) <u>Critical incidents in policing, (revised).</u> (pp. 387-389) Washington, DC: FBI.

PEER SUPPORT TEAM TRAINING AND INTERVENTION FOR THE POLICE FAMILY

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Police families (like police officers) are often a "closed fraternity." There is a hesitancy for police families to seek help when faced with a crisis situation. Fear of tarnishing the spouse's reputation, public chastisement, ridicule and loss of respect from other police officers and families, and even censure from other families are all factors that may preclude the family from seeking needed help. This paper describes how a peer support team can be used to provide help to families in crisis situations. With proper selection, training, and supervision, the peer support team can help resolve (or provide proper guidance in) most family crises. This paper further discusses a unique model for the selection of peer support team members, training in family-related issues, developing family referral lists, and establishing family contacts and presents case studies of family-oriented interventions. It is hoped this paper will help other professionals who supervise peer support teams adapt those teams to broader concerns of the police family.

INTRODUCTION

It has long been known policing is a stressful occupation that can take a physical and emotional toll on officers. Policing is not necessarily more stressful than other occupations (see for example Malloy & Mays, 1984; Terry, 1981 & 1983), but the role and organizational demands placed on the officer are ones often unique to policing. Some of the stressors unique and problematic to policing include absence of closure, danger and fear, multicultural relations, people pain, role ambiguity, role conflict between work and home, and crises related to traumatic incidents (Depue, 1979; Honig & Reiser, 1983; Maynard & Maynard, 1982; Violanti & Marshall, 1983).

Officers use a variety of coping mechanisms to deal with these stressors, many of which involve negative behaviors such as alcohol abuse, cynicism, depersonalization, deviant or abnormal behavior, high divorce rates, suspiciousness, etc. As much as the occupational stressors, it may be the deviant coping behaviors that lead to high incidence of early death and suicide among police officers (Bracy, 1979).

Police departments have employed many strategies in an attempt to alleviate the stressful effects of policing, including duty reassignment, additional training, specialized seminars, etc. One of the most widespread strategies has been to employ psychologists to work with officers. While the efforts of some psychologists have been successful, many others have met with failure. Many officers will not go to a professional psychologist (Klyver & Reiser, 1983). The psychologist is not a police officer and cannot understand the demands of the job, they are seen as a tool of management, there is a connotation of being "sick" or "unstable," and/or the officer will be stigmatized by management and peers. In short, officers are fearful, cynical, and distrustful of the psychologist.

One successful strategy for dealing with officer stress has been the peer support team concept. Employees in any position, including police, will naturally form peer associations and informal support groups. These support groups are characterized by feelings of mutual support, reliance on receiving help from co-workers, a sharing of obligations, and a belief that co-workers care (Cobb, 1976; Gottleib, 1983; House, 1981; Sarason, Sevine, Basham, & Sarason, 1983). The danger in informal support groups is they can be detrimental as well as beneficial. Informal support groups can foster and promote dysfunctional coping strategies. For example, Violanti, Marshall, & Howe (1985) found police officers often drink in groups to relieve stress. This practice not only is physically harmful, it can lead to greater

problems (i.e., alcoholism), worsens stress, strengthens the "us against them" attitude (further exacerbating stress), and takes the officers away from their families.

Informal support groups can be positive. Pearlin, Lieberman, Menaghan, & Mullan (1981) found support groups foster trust and communication. Sarason, Sevine, Basham, & Sarason (1983) reported support groups increase self-reliance and help the person overcome obstacles at work. Bowlby (1980) found support groups could help in overcoming frustrations and promote problem-solving. More significantly, research has consistently found social support networks can significantly reduce stress (Cullen, Lemming, Link, & Wozniak, 1985; Gaines & Jermier, 1983; Graf, 1986; LaRocco, House, & French, 1980; Turner, 1981). Whether negative or positive, however, peers are going to be utilized for support. To illustrate, Lippert (1981) reported officers involved in shootings returned to their stations within two days to speak with other officers regarding the shooting incident. This practice could be negative or positive, depending upon reactions and comments of peers.

One danger with informal support groups is the difficulty in predicting whether the group will provide a negative or positive influence. The organization may have several such support groups, some with a negative influence, some with a positive influence. Officers may fluctuate between support groups as a function of time and personal stressors. Thus, an officer may seek out the support group that offers the most acceptable personal solution rather than the support group with the best solution. Most serious, the support group may likely provide an incorrect solution to the officer, not through malice, but for lack of proper training. An officer experiencing marital difficulties, for example, may be encouraged or advised to get a divorce rather than go for counseling because that is how other group members resolved their marital difficulties and divorce fits within the cognitive myth of policing.

Formalized peer support teams can overcome the barriers and problems previously mentioned. Peer support teams are not new to policing. In the early 1950s, the Boston Police Department began a peer alcohol abuse counseling program, which in 1973 was expanded to include counseling for any personal program (Donovan, 1985). The original program was based upon the Alcoholics Anonymous model and counselors were themselves recovering alcoholics. Shortly after the Boston program began, the Chicago and New York City police departments began similar programs. In the mid 1970s, the New York FBI office began an alcohol treatment program similar to these early programs. The first full-service peer support programs were developed and implemented at the Los Angeles Police Department, the Long Beach, California, Police Department, and the Los Angeles County Sheriff's Office in the early 1980s (Klein, 1989; Klyver, 1983). Since that time, numerous police agencies have started and now utilize peer support teams.

Peer support teams are based upon several assumptions. First, police officers are reluctant to visit a professional but will discuss personal problems with a peer. It is therefore important peers be trained to discuss these problems and offer solutions. Trained peers can be at least as effective as professionals (Durlak, 1979). Second, police officers are normal people doing an extraordinary job. Sometimes these officers are confronted with professional or personal circumstances beyond their control and need help. Third, early intervention into a situational problem can prevent that problem from becoming a long-term maladjustment. Peer support teams are designed to be proactive and provide that early intervention. Fourth, peer support teams are not part of the organizational chain of command and are not answerable to management except in situations involving homicide/suicide or serious violations of law.

Capps (1984) identified six goals of a peer support team:

1. To help fellow employees through the temporary crisis situations that are a common part of our lives;

2. To develop a readily accessible network of employees trained and willing to be of service to their fellow employees who have expressed a need for assistance;

3. To develop an awareness among employees that they are not alone, that people are willing to listen to them, and that others care about them and their problems;

4. To develop among employees an awareness of the self-help alternative that are available to them;

5. To develop a system of referrals that can provide, in more serious cases, appropriate professional care; and

6. To increase the availability of employees, thereby increasing organizational efficiency, through a program of intervention that can assist in defusing problems before they can reach a point of crisis and result in the loss of work time.

Peer support teams are comprised of volunteers who have an excellent work record and are respected within the organization. Many peer counselors are themselves recovering alcoholics or have experienced some major work-related crisis. Peer counselors receive three to five days of training in a variety of skills, including communication and listening skills, counseling skills, and psychological problems (i.e., depression, suicide, etc.), alcohol and drug abuse, and stress and traumatic stress issues (McMains, unpublished).

In addition to support or job problems, peer support teams provide counseling and assistance for some family issues. Family issues can be divided into two general categories. One category concerns issues that arise between the officer and the family and may be called "officer instigated" problems. Problem issues would include marital discord, lack of communication, aloofness, "taking the job home," etc. Many of these problems center around what Southworth (1990) calls disposition transference. That is, the traits and techniques that make for a good police officer, when taken home (as is usually the case), make for a bad spouse and parent.

Maynard and Maynard (1982) identified several police stressors listed by police spouses that can lead to marital discord and family problems. These included the department not considering the family important, police spouses not believing the family important or less important than careers, police management expecting the family to adapt to the demands of policing and not being concerned about the needs of the family, departmental politics being brought home, and a need for support groups for spouses.

Several departments have implemented programs to help ameliorate these officer-instigated issues. In addition to using peer support teams in family crisis situations, some departments have instituted spouse training programs (Besner & Robinson, 1984; Ricks & Munger, 1988). The intent of these programs is to give the spouse an idea of what police work is like and thereby reduce marital problems through job familiarity. An early study of one such program found this training did somewhat improve spousal awareness of policing and improve marital communications, but did not affect police divorce rates (Stratton, Tracy-Stratton, & Alldredge, 1982).

The other category may be called general family issues. These problems are ones faced by families regardless of the spouse's profession and include financial difficulties, housing-related problems (leases, obtaining mortgage, neighbor troubles, etc), children, education, illness, homemaker having a career, etc.

Police departments have virtually ignored these general family issues, which are more frequent and can be more detrimental to marital and family harmony than officer-instigated issues. An examination of spouse training programs and peer support team training curricula reveals a noticeable absence of training to deal with general family issues. Even comprehensive Employee Assistance Programs do not cover these issues (see for example, Williams & Bratton, 1990).

As with the police officer, the family may be reluctant to seek out professional assistance when needed. Families of police tend to be closed societies and are reluctant to do anything that may discredit or stigmatize the spouse of the officer. Seeking professional assistance may also cause the family to lose respect of other families and cause problems for the officer's spouse in the eyes of the public. Additionally, the family may not be aware of what help is available or may believe they cannot afford professional assistance.

This paper reports on the development and operation of a police peer support team and the family interventions conducted by that team. The operational development, selection, and training of this team was done with a planned emphasis on utilizing the team to assist police families in cases of both officer-instigated and general family problems. The selection and training of the peer support team members will be discussed, as unique procedures were used to select team members and to train the team for family interventions.

PEER SUPPORT TEAM

City

The police peer support team described in this article was developed for a medium-sized department (city population = approximately 34,000 + 20,000 additional university population) in the I-35 corridor area of Texas. The department consists of 48 sworn personnel, 25 reserve officers, 9 dispatchers, and 13 noncommissioned personnel, and is representative of small- to medium-sized police departments. Officers enjoy one-on-one contact with citizens, the crime rate is moderate and most offenses nonviolent, and turnover among officers is extremely low (average of 1.5 per year).

Selection

Crucial to the success of any peer support team is the selection of team members. Historically, peer support team members have been officers who volunteered (Klyver, 1983) or have been selected by a psychologist or other mental health consultant (Molloy, 1989). One of the unique innovations of the peer support team described in this paper was the selection of team members.

First, officers were asked to volunteer. The only requirement for volunteering was that officers be commissioned and full-time. Officers did not have to have been subjected to any traumatic stress situations, been divorced, been of a certain rank, etc. Over 20 officers initially volunteered. The author met with each volunteer and explained in detail what would be involved as a member of the peer support team. Several officers requested not to be considered after learning of the duties and responsibilities, leaving a total of 11 volunteers (two sergeants, three corporals, and six patrolpersons).

Second, all officers in the department were surveyed concerning their peers. Officers were given a Peer Survey Form to be completed anonymously. The Peer Survey Form gave a brief description of what peer support was and a brief overview of the activities peer support team members would be involved with. The Peer Survey Form alphabetically listed all commissioned officers of the department (excluding the Chief and captains). Respondents were asked to rate each officer (1 = totally unqualified to 5 = totally qualified) in terms of how effective each would be as a peer support team member. Next, respondents were asked to rank-order (1 = most effective to x = least effective) the officers in terms of how effective the officers would be as a peer support team member. The rank-ordering was including in the event the ratings would be skewed to the high end of the rating scale.

Third, prior to analyzing the responses from the Peer Survey Form, a team of three psychologists interviewed each applicant for the peer support team using a standardized interview. Each applicant was asked why they wanted to be on the peer support team, what services the peer support team should provide, what knowledges, skills, and abilities they could bring to the peer support team, and a series of situational questions designed to assess communication skills, listening skills, ability to solve problems, and ability to empathize.

From the pool of 11 applicants, 6 were selected to serve on the peer support team (1 sergeant, 2 corporals, 4 patrolpersons). It had previously been decided the results of the interview alone would not assure a spot on the peer support team. In addition to having been selected by the psychologists, the applicant would also have to have been rated and ranked highly on the Peer Survey Form. Analysis of the results from the Peer Survey Form found all six persons selected by the psychologists also had the highest average ratings and were ranked in the top eight of all officers. The five officers not selected in the interview had average ratings and were ranked midway on the Peer Survey Form.

The selection process served an important function. It was, of course, necessary to select those officers who were interested and were the most qualified (as determined by the interview). It was also essential officers be selected who departmental personnel believed in and trusted. At large departments, many volunteers are selected and team members not trusted by officers will not be used (Klyver, 1983). Because of the small size of the peer support team and department, it was important all team members be trusted and respected. One officer not trusted and respected could harm the entire program.

Training

The peer support team was trained by three psychologists, all who were well-versed in issues confronting police (two were commissioned police officers, one a full-time police psychologist, and two did extensive consulting and training with police agencies). In addition, several subject-matter guest lecturers were used.

The peer support team received 32 hours of initial training in a wide variety of skills. This training included basic peer support skills, effective counseling skills, communication and listening skills, rapport building, alcohol and drug abuse issues (detection, confrontation, treatment alternatives), psychological issues (depression, suicide, anxiety disorders, personality disorders, defense mechanisms, etc.), stress and traumatic incidents, multicultural relations, and ethical issues of counseling and confidentiality (privilege, legal issues, etc.). During training, role playing was emphasized. Team members were provided a videotape and constantly practiced assessment, counseling, listening skills, and team building skills. All practice was videotaped and reviewed and critiqued by instructors and the group.

Team members were given specialized training in family issues, including both officer-instigated and general family problems. Marital problems, stress, sexual issues, communication issues, child rearing, financial issues, and other marital and family problems identified in the research literature were taught.

Team members built a resource file of all available referral services in the area. City representatives presented specifics on insurance programs, what treatment programs were covered, how confidentiality of the applicant could be maintained, and how payment was made. Team members visited agencies in the area and included specifics of these services in the resource file.

Finally, the team developed a policy and procedure statement governing activities and operations. This statement (adopted by the department) covered team operations, confidentiality issues, circumstances when confidentiality can be violated, guidelines for management requesting team services, and scope of activities. Also included was a statement concerning the types of activities the team could not become involved in (i.e., issues of supervision, issues directly related to job performance, etc.).

Following the initial training, the peer support team met monthly (and continues to do so) to receive ongoing training. These training sessions review and add to previously learned skills, provide guidance on difficult counseling contacts, and teach new skills centering on family issues. The major emphasis of the monthly training is on improving family counseling and treatment skills. Training sessions have included presentations by marriage counselors, school counselors, financial planners, educators, and alcohol/drug counselors.

FAMILY INTERVENTIONS

Officer-Instigated Issue Intervention

Since the formation of the peer support team in 1989, team members have had 12 family contacts that fit within the officer-instigated issues category. Three of these contacts have been over issues of divorce, two requested by the department administration over alcoholism disrupting family life, two centering on child care for shift workers, one with a husband who did not want his wife to be a police officer, and four for family counseling due to the police spouse being involved in a traumatic incident (two shootings, one physical assault with officer injury, and one for shots fired into the officer's home while the family was at home). Two of the above contacts were with officers from another police agency who requested to meet with peer support team members.

The average length of the initial visit was 2.5 hours, with follow-up visits averaging 1.3 hours (average number of visits = 3.6).

As is true with most counseling, it is difficult to quantitatively measure success (except where the peer support team found night child care). Failures are easier to measure. Both alcohol problems resulted in divorce and the officer being dismissed. The situation where the husband did not want the spouse to be a police officer resulted in the officer quitting policing (during a work shift). The other interventions can be considered, at least qualitatively, as being successful. Follow-up interviews with peer support team members and the counselees indicated the peer support team satisfactorily and successfully resolved the situation. One intervention, for example, dealt with an officer and spouse contemplating divorce. Following the intervention, the couple did divorce. Both parties later reported they should have gotten a divorce long before and the peer support team made clear their options for divorce and for their lives following the divorce.

General Family Issues Intervention

The peer support team has had 15 general family problem interventions since the team's formation. Four have dealt with terminal or long-term illness of a spouse or relative, two dealt with the death of a relative (one suicide), two over problems with children (truancy and crime), two concerning financial planning, three with the victims of crime (two hit-and-run, one violent crime while husband was working; one with another agency, one civilian), one concerning spouse abuse (independent of spouse's profession), and one regarding a dysfunctional family life.

The average length of the initial visit has been 3.8 hours and 2.6 hours for follow-up visits, with the average number of visits being 5.3. While the total number of contacts for both categories of family interventions have been about the same, the general family issues require more visits, more time, and more intensive intervention. Part of this is because a peer team member accompanies the family to the outside expert if the peer support team suggests a referral.

Follow-up interviews with the families and peer support team members have indicated a high degree of satisfaction and success with the peer team interventions. Families believed the peer team played a significant role in helping the family arrive at a solution to the problem, truly cared about helping the family, and maintained contact until the problem was resolved. No family believed they would have been able to resolve the problem without the help of the peer support team.

Non-Specific Family Interventions

One of the peer support team attributes delineated previously is the team is proactive, not reactive. This is true regarding family issues as well. The peer support team is involved in several activities to assist families before their need becomes critical. For instance, the peer support team provides home visits to the families of new officers. The purpose of this visit is to let the family know what services are available from the city, police department, and peer support team for the family. The family is given a handbook of local resources that may be used by family members.

The peer support team has conducted a series of stress management seminars for spouses (and spouses from other agencies). These seminars explain what police work involves, sources of stress in policing, the management of stress, and what the family can do to help alleviate work-related stress. These seminars have been attended by the majority of department spouses and repeat seminars have been requested by the spouses.

The peer support team is preparing a death and injury notification policy for the department and plan to publish an information booklet for surviving spouses (based on information from Hart, 1991; Kelderhouse, 1986; Porth & Geiger, 1985; "Support Services," 1989).

The peer support team is making a video to give to the families of new officers during the initial home visit. This video will explain police work and discuss stress in policing, traumatic incidents, insurance plans, benefits, and referral services and agencies.

DISCUSSION

The peer support team can be a valuable resource for the families of police officers. With proper training and organization, the peer support team can resolve most family crises that ultimately affect the

performance and mental well-being of police officers, saving the department money in turn-over and potential litigation expenses and improving overall morale of the department.

Proper training of peer support team members should involve input from officers who will eventually rely upon those team members to help resolve problems. Every member of the department described in this paper has had contact with a peer support team member and every peer support team member has been utilized. Because the members of the peer support team were selected by their peers, all members of the department feel comfortable with and trust the peer support team members.

Because of the success of the peer support team, department management trusts the judgment of the peer support team in matters involving departmental personnel (i.e., counseling versus firing), has provided the team a line in the department budget, and sends peer support team members to advanced schools and training to improve their knowledge and skills.

In summary, the peer support team has the best of all worlds; support of management; recognition for being professional, competent, and trustworthy; and respect from officers and families.

REFERENCES

Besner, H.F. & Robinson, S.J. (1984). Police wives--The untapped resource. The Police Chief, 51, 62-64.

Bowlby, J. (1980). Attachment and loss. New York: Basic Books.

Bracy, D. (1979). Police stress--The American response. England Police Journal, 51, 263-268.

Capps, S. (1984). Peer counseling: An employee assistance program. FBI Law Enforcement Bulletin, 53, 2-8.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38, 300-314.

Cullen, F.T., Lemming, T., Link, B.G., & Wozniak, J.F. (1985). The impact of social supports on police stress. Criminology, 23, 503-522.

Depue, R.L. (1979). Turning inward: The police officer counselor. FBI Law Enforcement Bulletin, 48, 9.

Donovan, E.C. (1985). The Boston police program. The Police Chief, 52, 8-11.

Durlak, J.A. (1979). Comparative effectiveness of paraprofessional and professional helpers. Psychological Bulletin, 86, 80-89.

Gaines, J. & Jermier, J. (1983). Emotional exhaustion in high stress organizations. Academy of Management Journal, 26, 80-89.

Gottleib, B. (1983). Social support as a focus for integrative research in psychology. American Psychologist, 38, 278-287.

Graf, F.A. (1986). The relationship between social support and occupational stress among police officers. Journal of Police Science and Administration, 14, 178-186.

Hart, D.M. (1991). Survivors' assistance. FBI Law Enforcement Bulletin, 60, 22.

Honig, A. & Reiser, M. (1983). Stress disability pension experience in the Los Angeles Police Department: A historical study. Journal of Police Science and Administration, 11, 385-388.

House, J.S. (1981). Work stress and social support. Reading, MA: Addison-Wesley.

Kelderhouse, B. (1986). Peer support for the surviving family. FBI Law Enforcement Bulletin, 55, 6-9.

Klein, R. (1989). Police peer counseling: Officers helping officers. FBI Law Enforcement, 58, 1-4.

Klyver, N. (1983). Peer counseling for police personnel: A dynamic program in the Los Angeles Police Department. The Police Chief, 50, 6-8.

Klyver, N. & Reiser, M. (1983). Crisis intervention in law enforcement. Counseling Psychologist, 11, 49-54.

LaRocco, J.M., House, J.S.,& French, J.R.P, Jr. (1980). Social support, occupational stress, and health. Journal of Health and Social Behavior, 21, 202-218.

Lippert, W. (1981). The cost of coming out on top: Emotional responses to surviving the deadly battle. FBI Law Enforcement Bulletin, 50, 9-12.

Malloy, T.E. & Mays, G.L. (1984). The police stress hypothesis: A critical evaluation. Criminal Justice and Behavior, 11, 197-224.

Maynard, P.E. & Maynard, N.E. (1982). Stress in police families: Some policy implications. Journal of Police Science and Administration, 10, 302-314.

McMains, M.J. (unpublished). Management and treatment of traumatic stress.

Molloy, D.J. (1989). Peer intervention: An exploratory study. The Journal of Drug Issues, 19, 319-336.

Pearlin, L., Lieberman, M., Menaghan, E., & Mullan, J. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.

Porth, R. & Geiger, S.P. (1985). Public safety employee support procedure. FBI Law Enforcement Bulletin, 54, 12-16.

Ricks, P.C. & Munger, J.D. (1988). The forgotten recruit: Training the police spouse. The Police Chief, 55, 20-22.

Sarason, I., Sevine, H., Basham, R., & Sarason, B. (1983). Assessing social support: The social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Southworth, R.N. (1990). Taking the job home. FBI Law Enforcement Bulletin, 59, 19-23.

Stratton, J.G., Tracy-Stratton, B., & Alldredge, G. (1982). The effects of a spouses' training program: A longitudinal study. Journal of Police Science and Administration, 10, 297-301.

Support services for survivors. (1989). The Police Chief, 56, 58-64.

Terry, W.C. (1981). Polices stress: The empirical evidence. Journal of Police Science and Administration, 9, 61-75.

Terry, W.C. (1983). Police stress. In C.B. Klockars (ed), Thinking about police: Contemporary readings. (pp. 439-453). New York: McGraw-Hill.

Turner, J. (1981). Social support as a contingency in psychological well-being. Journal of Health and Social Behavior, 22, 357-367.

Violanti, J., Marshall, J. (1983). The police stress process. Journal of Police Science and Administration, 11, 389-394.

Violanti, J., Marshall, J., & Howe, B. (1985). Stress, coping, and alcohol use: The police connection. Journal of Police Science and Administration, 13, 106-110.

Williams, F.E. & Bratton, J.E. (1990). A step-by-step guide to developing employee assistance programs in small police agencies. The Police Chief, 57, 43-46.
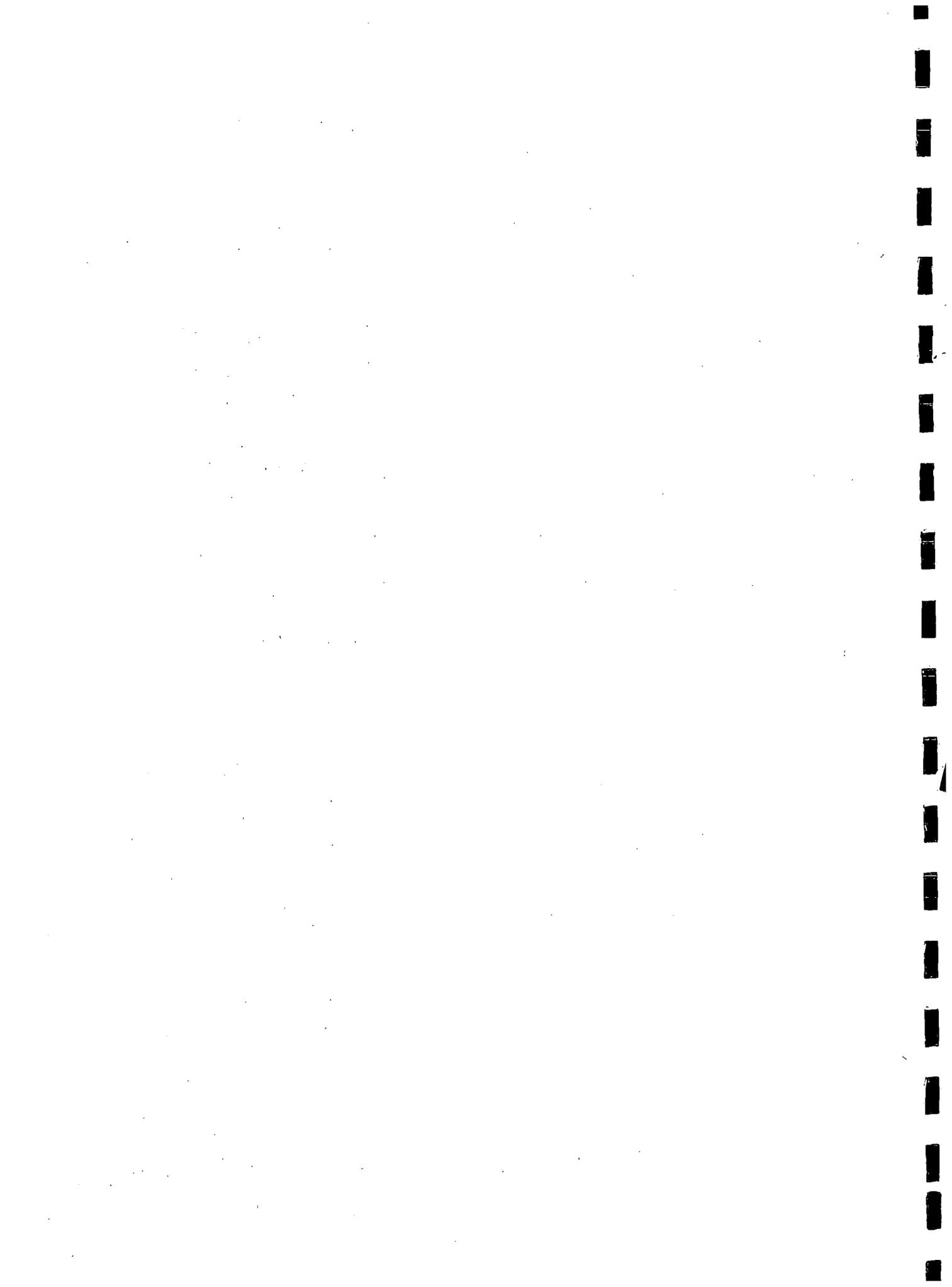
POST-TRAUMATIC STRESS DISORDER AND RELATED SYMPTOMS IN TRAUMATIZED POLICE OFFICERS AND THEIR SPOUSES/MATES

Andrew H. Ryan, Jr., Ph.D.
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The existence of post-traumatic stress disorder (PTSD) in traumatized police officers is an area of increasing concern for police departments and police psychologists. Recently, the debilitating effects of trauma on the spouses/mates and families of these officers has also become evident. The present study assessed the existence of PTSD and depression in twelve traumatized police officers and six of their spouses/mates. In addition, a relationship inventory for public safety personnel provided information regarding communication difficulties, attitudes toward police issues, and stress symptoms. Overall, the results of this study revealed no significant differences between police officers and their spouses/mates on depression and relationship inventory measures. When all twelve officers were compared to the sample of six spouses/mates, there was a difference in scores on a measure of post-traumatic stress. Specifically, police officers scored higher on PTSD than spouses/mates. However, this finding was not significant when the six couples were matched statistically. In summary, findings indicate that the marital dyad may share many emotional consequences and symptoms following a trauma. Implications for police psychology are discussed.

The existence of severe, prolonged psychological reactions to trauma has been consistently found in military combat veterans from the Vietnam War (Fairbank & Nicholson, 1987). The constellation of psychological reactions or symptoms is referred to as Post-Traumatic Stress Disorder (PTSD) and includes recurrent and intrusive recollections of the event, numbing of general responsiveness, and persistent increased levels of arousal (e.g., hypervigilance) (Van der Kolk, 1991). Recently, the existence of PTSD symptoms in traumatized police officers has become an increasing concern for police departments and police psychologists. According to Mann and Neece (1990), PTSD, the fifth most common referral problem presented to police psychologists, affects 12-35% of police officers. Of 37 Amsterdam police officers involved in a serious shooting incident (where people were injured or killed), 3 were symptom free, 17 reported some PTSD symptoms and 17 were diagnosable with PTSD (Gersons, 1989). The most prominent symptom experienced after involvement in trauma was recurrent and intrusive recollection of the event. In addition to situations requiring use of extreme force (e.g., shooting a suspect), other examples of traumatic situations for police officers include observing colleagues being killed, working with victims (e.g., severe child abuse, rape), or being victimized (e.g., being shot, kidnapped, or threatened) (Martin, McKean & Veltkamp, 1986). The consequences for officers suffering from diagnoses of PTSD often include administrative leave, less demanding assignments, or extended leave with workers' compensation (Mann & Neece, 1990).

Martin et al. (1986) investigated stress reactions in police officers and found that PTSD symptoms were directly related to exposure to traumatic stress and that symptoms were especially prevalent when the life of the officer or his/her family was threatened. Chronic stress was associated with working with child abuse victims, spouse/mate abuse victims and rape victims. In another study, Saathoff and Buckman (1990) reported the diagnostic data on 26 police officers referred to a University psychiatric department during a two-year period. Included in the diagnoses were adjustment disorder, alcohol/substance abuse, personality disorder and posttraumatic stress disorder. The most challenging cases were those who had suffered a trauma and had subsequently developed PTSD or adjustment disorder. Such officers were very receptive to the evaluation and involvement of the police psychologist.

McMains (1986) notes that there is a high degree of resemblance between post-shooting trauma experienced by police officers and the combat stress reaction of many Vietnam veterans. In addition, mediating factors such as personality, stability of life situation, and available support systems also have similar effects on the disorder. For example, Stratton (1986) suggested that the intensity of a police officer's reaction to trauma depends on a number of factors such as current life situation, personal history, personality, the particular aspects of the incident, and the available support system. In terms of personality, Mann and Neece (1990) discuss how the typical "police personality" may exacerbate PTSD reactions. Specifically, the police officer personality often consists of self-control, blocked emotions, high self-confidence, and guilt or shame when his/her performance in emergency situations is less than perfect. In terms of the particular aspects of the incident, Nielsen (1986) reviewed key factors determining the traumatic stress of the event: 1) the event will be sudden and to a large degree unexpected, 2) the event may result in a serious threat to the officer's existence and well-being, 3) the event may include an element of loss such as the loss of a partner or loss of a physical ability, and 4) there may be an element of disruption of the officer's values or assumptions about his/her environment or those who live in it. The disruption of values or belief systems may be especially relevant in determining the traumatic stress of an event for officers with strong religious convictions. For example, an officer who is a devout Christian and who conceptualizes the world according to strict principles of human behavior may find certain critical incidents (e.g., one involving the sexual abuse of a child) to be extremely stressful. Finally, an officer's expectations of the aftermath of a critical event may also be a key factor determining the traumatic stress of an event. That is, many officers are not prepared for the extensive involvement of the media. In addition, officers may perceive friends to treat them differently which may, in turn, exacerbate the stress symptoms. In summary, an officer's perceptions may be as important a factor in determining the traumatic stress of an event as those proposed by Nielsen (1986).

Support systems also have been studied as mediators to the effects of traumatic stress (Brooks, 1991; Hartsough, 1991). For examples, spouses/mates and families have been studied in terms of their support for the officers and have been included in treatment. According to Hartsough (1991), spouses/mates may also be victims. In fact, researchers interested in PTSD have expanded their study to spouses/mates and family members as secondary victims. Stillman (1986) argues that the psychological impact of traumatic events on police officers' families is an area neglected by police administrators and police psychologists. Since empirical examination of psychopathology often proceeds from a focus on individuals to an expanded study of the familial correlates of the disorder (Carroll, Foy, Cannon & Zwier, 1991), the growing interest in the familial factors associated with PTSD is an expected extension of this literature. To date, much of the clinical work has focused on the impact of the trauma on the marital dyad, although others have also focused on the consequences to victim's children.

The widespread existence of PTSD in Vietnam veterans led researchers to direct their attention to the potential marital and family problems associated with the veteran's traumatization. Although early clinical literature was based on uncontrolled clinical observations and case studies, several controlled experimental studies have also been carried out. For example, Carroll et al. (1991) reviewed several investigations that compared the marital functioning of Vietnam veterans diagnosed with PTSD to control groups of other Vietnam veterans not suffering from PTSD. They found that the marital relationship of combat veterans with PTSD was characterized by minimal communication (especially in terms of self-disclosure), as well as a hostile/angry emotional climate that included unpredictable outbursts of verbal and physical aggression.

Solomon (1988) also addressed the detrimental effect of combat-related PTSD on the veteran's spouse/mate and family. Those PTSD symptoms that have direct negative effects on social relations in the families are particularly significant; e.g., numbing of responsiveness and reduced involvement with the external worlds (e.g., diminished interest in significant activities, feelings of detachment or alienation,

and constricted affect). Family members often perceive significant impairments to the veteran's emotional stability. Many who continue to mourn the death of close friends or who suffer survivor guilt are often unable to become involved in or maintain close personal relationships. The sexual drive is often diminished. Therefore, the wife feels rejected and unloved and may be very frustrated. The veteran's elevated level of hostility often results in use of violence as a way to solve problems. This could include excessive force used to control a child or an increased susceptibility to violent outbursts with his wife. Wife battering among these couples was described as different from the "usual pattern" in that it involved only one or two violent episodes, after which the couple sought professional help. Wives' lives are often sacrificed for the good of the family as they take on all child care and financial responsibility, as well as feel responsible for their husbands' psychological well-being. This "compassion trap" results in sacrificing all of their own needs for the rest of the family, which may end up leading to depression and suppressed anger. Overall, clinical observations tend to show that wives of veterans with PTSD tend to suffer symptoms similar to their husbands'; that is, guilt, anger, alienation and mistrust. Yet they are reluctant to seek professional help. Veterans are ashamed that they are suffering from PTSD, which they see as a weakness, and they would prefer not to expose such problems.

Maloney (1988) described extreme isolation, abuse of alcohol, family violence, and low self-esteem as some of the problems inherent in families of veterans diagnosed with PTSD. Maloney argued that the women who stay in these types of relationships may stay for the same reasons as battered women: dependency upon partner, fear of failure of the marriage, hope for improvement, and low self-esteem. In addition, these wives most likely suffer guilt about their husbands' situation and thoughts of leaving him. As described by Solomon (1988) the wives of PTSD veterans are "over-functioning" because they assume almost all of the responsibilities for family life. Like their spouses/mates, they often feel isolated from society as well as from their spouses/mates, they feel that they have no one to talk to and that no one will understand, they feel responsible for their husbands' inability to adjust, and they feel an overwhelming responsibility for the financial and emotional well-being of their family.

Coughlan and Parkin (1987) agree that the partners and families of Vietnam veterans with PTSD have been ignored in the clinical community. Women partners describe themselves as overwhelmed by pressure and feelings of total family responsibility, feeling trapped, defeated, isolated, and unable to cope with the veterans' dysfunctional behavior. The stress of the relationship combined with their own inadequate internal psychological resources and lack of external support system further contributes to the commonly seen low self-esteem and hopelessness of these women. Although brought on by different stressors, the women partners seem to mimic PTSD symptoms. That is, they display neglect of personal appearance, hostility and/or withdrawal, lack of concentration, indecisiveness, stress-related symptoms such as headaches and sleep disturbance, as well as self-abusive behaviors such as excessive smoking and substance abuse.

The present study predicts some of the same concordance of symptoms between police officers who experienced trauma and their spouses/mates. Although clinical interviews have been the preferred method of assessment of PTSD, there is a need for more systematic procedures to assess the disorder and combat the problems of reliability and validity that exist when one relies on interview data alone (Keane, Wolfe & Taylor, 1987). For example, Keane, Malloy and Fairbank (1984) have advocated the use of an MMPI subscale for PTSD symptom evaluation.

The purpose of the present study is to comprehensively assess the existence of PTSD and depression in police officers who have suffered trauma. Another major component of the study is to assess PTSD symptoms and depression in the spouse/mate of the officer. This information provides some insight into whether the officer's spouse/mate is experiencing similar stress reactions. Finally, communication and relationship issues of the marital dyad are assessed.

METHOD

Participants

Police officers who had experienced a traumatic incident within the last year were identified through professional records at the Criminal Justice Academy in South Carolina. Fourteen officers and their spouses/mates were recruited as subjects in the present study. Although all fourteen officers initially agreed to participate, two officers later declined, resulting in a sample of twelve officers. The spouses/mates of six officers also agreed to participate while the remaining six spouses/mates were unavailable due to time constraints or chose not to participate for various reasons. Thus, the final sample consisted of eleven male and one female officers (mean age = 35.77 yrs.) with an average of 10.68 years of experience in the field of public safety. The average age of the six female spouses/mates in this sample was 35.33 years. The traumatic incidents experienced by the officers in this study included shootings of civilians, shooting of a police officer, kidnapping of an officer, an officer/partner killed by a car, severe child abuse, and fire deaths.

Test Instruments

Four test instruments were administered to police officers and their spouses/mates. These tests were used to assess depression, post-traumatic stress, and relationship issues. The Beck Depression Inventory (BDI) was administered to police officers and their spouses/mates in order to detect depression. A raw score for depression (range = 0 to 63) as well as a category of severity (normal, mild, moderate, or severe) were provided. Score ranges for normal, mild, moderate and severe were 0-9, 10-18, 19-29, and 30-63 respectively (Beck & Steer, 1987).

A Post Traumatic Stress Disorder subscale of the Minnesota Multiphasic Personality Inventory (MMPI/PTSD subscale) was administered to police officers and their spouses/mates in order to assess the possible presence of PTSD symptoms. This test yielded a score ranging from 0 to 49 with a critical cutoff of 30 (Keane, Malloy & Fairbank, 1984).

In order to assess the relationship between police officers and their spouses/mates, the Hilson Relationship Inventory for Public Safety Personnel (HRI-P) was administered to police officers and the Hilson Spouse/Mate Inventory (HSMI) was administered to their spouses/mates. These scales yield subscale information in terms of communication difficulties (CD), attitudes toward police issues (PI), and stress symptoms (SS), as well as a total score (Inwald, 1992a, 1992b). Analyses of these scores provide standard scores that range from 0 to 100. Standard scores over 59 indicate areas in need of further exploration since they are higher than 84.1% of the norming group. Standard scores over 69 are significantly elevated, higher than 97.7% of the norming group.

Procedure

Officers and their spouses/mates were met by the police psychologist in their home, their agency, or at the psychologists office. The purpose of the experiment was explained aloud, and an informed consent was signed by each subject. The BDI and MMPI/ PTSD subscale were then administered on an interactive computer program.[1] The HRI-/HSMI questionnaire was completed with paper and pencil. These self-report measures were followed by semi-structured interviews regarding the particular traumatic event.

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[1]Primetime Medical Software Inc., A. R. Wenner & M. R. Ferrante.

RESULTS

The purpose of this investigation was to assess the presence of trauma-related symptoms in police officers and their spouses/mates. Specifically, measures of depression, post-traumatic stress, and relationship issues were compared for traumatized police officers and their spouses/mates. The means and standard deviations of these measures for officers and spouses/mates are presented in Table 1.

Table 1
Mean Score for Police Officers and Spouses/mates

	Police Officers (N=12)	Spouses (N=6)
Beck Depression Inventory		
Mean	16.00	11.20
SD	8.60	7.79
MMPI Post Traumatic Stress Disorder		
Mean	20.56	6.40
SD	11.51	3.91
Hilson Relationship Inventory		
Communication Difficulties		
Mean	57.09	55.00
SD	12.93	12.93
Attitudes Toward Police Issues		
Mean	57.00	65.17
SD	12.81	8.18
Stress Symptoms		
Mean	59.05	54.00
SD	19.72	8.51
Total Score		
Mean	59.64	59.33
SD	15.76	8.38

Measures of depression, post-traumatic stress, and relationship issues for all police officers were compared to the scores for police spouses/mates using an independent t test. These analyses revealed no significant differences on the depression scale or any of the relationship inventory scales (communication difficulties, attitudes toward police issues, stress symptoms, or total score). However, measures of post-traumatic stress were higher for police officers (mean = 20.56) than for spouses/mates (mean = 6.40), $p < .05$. This result is not surprising considering the personal nature of many post-traumatic symptoms (e.g., flashbacks). Overall, however, levels of depression scores were in the mild range for officers; mean PTSD scores for officers were found to be significantly different from the spouses/mates, but also exceeded what some researchers consider a level of concern (16). Attitudes toward police issues (PI) were high for the spouses/mates (mean = 65.17) and stress symptoms were mild for the officers (mean = 59.05). Total score means were in the mild range for both the officers and the spouses/mates. This level of score warrants further investigation as recommended by the author.

A second comparison of scores was undertaken to obtain greater statistical control. Specifically, a matched sample T test was conducted for the six couples only. That is, each couples' scores were considered a matched pair with the couple as one subject. Results of this analysis yielded no significant differences on any measure, including the MMPI post-traumatic stress measure. Therefore, there appears to be a high degree of similarity between symptoms in police officers and their spouses/mates.

DISCUSSION

The present study investigated the coexistence of PTSD and related symptoms in traumatized police officers and their spouses/mates. Overall, there were no significant differences between levels of depression, PTSD, communication, attitudes toward police issues, and stress symptoms between police officers and their wives. These findings lend some support to the argument that officers' spouses/mates and families may be secondary victims of trauma and should no longer be ignored by police psychologists and support personnel. Although many of the depression and PTSD scores fell within the normal range, it is interesting to note that there were some high individual scores and marital dyad patterns, which suggest relatedness between symptoms (i.e., depression and PTSD) and between officer and spouse/mate. Therefore, further exploration of these patterns is needed with larger samples of officers and spouses/mates. In addition, assessment of spouses/mates should include measures that are sensitive to other related symptoms suggested in the literature (e.g., hopelessness) and less influenced by specific aspects of the trauma itself (e.g., recollections of the event, nightmares). For example, Bohl and Solomon (1993) have made efforts to develop a questionnaire that addresses variables such as affect and withdrawal, depression, anger and aggression, anxiety, sex, and coping mechanisms. Such advances in the assessment of symptoms related to PTSD are important for treatment programs involving spouses/mates and families.

The importance of assessing and treating the spouses/mates of trauma survivors has been successfully argued by many researchers (Carroll. et al, 1991; Coughlan & Parkin, 1987; Maloney, 1988; Solomon, 1988). The same argument has also been extended to the entire family of the officer. For example, Brende and Goldsmith (1991) discuss the "ripple effect" of traumatic events, where the entire family of the officer is affected by the traumatic event. Such "post-traumatic family victimization cycles" require proper intervention and include therapy considerations such as 1) identifying intrafamily alienation, 2) defining a healing community, 3) resolving shame and secretism, and 4) breaking the repetition cycle.

Couples and families are being recognized more and more as a desired unit of treatment following a traumatic event. Therefore, it is imperative that police psychologists look beyond the immediate officer victims' needs and recognize the needs and symptoms of the officers' spouse/mate and children. In addition, it is important to note that treatment of these couples and families may require special interventions that go beyond traditional couples therapy or family therapy. For example, Rabin and Nardi (1991) offer evidence that shows the devastating effects of combat-related psychopathology on a marital relationship. However, these authors caution that traditional couples therapy is often not appropriate or adequate for treating the unique needs of these couples. Rather, treatment should focus more on psychoeducational and self-help principles. Therefore, similar principles may apply for therapy with the spouses/mates and families of officers involved in trauma.

Brooks (1991) discusses several "pitfalls" of past family therapy with Vietnam veterans that may lend some insight into treating officer families. Specifically, family therapy for Vietnam veterans has often consisted of a linear view. This linear view focuses on "what the family can do to help," implying that the veteran's military experience is the cause of the family disruption. Similarly, guidelines for

"communicating with the veteran" are often presented to the family. Brooks asserts that this linear view is also evidenced in "spouse/mate support models" for PTSD intervention that clearly locates causality for problems with the veteran and his Vietnam experience. Similarly, communication problems are seen as due to the veteran, and when responsibility is partly on the spouse/mate, it is only in the sense that she is not responding to the deviant behaviors of the veteran. In summary, the view has been one of "veteran as problem--family as victim." Police psychologists may learn from such pitfalls and expand their view of family treatment to include other characteristics of the couple and the family itself.

Brooks (1991) also stressed the importance of considering contextual variables such as the veteran's enmeshment with the Veterans Administration (VA) and the culture of the military. Because of their socialization into the highly traditional "masculine" military culture, Vietnam veterans' value systems often emphasize justified violence, emotional distancing, suppression of feelings, distrust of the civilian world, reliance on alcohol/substance use, and primacy of the work role. Enmeshment into such a culture where one is surrounded by other veterans coupled with the expectancy to suppress ones feelings and distance oneself emotionally may cause resistance to involvement in family therapy. Also, the emphasis the military gives to rank and hierarchy may cause the veteran to pursue a paternal role that provokes negative familial reactions. In summary, Brooks notes several pitfalls of past family therapy and advocates that therapists view each case through a systemic lens, considering the importance of contextual variables when treating families of Vietnam veterans. Such considerations regarding enmeshment into the culture and masculine expectancies are easily extended to the police culture. Therefore, police psychologists must not only recognize the need for couples therapy and family therapy following a trauma but also consider the unique contextual variables associated with the police culture and the effect this may have on treatment.

A final consideration in the treatment of PTSD involves critical incident stress teams. Mitchell (1991) describes a critical incident stress team as a partnership between emergency workers and mental health professionals. Together, they work to prevent the negative impact of acute stress as well as accelerate the recovery process in a person or group who has experienced a critical incident. A major component of these teams is the peer support personnel who are drawn from the emergency service organization (e.g., police). A critical incident stress debriefing (CISD) is one important service provided by the team. Specifically, these group meetings "mitigate the impact of a critical incident" as well as "accelerate the recovery process in normal personnel who are experiencing normal reactions to abnormal events" (p. 206). Debriefings have psychological and educational elements and include seven phases. The first phase is an *introduction* and is followed by four general discussion phases of *facts* of the incident, *thoughts* about the incident, emotional *reactions* to the incident, and *symptoms* of distress. The sixth phase involves *teaching* ways to reduce stress. Finally, the seventh phase of *reentry* includes questions and a review. The value of CISDs for officers involved in critical incidents is being realized by increasing numbers of police departments across the nation. In light of the known effects of PTSD on family members, an extension of the CISD process should include officers' spouses/mates and children. In order to facilitate this support for family members, additional specialists such as chaplains, family counselors, and school psychologists may serve a supporting role to the team supervisor when expertise with children/families is necessary. CISD in a family context would help avoid some of the pitfalls of the traditional linear model just discussed and would certainly go a long way toward the development of a multidisciplinary/ multiprocess model for the inoculation and early intervention of PTSD. Finally, the availability of critical incident stress debriefing teams for all family members would demonstrate an awareness of the importance of family as well as continued improvement in the provision of human services support to law enforcement officers and their families.

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REFERENCES

Beck, A. T. & Steer, R. A. (1987). Beck depression inventory manual. New York: The Psychological Corporation.

Bohl, N. K. & Solomon, R. M. (1993, July). Impact of a husbands critical incident on the family. Paper presented at the FBI "Law Enforcement Family: Issues and Answers" Convention. Quantico, Virginia.

Brende, J. O & Goldsmith, R. (1991). Post traumatic stress disorder in families. Journal of Contemporary Psychotherapy, 21, 115-124.

Brooks, G. R. (1991). Therapy pitfalls with Vietnam veteran families: Linearity, contextual naiveté, and gender role blindness. Journal of Family Psychology, 4, 446-461.

Carroll, E. M., Foy, D. W., Cannon, B. J. & Zwier, G. (1991). Assessment issues involving the families of trauma victims. Journal of Traumatic Stress, 4, 25-40.

Coughlan, K. & Parkin, C. (1987). Women partners of Vietnam vets. Journal of Psychosocial Nursing, 25, 25-27.

Fairbank, J. A. & Nicholson, K. A. (1987). Theoretical and empirical issues in the treatment of post-traumatic stress disorder in Vietnam veterans. Journal of Clinical Psychology, 43, 44-55.

Gersons, B. P. R. (1989). Patterns of PTSD among police officers following shooting incidents: A two-dimensional model and treatment implications. Journal of Traumatic Stress, 2, 247-257.

Hartsough, D. M. (1991). Stresses, spouses and law enforcement: A step beyond. In J. T. Reese, J. M. Horn and C. Dunning (Eds.), Critical incidents in policing, (pp. 131-137). Washington, D. C.: U.S. Government Printing Office.

Inwald, R. (1992a). The Hilson Relationship Inventory for Public Safety Personnel. Kew Gardens, NY: Hilson Research Inc.

Inwald, R. (1992b). The Hilson Spouse/Mate Inventory. Kew Gardens, NY: Hilson Research Inc.

Keane, T. M., Malloy, P. F., & Fairbank, J. A. (1984). Empirical development of an MMPI subscale for the assessment of combat-related posttraumatic stress disorder. Journal of Consulting and Clinical Psychology, 52, 888-891.

Keane, T. M., Wolfe, J., & Taylor, K. L. (1987). Post-traumatic stress disorder: Evidence for diagnostic validity and methods of psychological assessment. Journal of Clinical Psychology, 43, 32-43.

Maloney, L. J. (1988). Post traumatic stresses on women partners of Vietnam veterans. Smith College Studies in Social Work, 58, 122-143.

Mann, J. P. & Neece, J. (1990). Workers' compensation for law enforcement related post traumatic stress disorder. Behavioral Sciences and the Law, 8, 447-456.

Martin, C. A., McKean, H. E. & Veltkamp, L. J. (1986). Post-traumatic stress disorder in police working with victims: A pilot study. Journal of Police Science and Administration, 14, 98-101.

McMains, M. J. (1986). Post shooting trauma: Principles from combat. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement. (pp. 365-368). Washington, D. C.: U. S. Government Printing Office.

Mitchell, J. T. (1991). Law enforcement applications of critical incident stress teams. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), Critical incidents in policing, (pp. 201-208). Washington, D.C.: U.S. Government Printing Office.

Nielsen, E. (1986). Understanding and assessing traumatic stress reactions. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement. (pp. 369-374). Washington, D.C.: U.S. Government Printing Office.

Rabin, C. & Nardi, C. (1991). Treating post traumatic stress disorder couples: A psychoeducational program. Community Mental Health Journal, 27, 209-224.

Saathoff, G. B. & Buckman, J. (1990). Diagnostic results of psychiatric evaluations of state police officers. Hospital and Community Psychiatry, 41, 429-432.

Solomon, Z. (1988). The effect of combat-related posttraumatic stress disorder on the family. Psychiatry, 51, 323-329.

Stillman, F. (1986). The invisible victims: Myths and realities. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement. (pp. 143-146). Washington, D.C.: U.S. Government Printing Office.

Stratton, J. G. (1986). Officer-involved shootings: Effects, suggested procedures and treatment. In J.C. Yuille (Ed.), Police selection and training: The role of psychology. (pp. 159-174). Boston, MA: Martinus Nijhoff Publishers.

Van der Kolk, B. A. (1991). The psychological processing of traumatic events: The personal experience of posttraumatic stress disorder. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), Critical incidents in policing, (pp. 359-364). Washington, D.C.: U.S. Government Printing Office.

Wenner, A. R., & Ferrante, M. R. (1993). Instant Medical History. West Columbia, SC: Primetime Medical Software, Inc.
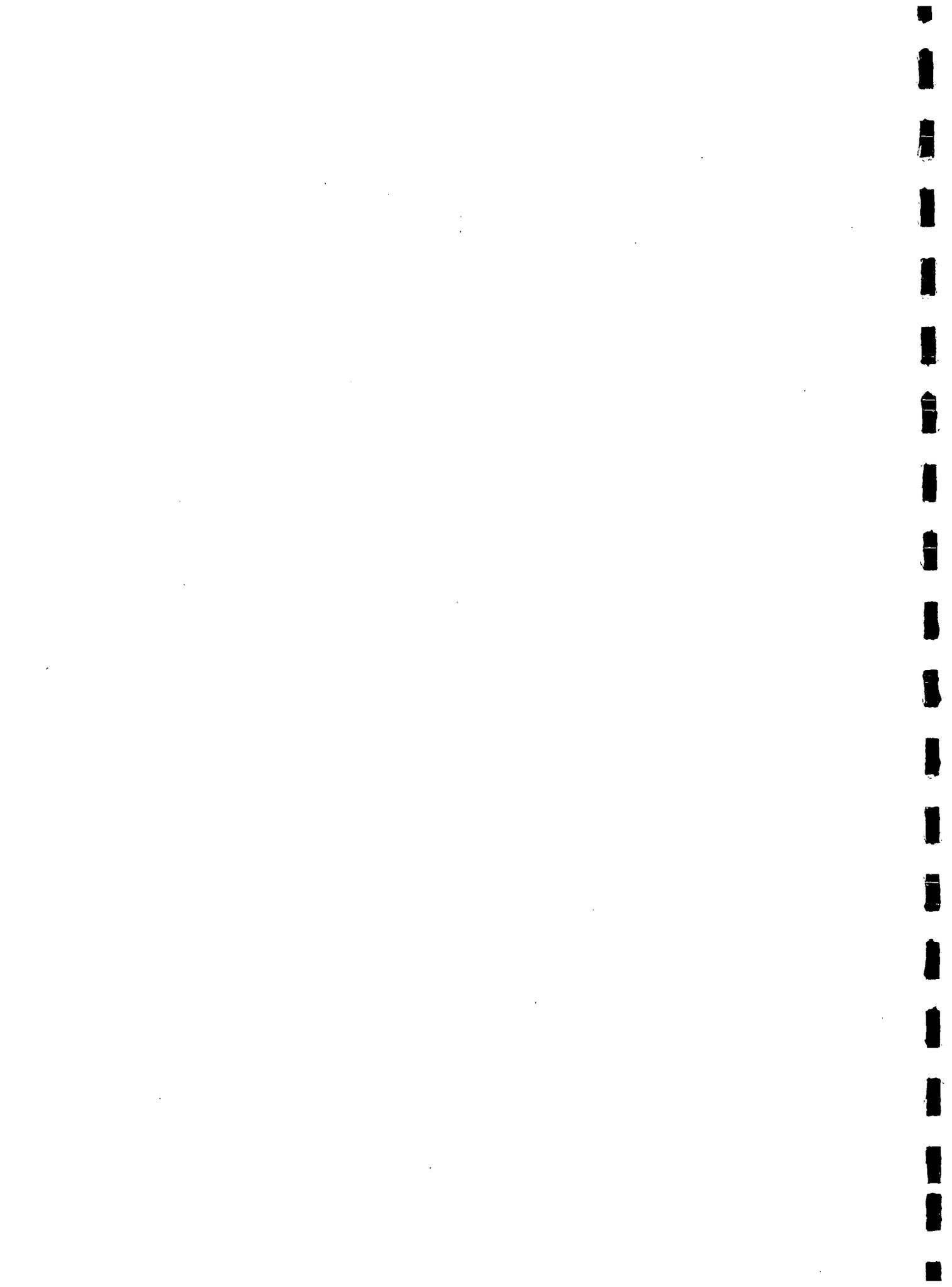
POST-SHOOTING TRAUMA AND DOMESTIC VIOLENCE: CLINICAL OBSERVATION AND PRELIMINARY DATA

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A review of the psychological literature reveals no published research on the question of whether police officer post-shooting trauma contributes to domestic violence. A survey of a four-year sample of 65 police officers involved in shooting incidents indicated that 22 percent of the sample subsequently sought counseling for domestic problems. Fourteen percent of the total sample reported incidents of domestic violence, a rate of violence considerably higher than the one percent reported incident rate for the general population in the same geographic area. Possible explanations for these findings and policy implications are discussed.

INTRODUCTION

Over the past 20 years, several writers in the area of police psychology have alluded to the important role of the police family in either ameliorating or increasing police officer stress. Reiser (1982) has discussed the negative impact of the police subculture and police work on family life. A 1981 study by Maslach and Jackson documented the effect of police "burnout" on marriage and family life. Their study indicated that police officers reporting a high degree of police stress were experiencing more domestic strains as reported by their wives. Reese (1982) has used family systems theory to explain the effects of the police role on the family as well as to suggest family therapy as a viable treatment mode.

The police officer post-trauma literature suggests that approximately one-third of police officers who have been involved in traumatic incidents will experience long-term symptoms such as anxiety, depression, sleep disturbances, and irritability (Solomon & Horn, 1986; Stratton, Parker, & Snabbe, 1984). The 1984 FBI-sponsored conference on Psychological Services for Law Enforcement produced several papers on the effects of post-traumatic stress and programs of brief psychological intervention that showed some potential for reducing post-traumatic symptoms (e.g. McMains, 1986; Somodevilla, 1986). Bohl (1991) has used psychological testing to demonstrate that a reduction in stress symptoms occurs after a critical incident debriefing. In regard to a post-shooting incident, Reese (1982) and Wittrup (1991) have noted that even though the family system has been affected and family members must be primary in dealing with the aftereffects of an incident, historically they have not been included in post-trauma follow-up by police departments and their psychologists.

In a 1991 article entitled Critical Incident Trauma and Intimacy, Sheehan states that the macho image of police does not promote emotional communication or easy marital negotiation and conflict resolution. She notes that post-shooting trauma can aggravate marital conflict if the police officer increases defensive barriers in order to keep everyone out and to feel less vulnerable and more safe. The police officer spouse may also withdraw if the individual fears being abandoned. However, feelings of vulnerability, anger, and fear could result in partners attacking each other.

Although Sheehan (1991) and other writers have implied that elements of the police profession, including characteristics of police officers themselves and the sometimes aggressive, violent nature of their work may contribute to domestic violence, there is very little published literature on this subject. Several studies have attempted to determine police perceptions of spouse abuse and the factors they use in choosing their responses to spouse abuse (Bell, 1987; Homant & Kennedy, 1985). In a 1980 study, Saunders hypothesized that male police officers with traditional, stereotypical sex role attitudes would be

less likely to arrest spouse abusers, more likely to mediate between couples and more likely to be hostile to abuse victims. All three hypotheses were confirmed. Citing the results of Saunders and of Neidig (1985), who found higher levels of stressful events in the lives of a military sample to be associated with greater marital violence, Stith (1990) studied the influence of a police officer's individual and family characteristics on his job. She hypothesized that police officers who hold more stereotypical sex role attitudes would be less likely to arrest perpetrators, more likely to mediate, and more likely to be hostile to victims. Additional hypotheses stated that if a male police officer's own marriage is highly stressed, he approves of marital violence, and he uses violence in his own marriage, he will be less likely to arrest others for this behavior, more likely to mediate rather than to arrest, and more hostile to victims of marital violence. The results of the study indicated that the four variables studied are related to the officer's hostility toward victims but not significantly related to his use of arrest or mediating responses in domestic violence situations. In addition, police officer marital stress was positively correlated with approval and use of marital violence in his own marriage.

Extrapolating from the minimal literature available, it can be speculated that a police officer involved in a shooting incident experiences some level of personal stress. Depending on a number of factors including the police officer's attitude toward marital violence and prior history of marital violence, there could be an increase in domestic violence after a shooting incident.

METHOD

Participants were 65 police officers, 63 male and 2 female, who were employed by a major city located in the southern United States. All 65 police officers were involved in a shooting incident during which they either discharged their firearms or were fired upon. Forty-seven of the 65 officers were debriefed during a standard critical incident debriefing procedure used by clinicians employed by the city to provide counseling services to city employees. Data were collected on the incidence of police officers returning for counseling for domestic problems, including domestic violence. The percentages of officers returning for counseling, presence or absence of domestic problems, and presence or absence of domestic violence were then computed.

RESULTS AND DISCUSSION

The results of this data review revealed that of the 65 police officers who were involved in police shootings, 21.54% returned for additional counseling after the standard critical incident debriefing procedure was completed. All officers who returned to the city Psychological Services and Employee Assistance Unit had been debriefed after their shooting incidents. This follow-up counseling rate may be a low figure because police officers have the option of utilizing their health insurance or an external pre-paid Employee Assistance Program. It can be speculated that two reasons officers returned to seek counseling with the clinician who debriefed them was a previously established familiarity and a knowledge that the clinician is an expert in dealing with police-related issues.

Of the 21.54% officers who returned for counseling, all reported domestic conflict as a major problem. In addition, 13.85% of the original sample of 65 officers reported incidences of marital violence ranging from slapping the officer's partner to threatening the partner with a service revolver. Several officers reported increased alcohol use, an increase in financial problems, and marital problems so severe that the couples had separated or divorced. In some cases, the stress of a police shooting had exacerbated an already difficult home life. Although Saltzman, Mercy, Rosenberg, and Elsea's (1990) data on the incidence of domestic violence is not definitive, as they cite estimates ranging from 1 to 16

per 100 population, it appears that with this sample, the incidence of domestic violence is high.

RECOMMENDATIONS

Preliminary results from a review of data collected within a large police department in the Southeast suggest that domestic violence may increase in some police families after a shooting incident. This police department as well as others could reduce the possibility of increased domestic violence through several proactive and reactive procedures. As Hartsough (1991) has suggested, family nights in police academies can assist new recruits and their families in understanding post-traumatic stress symptoms and in familiarizing themselves with services that are available in times of particular need. In addition, peer support programs can be implemented that ensure that police officers have other officers available to talk with who have experienced their own traumatic incidents. In light of the findings of this study, police department psychologists should increase their monitoring of police officers and their families post-shooting for a period of at least six months.

REFERENCES

Bell, D.J. (1987). The victim-offender relationship: A determinant factor in police domestic dispute dispositions. <u>Marriage and Family Review</u>, <u>12</u>, 87-102.

Bohl, N. (1991). The effectiveness of brief psychological interventions in police officers after critical incidents. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), <u>Critical incidents in policing</u> (pp. 31-38). Washington, D.C.: FBI.

Hartsough, D. (1991). Stresses, spouses and law enforcement: A step beyond. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), <u>Critical incidents in policing</u> (pp. 131-137). Washington, D.C.: FBI.

Homant R.J., & Kennedy, D.B. (1985). Police perceptions of spouse abuse: A comparison of male and female officers. <u>Journal of Criminal Justice</u>, <u>13</u>, 29-47.

Maslach C. & Jackson, S.E. (1981). Burned-out cops and their families. In George Henderson (Ed.), <u>Police human relations</u> (pp. 199-208). Springfield, IL: Charles C Thomas.

McMains, M.J. (1986). Post-shooting trauma: Demographics of professional support. In J.T. Reese and H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp. 361-364). Washington, D.C.: U.S. Government Printing Office.

Neidig, P. (1985). Domestic violence in the military: Research findings and program implications. <u>Military Family</u>, <u>5</u>(3), 3-6.

Reese, J.T. (1982, September). Family therapy in law enforcement: A new approach to an old problem. <u>FBI Law Enforcement Bulletin</u>, 1 - 5.

Reiser, M. (1982). <u>Police psychology</u>. Los Angeles: LEHI.

Saltzman, L.E., Mercy J.A, Rosenberg, M.L. & Elsea, W.R. (1990). Magnitude and patterns of family and intimate assault in Atlanta, Georgia. <u>Violence and Victims</u>, <u>5</u>(1), 3-17.

Saunders, D. (1980). The police response to battered women: Predictors of officers' use of arrest, counseling and minimal action. <u>Dissertation Abstracts International</u>, 40, 6446A, University Microfilms No.80 - 08840).

Sheehan, P.L. (1991). Critical incident trauma and intimacy. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), <u>Critical incidents in policing</u> (pp. 331-334). Washington, D.C.: FBI.

Solomon, R. & Horn, J. (1986). Post-shooting traumatic reactions: A pilot study. In J.T. Reese & H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp. 383-393). Washington, D.C.: U.S. Government Printing Office.

Somodevilla, S.A. (1986). Post-shooting trauma: Reactive and proactive treatment. In J. T. Reese & H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp. 395-398). Washington, D.C.: U.S. Government Printing Office.

Stith, S.M. (1990). Police response to domestic violence: The influence of individual and familial factors. Violence and Victims, 5(1), 37-49.

Stratton, J., Parker, D. & Snabbe, J. (1984). Post-traumatic stress: Study of police officers involved in shooting. Psychological Reports, 55, 127-131.

Wittrup, R.G. (1991). Posttraumatic stress disorder and the role of the family. In J.T. Reese, J.M. Horn and C. Dunning (Eds.), Critical incidents in policing. Washington, D.C.: FBI.
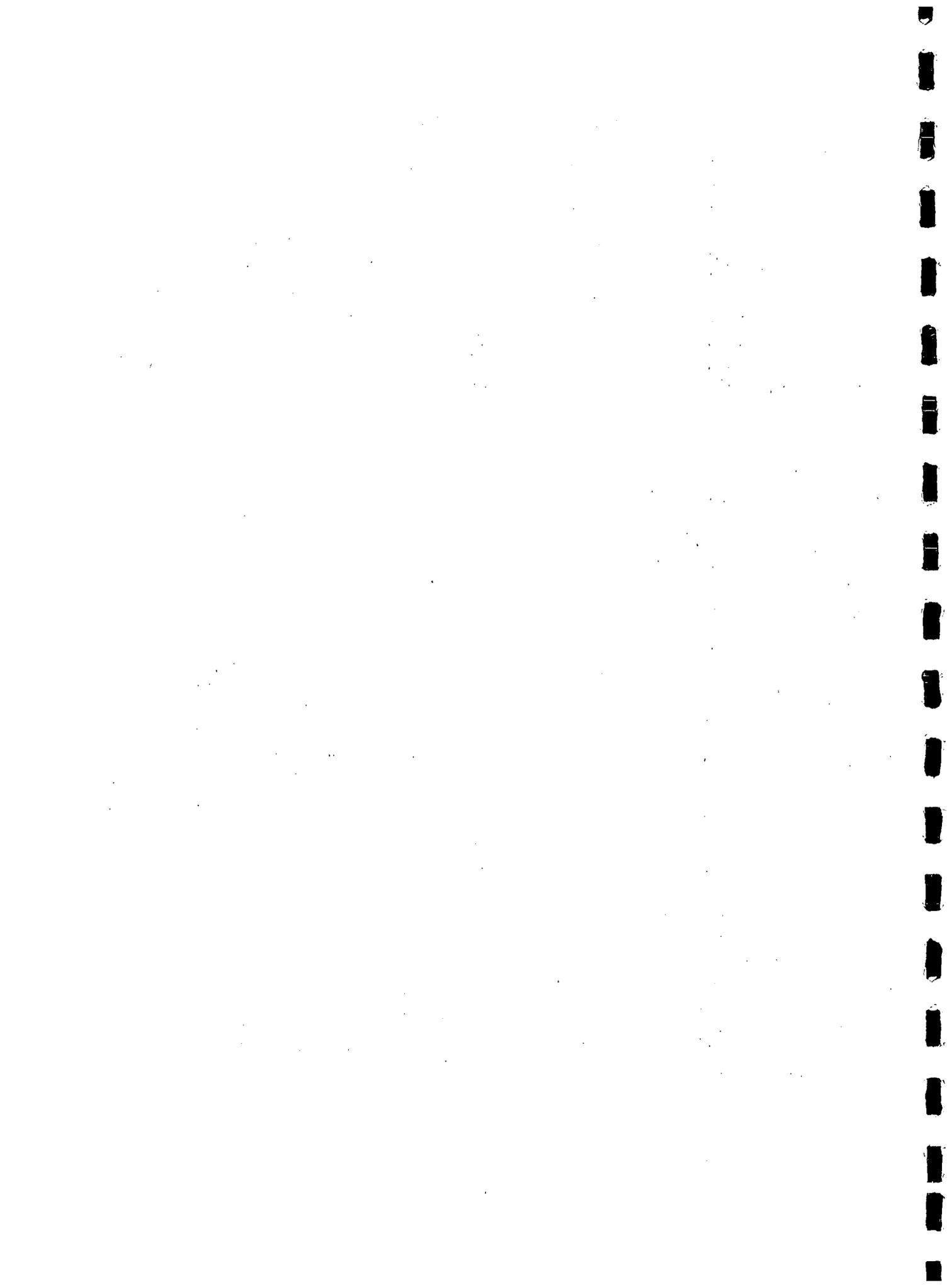
CONJOINT CRITICAL INCIDENT DEBRIEFINGS

Philip S. Trompetter, Ph.D.

This paper describes the inclusion of spouses in Critical Incident Debriefings following officer-involved shootings. Because both spouses and children may also be suffering from their own post-shooting reactions and need help in order to adjust to this new reality of their life, spouses of officers who have both discharged weapons and/or have survived deadly force situations are included in the initial debriefing and in subsequent support group activities. The author describes the reason for conducting CID's conjointly with spouses and describes the evolution of the psychological support services available to spouses and officers following officer-involved shootings.

It is well known in mental health circles that a traumatic event suffered by one family member assaults everyone in the family system (Blak, 1986; Everstine & Everstine, 1993; Kroes & Hurrell, 1975; Mitchell & Bray, 1990; Mitchell & Resnick, 1981; Solomon & Horn, 1986; Stillman, 1986). An officer-involved shooting is a traumatic event exposing the officer and his or her family to the risk of post-traumatic psychological symptoms. Potential post-shooting reactions of peace officers have been well publicized, and most departments have made critical incident debriefings/defusings available for these officers, provided either by mental health professionals, peer counselors, or both. But an officer's reactions also affect his or her relationship with spouse and children who may justifiably be suffering from their own reactions and need support and help in order to adjust to this new reality of their lives. In fact, family members may experience greater impact than the officer from the ramifications of the officer-involved shooting.

The extensive stressors on a peace officer's family are legion and well-documented in the professional literature. So too are the specific effects upon officers following officer-involved shootings (Roberts, 1973). However, there is a dearth of published literature on the post-shooting impact upon family members. Indeed, there are no reports to indicate that spouses or spousal equivalents are directly and immediately involved in the critical incident debriefing/defusing process. Even Mitchell (Mitchell & Bray, 1990), probably the leading published expert in the debriefings of traumatic incidents, does not indicate that spouses are initially involved in the defusing/debriefings that are provided to officers involved in shootings.

In Modesto, California, and the surrounding Stanislaus County law enforcement agencies, critical incident debriefings have been employed since the early 1980's for peace officers involved in shootings. Follow-up counseling/debriefings for officers have been available, but were rarely utilized. It was not common practice for the officer, department, or this author to initiate a follow-up contact. The debriefings have been provided by this author, a traditionally trained clinical psychologist who became exposed to the law enforcement subculture in 1976, and whose responsibilities have grown to include the provision of SWAT/hostage negotiation consultation, pre-employment psychological screenings for peace officer applicants, stress management presentations for peace officers, administrative consultation, fitness-for-duty evaluations, counseling and psychotherapy for peace officers and their dependents, and occasional crime profiling. Peer counseling programs have been explored and some officers have even been trained, but perhaps because of the ready availability of a specialized mental health professional, peer counseling has never been vigorously embraced.

Until recently, spouses had not been involved in the critical incident defusing/debriefing process. Attention to spouses was typically restricted to ensuring that messages were carefully and sensitively delivered regarding their spouse-officers' having been involved in a shooting, and the extent of their injuries, if any. At most, the spouse's own support system was notified and summoned to attend to family needs. At no time did the department or the department psychologist ever respond directly to the needs of the spouse. (We have been fortunate that in the tenure of this author, no local officers have been killed in the line of duty. This untoward event undoubtedly would result in support services being made available directly to family members.)

By early 1990, enough local peace officers had survived deadly force situations that one survivor suggested the development of a support group, and the first meeting was held in January of that year. Borrowing from a respected colleague's experience in a large California law enforcement agency (Benner, 1989, personal communication), the group initially adopted the name of "Shooter's Luncheon"; a frivolous name but a serious-minded effort to provide ongoing support for members. At that time, the group was comprised of approximately twenty officers who had either discharged their weapons, or had been an actively-involved backup officer in a deadly force situation.

Paralleling the officer's support group, within the next twelve months, several spouses of the Shooter's Luncheon group independently initiated their own support group to deal with their special problems and needs. This group started to meet regularly and provided the only structured opportunity for them to address lingering reactions and difficulties associated with their spouses' deadly force situation. Marital counseling services had occasionally been accessed by some couples when marital problems emerged after shootings, but there were no preventative interventions to avert some of the problems that arise for couples and families.

As time elapsed, there were more officer-involved shootings, which increased the ranks of both the Shooter's Luncheon and the spousal support group. Several developments occurred in the evolution of both groups, some of which may be novel and others paralleling what occurs in other areas of the country. For example, this author was urged to call the spousal support group immediately following an officer-involved shooting. It is the spousal group's wish to immediately extend themselves to the spouse of the officer. In practice, a representative of the spousal support group makes a phone call to the spouse within hours of the shooting. If child care is required, it is provided or arranged by members of the spousal support group. Any immediate needs that attend the initial stages of the spouse's reaction to the officer-involved shooting are provided by the spousal support group. Subsequently, a special meeting is scheduled within the succeeding week or two for all of the available members to attend and address the needs of the newest member of the spousal support group.

As the spousal support group matured, so did the Shooter's Luncheon. As suggested by others in the field, a Companion Officer Program was developed. The companion officer comes from the ranks of the Shooter's Luncheon and is generally an officer from the shooter's department. The companion officer has generally become the first support person made available to the involved officer or officers and continues in this role throughout the next several months as a monitor for the involved officer. The companion officer informally but automatically makes contact upon the officer's return to work and on range training days, anniversaries of the incident, and court hearings.

This author is contacted immediately after an officer-involved shooting. An officer-involved shooting is the highest priority clinical activity (on a par with a SWAT activation), resulting in cancellation or postponement of any other planned or scheduled activity. This author responds immediately. The notification to this author is generally made by either a field supervisor or a watch commander who is then given some suggestions as to initial responses that might be helpful to the

involved officers. For example, it is suggested that the officers make contact with their spouses if the contact has not already been made. The supervisor or watch commander is urged to arrange for a companion officer. A replacement weapons are suggested if not already provided. Arrangements for where and when the defusing/debriefing will occur is established. It is this author's strong belief that officers involved in a shooting should have contact with a specialized mental health professional or peer counselor before they secure.

This author initially goes to the location of the officer-involved shooting. This is an opportunity to be briefed on the situation as it is known to the command or investigating officers on scene. It provides this author with an initial impression as to whether the shooting is being viewed as justifiable, a consideration that is important in tailoring the debriefing/defusing process. It also provides this author with visual information that will later be of assistance when the debriefing occurs.

While en route to the location of the planned debriefing, this author makes phone contact with the involved officers, who are usually available by phone (either in a supervisor's patrol car equipped with a cellular phone, at a medical facility where land line is available, or at the station). At that time it is suggested that their spouses or spousal equivalents be invited to the debriefing. If child care arrangements are necessary, the spousal support group is available. For officers that may be reluctant to involve their spouses, this author makes every effort to implore their involvement for reasons that will become clear during the debriefing and the time thereafter. Most officers have little reluctance to follow the suggestion and in such situations are very amenable to direction from trusted helpers. If, however, an officer expresses continuing resistance to spousal involvement, the spouse's participation is abandoned.

Other support personnel also respond to the department, including the officers' labor representative and usually an attorney familiar with the rights available to the involved peace officer(s). Whoever arrives first will generally have first contact with the involved officer. Perhaps because of accessibility for emergencies, this author usually arrives before the attorney and labor representative. At this time the involved officers and their spouses are taken to a private room, and an initial defusing/debriefing is initiated. The purpose of the debriefing is explained, and the officers are assured that it is not a psychological fitness-for-duty evaluation. They are further advised that all information heard or observed is confidential and privileged. Other than the statutory exceptions to confidentiality, the information revealed never leaves the room. The typical debriefing process is then employed, which provides the officers an opportunity to express their thoughts or feelings about the shooting with a specialist who is not investigating the incident and is in no position to do them any harm. It is clearly defined as a helping service in which the "client" is the officer and not the department administration.

The presence of the spouses during this initial debriefing has been extremely helpful in providing practical coping strategies for potential conflicts, misunderstandings, or other disruptive variables that could impair the familial relationship. One of the factors thought to contribute to the success of initially involving spouses is that such debriefings facilitate a sense of having shared a stressful experience. This usually bolsters a relationship and preempts the possibility that the officers might isolate themselves from their spouses who may wish to be involved in a supportive and nurturing way. It frees the officers from having to essentially debrief their spouses when they finally secure and go home. Involvement of the spouses enables and informs them how to be helpful and watchful for persisting and potentially disabling stress symptoms in their officer-spouses. It also prepares them, and their spouses, to anticipate their own vicarious stress responses and hopefully prevent avoidable overreactions, misunderstandings, and fears of the unknown. It also provides an immediate connection to the department's psychologist or peer support system.

Following the debriefing with the officers and their spouses, a second debriefing/defusing is initiated. This debriefing is generally larger, involving other participating officers and their spouses or spousal equivalents, dispatchers and their spouses, reserve officers and their spouses, or explorers/cadets and their parents. Because of the number of people involved in the second debriefing, absolute confidentiality cannot be assured. It is requested of all attending that everything discussed in the debriefing remain within the group. However, that does not provide protection in any potential criminal or civil litigation, and the participants are admonished of that possibility before they get involved in the debriefing process. The officers involved in the shooting and their spouses are invited to sit in on the second debriefing as observers, since they are usually advised by legal counsel to verbalize nothing. Their attendance, however, is generally useful in terms of hearing what other officers saw or heard and what dispatchers knew and communicated, thus providing the shooters with more comprehensive information than just their own perceptions. The beginning of the healing process will be fragmented until comprehensive information about the incident is gathered by the shooter from all participants.

The second debriefing attempts to serve the same purposes as the initial debriefing. It is an opportunity to discuss the incident and accompanying feelings and reaction to those feelings. It is as well an opportunity to provide information about potential post-incident stress signs or symptoms and allay fears that officers or their spouses may feel they are "going crazy," when they are experiencing normal reactions subsequent to the officer-involved shooting.

Following the second debriefing, all involved personnel are invited to contact this author for any follow-up if necessary. The officers, however, are actually scheduled for a follow-up debriefing, and the spouses are encouraged to attend. This follow-up debriefing generally will occur on the day before the officers are scheduled to return to work. In our area, officers generally have anywhere from three to nine days of administrative time off with pay with the ability to accommodate extended time off for special circumstances.

Approximately two weeks after an officer-involved shooting, the Shooter's Luncheon is scheduled for the involved officers. As of June 28, 1993, there were 49 members of the group. In part because of the size of the group, as well as an increased awareness of the public's perception of peace officers following events in Los Angeles in 1991, the name of the support group has recently been changed to "Survivor's Luncheon." This name is more apropos because it is inclusive of members who were involved in deadly force situations but did not actually discharge their firearm, and it indicates that they are no less important in the group than the shooters.

The initial purpose of the Survivor's Luncheon was to provide a support group for officers that had shared a similar experience. It was started as a luncheon because it seemed to be a format that did not have the stigma of therapy or the need for help. There is some recent talk among the group of having more regularly scheduled meetings that are formatted in a manner more similar to the usual self-help group design. This author suspects that only now could this change come about and that it would have been resisted initially.

Also recently attempted was a picnic for both the Survivor's Luncheon and the spousal support group. The showing was small, but sufficient to indicate that there probably is some utility in bringing both groups together on a regular basis. During the picnic, there was some interchange between shooters and spouses other than their own partners that seemed to prove helpful.

The concept of providing assistance to officers involved in shootings and their spouses continues to evolve in Modesto and in the surrounding Stanislaus County law enforcement agencies. By trial and error, we are learning what seems to be helpful and what may be unnecessary, continually tailoring and

refining the overall response to all critical incidents. What appears to be very evident is that the involvement of spouses from the initial hours following an incident has proven to be helpful for the recovery of the involved officers and appreciated by spouses. Perhaps this model of conjoint critical incident debriefings will prove vital in averting preventable and irremediable marital breakdown.

REFERENCES

Blak, R.A. (1986). A department psychologist responds to traumatic incidents. In J.T. Reese and H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp.311-314). Washington, DC: U.S. Government Printing Office.

Everstine, L., & Everstine, D.S. (1993). <u>The trauma response: Treatment for emotional injury</u>. New York: W.W. Norton.

Kroes, W. & Hurrell, J.J. (1975). <u>Job stress and the police officer</u>. Washington, DC: U.S. Government Printing Office.

Mitchell, J., & Bray, G. (1990). <u>Emergency services stress</u>. Englewood Cliffs, NJ: Prentice-Hall.

Mitchell, J., & Resnick, H.L.P. (1981). <u>Emergency response to crisis</u>. London: Prentice-Hall.

Roberts, M. (1973). <u>Post shooting reactions.</u> Address presented at IACP Annual Conference, San Antonio.

Solomon, R., & Horn, J. (1986). Post-shooting traumatic reactions: A pilot study. In J.T. Reese and H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp.383-393). Washington, DC: U.S. Government Printing Office.

Stillman, F. (1986). The invisible victims: Myths and realities. In J.T. Reese and H.A. Goldstein (Eds.), <u>Psychological services for law enforcement</u> (pp.143-146). Washington, DC: U.S. Government Printing Office.

DISASTERS: IMPACT ON THE LAW ENFORCEMENT FAMILY

David Wee, M.S.S.W.

Law enforcement personnel and their families face many of the stresses the general population faces when disaster strikes, but are also subject to additional stresses unique to the law enforcement worker's family that are associated with the requirements and nature of the law enforcement job. In addition to being victims of the disaster, the law enforcement professional and his or her family can become psychologically affected by the disaster work of the law enforcement spouse. The recovery of the family can also be affected by the job responsibilities of the law enforcement spouse. The physical and psychological recovery of law enforcement families seems to benefit from the support available from within the law enforcement community and the attitudes and beliefs common to law enforcement professionals. A comprehensive disaster mental health program, such as that implemented following the devastating Eastbay Firestorm in California's Oakland and Berkeley hills, can assist law enforcement families in the wake of disaster.

INTRODUCTION

Disasters are overwhelming events that test the capability of the community and individuals to respond and can temporarily lead to massive disruption (Raphael, 1986). Humans have been victims of disasters throughout recorded history (Lystad, 1988). Hurricane Hugo, the Loma Prieta Earthquake, the Eastbay Firestorm, the Los Angeles Riots, Hurricane Iniki, Hurricane Andrew, and a host of other disasters have struck the United States in recent years. The catastrophic devastation following a disaster can have a psychological impact on emergency service workers, their families, and people in the surrounding community. Disasters have the potential of affecting the emotional well-being of law enforcement professionals and their families. Psychological responses can occur during the impact of the disaster, during response, and during the recovery phases of the disaster. Crisis counseling programs can be implemented to mitigate some of the stresses and negative psychological responses for community members and law enforcement personnel and their families.

Populations affected by natural disasters show a variety of responses to the event. The responses can include adaptive restoration of functioning, normal stress response syndromes, resilient recovery, or serious and persisting psychological responses consistent with Post-Traumatic Stress Disorder (Horowitz, Stinson, & Field, 1991). Survivors experiencing psychological reactions in response to disaster are viewed as normal people in abnormal circumstances. Stress responses that would be excessive at other times are now viewed as normal (Myers, 1992). Psychological reactions can continue long after the disaster. For example, some individuals who experienced the Loma Prieta Earthquake continued to identify symptoms of distress six months after the earthquake (Wee, 1990b). Individuals who lost their homes in the Eastbay Firestorm also showed a persistent and significant stress response fifteen months after the fire (Wee & Mills, 1993).

Disaster workers who experience the intensity of the disaster directly and for overly prolonged time periods can experience psychological reactions (Lystad, 1988). The psychological impact on disaster workers and law enforcement personnel has been examined by a number of investigators (Durham, McCammon, & Allison, Jr., 1985; Forman, 1986; Lanning & Fannin, 1988; McFarlane, 1988; Miles, Demi, & Mostyn-Aker, 1984; Mitchell, 1986; Robinson, 1989; Taylor & Frazer, 1982; & Wee, 1990a). Disasters can cause psychological effects in the worker and influence those closest to them (Hartsough & Myers, 1985; Wraith & Gordon, 1988).

Families are also affected by a multitude of stresses following natural disasters, including evacuation; changes in roles, relationships, and routines; economic losses; and destruction of home, and surrounding environment (Smith, 1983). Children may exhibit psychological and behavioral symptoms, some of which may become long term (Frederick, 1985). Even without a disaster, the family life of police personnel is tremendously affected by occupational demands and stresses of their work (Bibbins, 1986). In addition, disaster worker families can also become a source of stress if the family feels excluded or deprived by the worker's absence and involvement in the disaster work (Raphael, 1986). But even when struck by catastrophe, the family is a critical support system during and following a traumatic event (Figley, 1983). The trauma and stress following disasters can add stress for the law enforcement family.

IMPACT ON THE LAW ENFORCEMENT FAMILY

The psychological impact of disasters on law enforcement families is influenced by a variety of factors during the impact, response, and recovery phases of a disaster. The disaster-related stresses experienced by law enforcement personnel and their families are similar to the stresses faced by the larger community. Additional stresses are unique to the law enforcement family and are related to the duties and work of law enforcement personnel. The unique stresses faced by the law enforcement family include separation from family members during the disaster, dual duty to family and community, and being a victim of the disaster.

Disasters have four subphases that occur before, during, and after disasters strike: 1) threat, which involves recognizing approaching danger and risk; 2) warning, which involves communication that danger is present and protective action should be taken; 3) the impact of the disaster event itself; and 4) trauma arising from experiences during the disaster. These subphases are accompanied by psychological reactions that can affect the law enforcement family. Psychological reactions during the four subphases are influenced by the perception of threat to the law enforcement professional and the family, pre-disaster preparation, evacuation from threatened areas, impact of the disaster event, and trauma that may have been experienced during the disaster. The psychological impact of disaster on law enforcement personnel and their families will be illustrated by the experiences of three law enforcement families following the Eastbay Firestorm of October 20, 1991. (The names of the law enforcement professionals have been changed to protect their privacy.)

Threat

The main feature of the threat subphase is the recognition that a threat exists and that increasing risk is present. The law enforcement families facing the Eastbay Firestorm recognized that a threat existed, but they did not think that actual risk to their safety or property was possible.

Stan is 42 years old, Caucasian, has been married for 19 years, and has a daughter age 14 and son age 5. He is a sergeant with 23 years of experience in law enforcement. Stan and his family noticed there was danger: "I noticed a lot of smoke up the hill as we were getting home from Mass around 11:00 a.m. After a while, ash began to fall in the neighborhood and my wife and daughter became alarmed. I didn't think the fire would jump two freeways."

Joseph is 48 years old, Caucasian, divorced, and has daughters ages 23 and 26 and a son age 18. He is an Inspector who has worked 25 years in law enforcement. He recalled seeing smoke:

My fiancee came and picked me and my friend up at the airport. As we drove back, I saw smoke and figured a San Francisco wharf was on fire. As we drove I realized the Eastbay Hills were on fire. By the time we reached Oakland, Oakland Police Department was setting up road blocks on Highways 24 and 13. We drove up Interstate 580 and then up Broadway, and then up side streets, on up to the house. I sent my friend home with his wife, not wanting to involve them in this. We could see the fire and hear the transformers exploding on up the hill over the Caldecot Tunnel. I didn't think there was any danger to the house. I didn't think it would cross the freeway.

Warning

Increasing levels of threat and danger often lead to warning if there is time or opportunity. Deciding to evacuate to a safer location, making preparations to evacuate, and finally evacuating is a stressful experience. When families do evacuate, the majority of evacuees will go to the homes of friends or kin (Bolin, 1988). This stress can be mitigated by pre-disaster planning, preparedness for the disaster, and previous experience with the particular type of disaster.

Separation of family members during evacuation and during the impact of the disaster can have an emotional impact on the family (Smith, 1983). The absence of family members may lead to fear and arousal, and intense concern by family members (Raphael, 1986). Law enforcement personnel are likely to be on duty or called back to duty before, during, and following a disaster and are not able to be with their families. This creates a situation where the law enforcement family must make important decisions about family evacuation, safety, and relocation without the involvement of the law enforcement spouse. The law enforcement family members may experience feelings ranging from disappointment to feelings of abandonment. Maintaining communication between the law enforcement personnel and families can also be a problem and can be stressful. Stan and his wife of 19 years were worried:

We began to gather things together. My wife started to get some clothes out of the closet and remembered thinking that this seemed silly because she will just have to bring these things back and put them in the closet. We then collected some photo albums and other keepsakes and my wife and kids and went to stay with a relative in San Leandro. At 1:00 p.m. I called the station. They told me to come in five minutes ago, so I went to work.

Impact

Numerous psychological reactions can occur in the law enforcement professional and the family during and following a disaster. During this subphase, the individual experiences heighten arousal, focusing on survival, feeling fear, helplessness, and abandonment; and yearning for relief and rescue (Raphael, 1986). The characteristics of catastrophic stressors for the family include the amount of time in a "crisis state," the degree to which there is a sense of loss of control or helplessness, the extent of disruption and destruction, the quantity and quality of the emotional impact of the disaster, and the medical problems associated with exposure to the disaster (Figley, 1983). Other specific stressors faced by law enforcement families include separation and fearing for their safety, the safety of the law enforcement spouse, the impact of accurate and inaccurate information from the media, and different disaster experiences. An important common experience for all the law enforcement personnel interviewed was that they discovered their homes burned down while in the company of other law enforcement personnel. Each was with members of his law enforcement "family" when they discovered his loss.

Alan is 40 years old, African-American, divorced, and has an 18-year-old son in college. He has 8 years' experience in law enforcement and was living alone at the time of the fire. He recalled his experience during the disaster:

I changed into my uniform and was assigned to a squad which was sent to the Claremont Hotel. I was able to go over the hill and survey the Parkwood Apartments. I saw that my apartment was destroyed. We became very concerned and frightened when we found an Oakland fire engine with no firefighters. We decided that it was too dangerous to be there and we got out of the area. I realized that it was all over and there was nothing I can do... We spent the rest of the evening on patrol and rescued people wandering on the freeway.

Stan discovered his house was gone while on patrol:

We had a call to the southeast later in the evening. After the call, I saw the hill where the house was, on fire. It's all gone, I won't find anything. I guess I was in shock, numb. I remember I had a job to do, which kind of took my mind off it.

Joseph discovered his home destroyed:

I had to go to work. The fire burned itself out the previous day. I went to court down in Hayward all day Monday. I was driving back from Hayward at the end of the day when I heard Berkeley Police Department radio traffic on my radio. A BPD squad was working in the Oakland area. I got on the radio and requested the Lieutenant to go check on my house. I gave him directions to get to my house. He radioed, "What block is your house on?" I gave him more information about where my house was. He radioed back and said, "I have bad news for you, the whole block is gone." I said, "What do you mean?" He said, "The whole block is gone." I used my police badge to get past the Oakland Police barricades and sure enough, the entire block was gone. All I had were the things and the clothes at my fiance's house.

Communication between the law enforcement spouse and family can be a problem. Delays in finding out whether loved ones are safe, unharmed, or injured are very stressful. Reaching family members is hampered by the unknown location of family members; telephone and cellular networks can become overloaded, damaged, or destroyed. Establishing communication with family members can sometimes take 24 hours or longer. Joseph attempted to contact his family: "I called my parents on Monday to let them know I was alive. The biggest problem was I couldn't get through to them because the phone lines were busy. Late Monday I got through. My children were very worried because they had no contact with their father. They couldn't get ahold of me."

Trauma and Loss

The emotional reactions to the impact of the disaster are soon followed by the recognition by the individual and family that they have experienced a traumatic event and suffered losses. Losses include injury or death of a family member or friend; damage or destruction of the home; injury or death of a pet; loss of family heirlooms and pictures; and loss of comfort, security, and safety. Lost are possessions, projects, and work representing the past, the present, and future. As was the case with the Eastbay Firestorm, entire neighborhoods were destroyed. Alan realized he had lost everything: "At this

point all I owned was what I was wearing--thongs, shorts, shirt--and my uniform." Stan called his family:

My wife and children were with family. I called later in the evening. She told me later that when she told the children, my son began to cry and then my daughter. The children broke down and then she broke down. She said she felt better after crying.

The demand of Joseph's work drew his attention from his losses: "Grief was diverted by the business of the police department. My daughter's cat was there, in the house; the cat was my roommate." Stan recalled the shock of realizing what he had lost:

At first I realized that I lost things and I believed that I would get everything back. Then there is the problem that you can't get things back. I can't get back the effort I put into the things I built, heirlooms, the dining room set that was grandmother's that I refinished, my Dad's pocket watch that he had during his career with Southern Pacific railroad (37 years). Some things can't be replaced.

STRESSORS: RESPONSE AND RECOVERY

Law enforcement families can face multiple stressors during the response and recovery phases of the disaster. Stressors include dual duty (duty to family along with duty to the community), separation from the family due to long shifts, financial needs, time pressures required for family recovery efforts, bureaucratic problems, concern over meeting physical needs, concerns about the safety of the family, and caring for the emotional needs of the spouse and family members.

Response

During the response phase of disasters, the state of emergency exists for the community and the emergency service worker. The disaster response phase will continue for a period of time until the initial "crisis state" is over. Important subphases are impact, inventory of losses and what survived, heroic efforts directed at rescue and regaining normalcy, the honeymoon period during which time the "therapeutic community" created by communitywide efforts to provide care and assistance to disaster victims emerges, and then a period of disillusionment with voluntary and official disaster response activities. The law enforcement personnel were concerned with establishing contact with family and friends, finding and caring for a lost cat, finding housing, and establishing a safe and comfortable living situation.

Joseph focused all his energy on the recovery of Princess, his daughter's cat:

One of my neighbors found the cat thirteen days later behind her house. All her paw pads were burned off and she was extremely dehydrated. She was hospitalized for a long time. A lot of energy went into saving the cat's life. This effort went beyond Christmas.

Alan recalled his struggle to move into a new apartment:

I really had a difficult time finding a place to live and then was very reluctant to move my things in. It took me a while to move in my bed, furniture, and other things for fear

of losing these things again, I found that I was angry that I even had to buy these things much less move them into my apartment. It takes time.

The support for the law enforcement personnel and their families came from friends, family, former neighbors, law enforcement peers, and the law enforcement organization. Support came in the form of offers of housing, replacement of important belongings and mementos, and sufficient time off work to attend to family concerns and needs. The most helpful support came from contact and support provided by other firestorm victims or survivors who had lost their own homes. Alan described the support:

My friends and fellow officers were very supportive and acknowledged my losses. I like wearing really baggy, colorful pants. They took up a collection and bought me a couple. Officers made offers of places for me to stay. The people at my mother's work took up a collection and gave me some stuff. I got comments from my family. They kept saying, "You need to mourn, you need to cry."

Joseph found support from neighbors:

I would run into neighbors who returned to the neighborhood. We would leave messages in the mailboxes that we were O.K. We would commiserate together. Much of the conversation was on whose animal was missing and whose was found. We looked for thirteen days for the cat.

Alan found support also: "I run into friends from Parkwood apartment buildings from time to time. We had a real community there. We meet and share the sadness. We found that we were going through the same things." Stan and his wife joined support groups for the purpose of mutual support with other victims or survivors:

We were members of a fire support group from the beginning and have been members of several support groups and have changed groups as our needs changed. We will probably continue to participate after we rebuild. Several members of the group continued in the support group after they finished rebuilding.

Recovery

The recovery phase of the disaster involves the long-term relocation and recovery of the family from the damage caused by the disaster. The recovery phase also includes the psychological healing and integration of the disaster experience by the family members and the family as a unit. The recovery processes take a long time depending upon the extent of damage, disaster assistance available, and adequacy of insurance coverage. The long-term stress associated with recovery can affect the law enforcement family, contributing to physical and emotional exhaustion, illness, spousal communication difficulties, decreased intimacy, parenting difficulty, conflict with children, social isolation, and substance abuse. The law enforcement personnel faced extraordinary commitments of time and energy in the rebuilding process, multiple relocations of the family, coping with the psychological impact of the firestorm on the children, nursing a severely injured cat to health, and ongoing bureaucratic problems with insurance companies and reminders of the disaster.

Stan's job and the energy required to rebuild their home led to special concerns about parenting, the reactions of each of his children to the disaster, and the stress on his wife:

Due to my job--I am in patrol and coordinate SWAT--the rebuilding is being taken on by my wife. Building a house is not something we wanted to do. We have two children, ages 14 and 5. With the stress and time taken up by the rebuilding and the job, everything begins to suffer. We are constantly concerned that there hasn't been time for the children. Then when we take special time for the children, it isn't quite right. We are constantly asking ourselves, are we being good parents through the rebuilding?

Stan found his daughter had been affected by several major experiences both before and after the fire. For example, moving five times since the fire has been a problem:

For her, a lot of things have happened. She went through the earthquake, then the fire, and had the stress of graduating from grammar school and entering high school. At times she is withdrawn. She refuses to talk about the fire. Some of the things she lost really bother her, such as her mother's wedding dress that was cut down for her Communion dress. But despite everything she has done extremely well in school.

Stan's son incorporated the firestorm and aftermath into his play:

He wants to talk about the fire and view videotapes of the house before the fire and videotapes of the fire. He likes playing with Legos. He began to build a number of Lego towers. I asked him, "What are these." He said, "these are the chimneys in the old neighborhood. Here is our old chimney, here is Brendan's chimney, here is Jesse's chimney." He also began to collect fire trucks.

The stress of recovery and rebuilding has been experienced by Stan's wife:

She has been fantastic, taking on the rebuilding and essentially within a "man's world." The stress resulted in both she and I being fatigued at times and very short on patience. The stresses in turn show up as physical maladies, heart arrhythmia, chest pains, inner ear infections, chronic back and neck pain. It gets to the point where you just have to tell everyone that you are taking a couple days off. We are planning to go away for the weekend, just the two of us.

Joseph found that his cat's physical and psychological recovery takes time: "The cat won't leave the house. Her paws are tender and she is still afraid. It took her over a year before she would leave the house and go out on the deck." Joseph bought a replacement house in another area. Even so, there have been constant reminders, "There are constant reminders of the fire. The City of Oakland is now talking about removal of foundations. At first they wanted the foundations to stay to maintain the stability of the slopes. Now they want to remove them because they might be unsightly to people moving back into the area."

There have been constant reminders of loss for Alan: "I continue to realize that things are gone. I was offering someone information on diet when I realized that the information was gone. I lost my notes, books, and materials from school."

Victim

The identity of the law enforcement professional and the label and experience of victim are mutually exclusive ideas for most people in law enforcement. To be a law enforcement professional

means to have tightly held values and commitment to service to the community--to survive and to be in control. To be a victim is to lose. The fire was about the loss of control at the time of the disaster and continuing efforts to regain control during the recovery phase. The law enforcement professionals interviewed very candidly described their experience of being a victim of the disaster. A part of the experience as a victim of the Eastbay Firestorm was discomfort with the victim status and role.

Joseph talked about his feelings of being a victim: "People continue to be interested in me, my reactions as a result of the fire. I find myself not talking about that fire; it is easier to talk about the fire as an emergency responder than as a victim of the fire. I don't want to be treated as a victim...I want to get on with my life."

A law enforcement peer made this observation about the emotional impact and feelings between law enforcement personnel and their families following a hurricane:

Unlike any other profession, law enforcement as a profession has a tendency of breeding invincibility. A person puts on a badge and he feels he can walk through a wall. Now you have an officer who is a victim after a disaster. He realizes that he has been in an experience like a firefight, a hostage taking. He cannot control nature and he finds now that his wife and children have been taken from him... (C.C.C. Iona, personal communication, May 27, 1993).

The realization that each were victims of a natural disaster was coupled with adaptive coping in the form of positive attitudes and reliance on spiritual beliefs that helped in the psychological recovery. The meaning of the Eastbay Firestorm to each of the officers began to be integrated into his life. Each law enforcement professional identified something positive that has happened for him or his family as a result of the disaster. Stan found that he is closer to his wife of 19 years: "The fire brought us closer together. Being able to overcome adversity and all. The need for communication has never been more important. We have been sticking together against the world." Joseph's experience has helped him in his work: "It helps me understand people who have been victimized. Being a victim myself makes me a little more understanding of others. I enjoy being home again. It is part of the healing process."

DISASTER MENTAL HEALTH PROGRAM

The Eastbay Firestorm was the worst wildland-urban interface fire in the history of the United States. On October 20, 1991, during mop-up operations for a fire contained the previous day, fire ignited outside the previous burn area. Within minutes, the fire was out of control. Massive mutual aid was needed to bring the firestorm under control three days later. Twenty-five people were killed, including one Oakland Fire Department Battalion Chief and one Oakland Police Department Patrol Officer. More than 241 people were injured. There were 3,354 homes and 456 apartments destroyed, for an estimated loss of $1.65 billion. A disaster mental health program was implemented during the early hours of the Eastbay Firestorm to provide psychological and operational support to law enforcement personnel, fire fighters, disaster workers, and people who lost their homes.

The emphasis of the disaster mental health program was normalization. The focus of normalization is educating people that normal people have normal responses to abnormal events. The disaster mental health services, for victims in Berkeley, were supported by the Federal Emergency Management Agency, through the National Institute of Mental Health and California Department of Mental Health. Support was also provided by the City of Berkeley and the University of California at Berkeley, University Health Service. The primary services provided were consultation to emergency

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operations and command staff; outreach to people who lost their homes or who were evacuated; debriefing of emergency service workers, civilian volunteers, and people who were traumatized by the firestorm; education of survivors, law enforcement personnel, emergency service workers, the general community, and school-age children about psychological reactions to disaster; and crisis counseling services to support people who were the most seriously distressed. These services were provided during the immediate disaster response and long-term recovery phases of the disaster. People from the disaster-impacted community, which included law enforcement families, received services from the disaster mental health program.

Disaster mental health services were targeted toward law enforcement professionals. Law enforcement peers were provided training in disaster mental health, crisis intervention, and disaster stress management. Educational presentations were offered to all law enforcement organizations in the geographic area served by the disaster mental health program. The objective of the presentations was to educate law enforcement professionals about disaster mental health issues and to provide information about stress management resources available to firestorm survivors. A second objective was to encourage law enforcement personnel to refer individual victims needing assistance to the disaster mental health program and function as part of the "therapeutic community" for members of the law enforcement community who were victims of the Eastbay Firestorm.

The law enforcement peer and mental health professional teamed up and provided a series of educational presentations to participating law enforcement organizations. The first series of presentations focused on specific psychological responses for each disaster phase, of disaster survivors and disaster workers. Effective intervention techniques with disaster survivors was also covered. The second series of presentations was on the long-term mental health issues following disaster and stress management interventions used by law enforcement personnel to mitigate stress related to the firestorm. The response of the law enforcement organizations and personnel was very positive, due in large part to the participation of the law enforcement peer. During the first series of presentations, many law enforcement personnel applied the information to their own reactions to the fire. The reactions to the second series of presentation was positive, with many law enforcement personnel recognizing the need to manage disaster stress during future events.

CONCLUSION

Law enforcement personnel and their families face many of the same stressors the general population faces when disaster strikes. The law enforcement family is subject to additional stresses associated with the requirements and nature of the law enforcement spouse's job. Separations from the family, dual duty, and differing disaster experiences are some of the stresses that are unique to the law enforcement family. In addition to being victims of the disaster, the law enforcement personnel and their families have the potential of becoming psychologically affected by the disaster work done by the law enforcement spouse. The recovery of the family can also be affected by the job responsibilities of the law enforcement spouse. The physical and psychological recovery of law enforcement families seems to benefit from the support available within the law enforcement community and by the attitudes and beliefs common to law enforcement professionals.

The experiences of the law enforcement personnel interviewed for this study were rich and informative, and they reflect the diversity of law enforcement families. The methodology and sample were limited. Future investigations should include interviews with spouses and family members of the law enforcement personnel. The impact of disasters on law enforcement personnel and their families needs further study to identify and further clarify how disaster-related stressors experienced by law

enforcement families are different from those experienced by the families in the general population. In addition, the responses of law enforcement professionals and their families to disaster-related stress may hinder or strengthen post-disaster recovery. Promising strategies need to be identified to help meet the specific physical and psychological needs of law enforcement families.

REFERENCES

Bibbins, V.E. (1986). The quality of family and marital life of police personnel. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 423-429). Washington, D.C: U.S. Government Printing Office.

Bolin, R. (1988). Response to natural disasters. In M. Lystad (Ed.), Mental health response to mass emergencies. Theory and practice (pp. 22-51). New York, New York: Brunner/Mazel.

Durham, T.W., McCammon, S.L., & Allison, Jr., E.J. (1985). The psychological impact of disaster on rescue personnel. Annals of Emergency Medicine, 14(7), 664-668.

Figley, C.R. (1983). Catastrophes: An overview of family reactions. In C.R. Figley and H.I. McCubbin (Eds.), Stress and the family: Volume II: Coping with catastrophe (pp. 3-20). New York: Brunner/Mazel.

Forman, W.C. (1986). Police stress response to a civilian aircraft disaster. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 423-429). Washington, D.C: U.S. Government Printing Office.

Frederick, C.J. (1985). Children traumatized by catastrophic situation. In S. Eth and R.S. Pynoos (Eds.), Post-traumatic stress disorder in children (pp. 71-100). Washington D.C: American Psychiatric Press.

Hartsough, D.M., & Myers, D.G. (1985). Disaster work and mental health: Prevention and control of stress among workers (DHHS Publication No. ADM 87-1422). Washington D.C.: U.S. Government Printing Office.

Horowitz, M.J., Stinson, C., & Field, N. (1991) Natural disasters and stress response syndromes. Psychiatric Annals 21(9), 556-562.

Lanning, J.K.S., & Fannin, R.A. (1988, August/September/October). It's not over yet. Chief Fire Executive, 40-44, 58-62.

Lystad, M. (1988). Perspectives on human responses to mass emergencies. In Lystad (Ed.), Mental health response to mass emergencies. Theory and practice (pp. 22-51). New York, New York: Brunner/Mazel.

McFarlane, A.C. (1988). The longitudinal course of post traumatic morbidity. The range of outcomes and their predictors. Journal of Nervous and Mental Disease, 176(1), 30-39.

Miles, M.S., Demi, A.S., & Mostyn-Aker, P. (1984). Rescue workers' reactions following the Hyatt Hotel Disaster. Death Education, 8, 315-331.

Mitchell, J.T. (1986, September/October). Critical incident stress management. Response, 24-25.

Mitchell, J.T. (1983, January). When disaster strikes. Journal of Emergency Medical Services, 36-39.

Myers, D. (1992, May/June). <u>Disaster mental health recovery training</u>. City of Berkeley crisis counseling program: Eastbay firestorm. FEMA 919DR.

Raphael, B. (1986). <u>When disasters strike. How individuals and communities cope with catastrophe</u>. New York: Basic Books.

Robinson, R. (1989, Spring). Critical incident stress and psychological debriefing in emergency services. <u>Social Biology Resources Center Review</u>, <u>3</u>(3) 1-4.

Smith, S.M. (1983). Family disruption in the wake of natural disaster. In C.R. Figley and H.I. McCubbin (Eds.), <u>Stress and the family: Volume II: Coping with catastrophe</u> (pp. 120-147). New York: Brunner/Mazel.

Taylor, Ph.D., & Frazer, A.G. (1982, December). The stress of post-disaster body handling and victim identification work. <u>Journal of human stress</u>, <u>8</u>(12) 4-12.

Wee, D.F. (1990a). Cypress structure collapse: A survey of emergency service workers. Unpublished manuscript, (Available from Berkeley Mental Health, 2640 Martin Luther King Jr. Way, Berkeley, CA. 94704).

Wee, D.F. (1990b). Earthquake reaction survey. Unpublished manuscript, (Available from Berkeley Mental Health, 2640 Martin Luther King Jr. Way, Berkeley, CA. 94704).

Wee, D.F., & Mills, D. (1993). Satisfaction Survey. <u>City of Berkeley crisis counseling program: Eastbay firestorm FEMA 919-DR</u>. (Available from Berkeley Mental Health, 2640 Martin Luther King Jr. Way, Berkeley, CA. 94704).

Wraith, R., & Gordon, R. (1988). <u>Workers' Responses to Disaster</u>. Melbourn, Australia: Department of Child and Family Psychiatry, Melbourne Royal Children's Hospital.

IMPACT OF DUTY-RELATED DEATH ON OFFICERS' CHILDREN: CONCEPTS OF DEATH, TRAUMA REACTIONS, AND TREATMENT

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The phenomenological impact of the death of a parent through a duty-related event varies according to the age, stage of development, personality, and coping skills of the child. This paper examines a child's understanding of death across the lifespan from preschool to elementary school to adolescent years. It then describes typical patterns of reactions to the death. Finally, it discusses immediate, crisis-oriented interventions as well as interventions for more chronic stress reactions that help the child grieve the loss of the parent.

INTRODUCTION

The impact of a duty-related death of a police officer is widespread. The officer's partner, co-workers, and officers from other jurisdictions respond in a variety of ways, ranging from expressing shock and/or rage to giving financial support. The media generally descend upon the scene, and funeral services receive widespread attention. But what of the officer's family in general and children in particular--what is the impact of the death upon them? How do the children process the event and how can they be helped to survive the loss?

Children of police officers who have died in duty-related deaths are direct victims of the trauma. These children suddenly learn that life is not permanent. In the case of duty-related death, daddy or mommy went to work, often at night, and suddenly was violently killed. The children of that officer had no time to prepare or say goodbye (Walsh & McGoldrich, 1991), and their symptoms may of loss and trauma may be even more intense than children whose parents have died from natural causes. In addition, media response to and focus upon the death, as well as any coverage of subsequent legal proceedings, reexposes those children and often retriggers their symptoms, leading to a post-traumatic stress reaction. The horrible images may remain indelibly inscribed on the brain (Pynoos, 1993). The death also challenges the child's ability to maintain an internal locus of control, disturbing his/her sense of historical continuity and ability to make plans for the future.

What individual characteristics of children influence whether or not they develop post-traumatic stress reactions? Shirk (1988) noted that age, cognitive ability, level of ego development, conceptualization of death, developmental stage, and other similar factors influence coping responses and understanding. Children develop epigenetically, in a series of stages. If major trauma interferes with that development, regression, fixation, or acceleration of development may occur (Erikson, 1963, 1967). How do children at various stages of development conceptualize death and what are the typical traumatic reactions to death? What symptoms do they exhibit and how can they be helped to heal? The first part of this paper examines conceptualizations of death of children at preschool (0-5), elementary school (6-10) and pre-teen/teenage (11-18) stages of development. The second examines post-traumatic reactions of those children and the third presents short-term as well as long-term interventions to help a child after the duty-related death of the parent.

A CHILD'S VIEW OF DEATH

A child's understanding of the death of a slain police officer parent depends upon a variety of factors, including the level of cognitive development, perception of the death-related events, previous

resolution of developmental tasks, and previous experiences with death (Wass & Corr, 1984). As Staudacher (1987) noted, however, these descriptions are approximate and depend upon the factors previously mentioned; "there are no age limits which can be homogeneously applied to every child's understanding of death" (p. 130).

Infants from birth to about age three have no concept of death but have fears of separation, the dark, and being dropped. Preschool children are generally interested in immediate rewards of behavior (Selman, 1980). The well-adjusted preschooler has resolved developmental crises of trust vs. mistrust and autonomy vs. shame and doubt (Erikson, 1963, 1967). The child therefore has reasonable trustfulness toward others and trustworthiness toward the self and feels secure in the permanence of a nurturing object (generally the mother) and is beginning to explore the world. The child has learned to exhibit some self-control without a loss of self-esteem and has pride in being autonomous. The line-of-duty death of a parent challenges trust and autonomy and impairs the child's ability to work through and resolve these developmental crises, limiting the child's ability to find direction and purpose and impairing the formation of relationships outside the family.

Preschoolers express feelings primarily through play that is often spontaneous and communicate needs through words. Their active imaginations lead them to create visual images of what they believe others experienced (NOVA, 1990). Thus they may recreate pictures of the death of the parent in their mind repetitively.

Preschool children see death as temporary, impermanent, and reversible (Staudacher, 1987), as well as unpleasant and bad. Their view of the world rests upon outward appearances (Lagorio, 1991). They "play dead" and have fantasies of death that may involve magical thinking. They often believe they can make things happen by wishing them to happen, including death or regeneration. They also exhibit animistic thinking and give everything characteristics of being alive. They tend to idealize the dead parent (Worden, 1991). Their dead father is merely absent. His aliveness is diminished and he is "away" (Kastenbaum, 1992). They expect him to come back. Many preschoolers believe that the dead are still able to eat, play, or sleep (Beckman, 1990). Death therefore has some permanent ramifications but they have little coping capacity to deal with death as finality or the reactions of traumatized others. Still, their reactions are influenced by the responses of adults around them, adults who often are in denial. According to Schowalter (1975), even a four-year-old has a capacity to mourn and tries to defend against the pain of mourning. Exposure to death threatens security (Vondra, 1990). Death therefore is a departure but not a finality.

Preschoolers are dependent on others and vulnerable, yet hold fantasies of invulnerability and model themselves after their superheroes. Death reminds them of their vulnerability, and they may replay the death repeatedly to regain a sense of control or may rely on dissociation to get them through the events. If the remaining parent is extremely traumatized as well, the child in essence has (at least temporarily) lost two parents (Catherall, 1992) and the child may have extreme fears of abandonment.

Elementary age children (6-11) are working through the stage of development known as industry vs. inferiority (Erikson, 1967). They are now able to criticize selves and personal behaviors and express self-disgust. They have a better understanding of time and space as well as some sense of both past and future. They are also beginning to develop strong peer relationships (NOVA, 1990) and their major concerns are social rather than physical (Catherall, 1992). Older elementary age children have begun to think abstractly, introspect, and process information through deductive reasoning.

By approximately age 10, these children recognize that death is irreversible. They have become aware of their own mortality and have fears of death (Lagorio, 1991). They seek facts about a death,

and, if not given information, create scenarios to provide explanations and may exhibit intrusive thoughts or nightmares (Beckman, 1990). They understand the changes that death brings, and as they mourn, become less interested in play and increase distance from friends (Pynoos and Nader, 1988). These isolating behaviors are in contrast with the normal developmental tasks of developing peer relationships and functioning in a school community. They are aware that the roles in a family change after a death and that death affects the family as a system (Catherall, 1992).

Elementary age children tend to jump to conclusions and are blind to inconsistencies. They also try to avoid issues directly, yet may be preoccupied with the morbid, gory details of a death (Van Ornum & Mordock, 1990). In the early elementary years (ages 5-9), they tend to see death as due to an external source, e.g. the bogeyman or a monster, a creature that can be escaped through cunning and skill (Staudacher, 1987). In later years, death is conceptualized as a biological process that may be painful and has consequences both to the self and to others. Children now look at the relationship between life and death. They may fear being buried alive and have fantasies concerning body mutilation. School age children may become very angry at the dead parent because that parent left them. Thus, they understand concepts of forever, irreversibility, and transformation (Worden, 1991), and death has become a natural, universal event that must be grieved. They are able to understand the stages of grief (confusion/denial; sadness, anger, fear; bargaining and solution searching; and acceptance (Kubler-Ross, 1969; Lagorio, 1991).

The preadolescent child and the adolescent have advanced language capabilities and may tend to be judgmental about the world and self, communicating by "acting out." Their primary need is support and self-esteem; the primary center of relationships moves between family and peers (Erikson, 1963, 1967). Pre-adolescents are entering the stage of Identity vs. Identity Diffusion and are attempting to internalize moral judgment, are experimenting with roles of work and play, and are learning to make decisions involving interactions with others. This stage of development ideally is resolved by the end of the teenage years. The most typical reaction to trauma is outrage (Hindman, 1989), which may be communicated creatively through art, poetry, and drama. They tend to be introspective and think of alternative coping options to situations (Lagorio, 1991). Preoccupation with the anger and its expression can help to lessen the impact of death (Van Ornum & Mordock, 1990). Preadolescents, in particular, are more likely to act out their deep feelings and exhibit behavioral extremes. Adolescents also tend to resolve grief through self-destructive behaviors. However, helping them to talk about the meaning of life and death, often within a peer group, is important.

Preadolescents and adolescents understand the reality of death but may challenge its existence. They want to know all the distasteful details about a death, including the changes the body experiences. They may defy death by taking risks or they may watch death videos and tell disgusting, gruesome jokes to control their anxious fears. They may inoculate themselves by watching violent, death-filled movies and television shows. They seek to find meaning to life and death and search for or avoid explanations of why a death occurred. They also may imagine what it is like to be dying. Adolescents are developing the capacity to question existentially. They are aware of the social context and cultural system related to death and grieving. Death of a parent often challenges their acquisition of abstract thought and conflict resolution abilities (Pynoos, 1993). Death still is supposed to be distant; the death of a parent changes that concept (Staudacher, 1987). Thus, they try to defend against the personal impact of death and their own vulnerability. However, by the end of the teenage years, death is seen as permanent, inevitable, universal, and a biological process that cannot be escaped.

REACTIONS AND SYMPTOMATOLOGY

The child's most common reactions to the death of parent are emotionally based and center around feelings of fear, guilt, anger, and confusion. The ways these emotions are expressed and resolved vary with the age and stage of development, the amount of support given, the coping abilities of the child, and previous experiences with trauma. The most common fears for children include fear of losing the remaining parent; fear of one's own death; fear of sleep (if sleep is equated with death, if the death occurred at night, which is often the case in duty-related incidents, or if nightmares occur during sleep); fear of being separated from others; fear of being unprotected; or the fear of consequences of sharing these fears with others (Staudacher, 1987). Emotions related to guilt often surround beliefs that the child is somehow being punished for misdeeds; that the child may have magically caused the death by wishing ill-will on the parent; that the child did not love the dead parent enough to protect him or her; or that the child should be dead instead of the parent. Feelings of anger frequently are manifestations of fears of abandonment and beliefs about powerlessness and vulnerability.

Traumatized preschool children exhibit both trauma-specific behavioral disturbances and more generalized fears, aggressive behaviors, regressions (e.g. in toileting), distractibility, frozen watchfulness, sleep disorders, and repetitive talk and play as they attempt to find meaning in the sudden death of the parent (Green et. al, 1991). Post-traumatic play may be a form of obsessive repetition to relieve anxiety through reenactment of what they imagine to be the death scene. The death may challenge moral development, may disturb narrative coherence (the ability to tell the beginning, middle, and end of a story), and lead to cognitive confusion (Pynoos, 1993). Preschool children are extremely vulnerable to reports of the death in the media and the exposure to traumatic symptoms in other family members if those members' reactions threaten their security and safety. They tend to withdraw as their anxiety grows and are prone to unlearn previously learned skills and behaviors.

Elementary school age children feel powerless in the face of a traumatic death and may lose control over their own lives. Davidson and Smith (1990) reported that children who experience traumatic events prior to age 11 are three times more likely to develop PTSD than people who experience similar events after age 19.

Elementary age children continue to exhibit regressive symptoms associated with earlier stages of development, e.g. excessive clinging, crying, or previously extinguished behaviors (Erikson, 1967). They may become irritable and aggressive and react to specific fears or triggers that "set off" rage reactions. They may have elaborate nightmares, dreams or fantasies about the death. They may lose interest in school and may demonstrate problems of concentration. They may not directly report that they felt numb but may express feeling more distant from others or wanting to avoid awareness of their feelings (Pynoos & Nader, 1988).

Startle and nervous reactions, as well as jumpiness, are typical. At times, these children appear to be hyperactive and may be diagnosed as having Attention Deficit Disorder. They may have sleep problems and often fantasize retributions and revenge toward perpetrators. Psychosomatic complaints are often many and defenses may become more primitive and dissociative. Impulse control may become impaired, particularly if stability or routine is threatened, as it is in the death of a parent (Ackerman, 1983). Intrusive aspects of post-traumatic reactions may include limit testing, obsessive play, secrecy about what "really happens" in their lives; avoidant aspects center around withdrawal from peer and play groups.

Preadolescents and adolescents when traumatized, may exhibit sleep and appetite disturbances as well as psychosomatic symptoms (headaches). They question the fairness of the death of the parent and

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are self-judgmental. They may express emotions through aggressive, rebellious behaviors including sexual acting out or substance abuse, and their patterns of reactions tend to resemble those of adults. They may be suspicious and guarded, extremely self-conscious about their own vulnerability while not wanting to appear "different" to others. They may resort to self-mutilation, suicide thoughts, or suicide attempts to stop the pain and may exhibit feelings of futurelessness, anxiety, apathy, and/or depression (NOVA, 1990).

The impact of the death of a parent on any age child is also influenced by the perceived meaning of that death. The roles of appraisal and beliefs concerning the impact of the death of safety, trust, power, esteem, and intimacy are central (McCann & Pearlman, 1990). The extent of the child's traumatic stress reaction is also influenced by the reactions of supportive others. The task of healing is even greater when more than one member of the family has been impacted by a death, as is the case of the death in the line of duty of a parent who is also a spouse. The ability of the surviving parent to provide support to the child is often limited as the parent focuses primarily on his or her own healing (Williams, 1992). If the parent cannot function positively in the crisis, then other adults can help provide support to the child. Another member of the police force, teachers, counselors, friends' parents, and others can help to provide nurturance and security at the time of the death, as well as later.

HELPING THE CHILD TO HEAL

The death of a parent in the line of duty is a public event that is kept alive by media portrayals and a legal system that may take years for resolution. Thus resolution of the loss of a parent in a duty-related death may require years of grieving and recovery (Monahon, 1993). Anniversary reactions also are frequent and occur on the dead parent's birthday, during special family activities, on holidays, and on the date of the event.

Immediate crisis intervention and debriefing for both parent and children is essential in the wake of a duty-related death. Fellow officers and their families, families of other officers killed in the line of duty, crisis response teams, police EAP organizations, school counselors and teachers, school social workers, and psychologists need to offer immediate support to the traumatized children at the time of death and then at regular intervals after the death of the parent. The child's school needs to be notified immediately of the death.

It is important not to hide the death from the child. The child needs to be told in language that is appropriate, truthful, and free of religious platitudes. Death needs to be described as an inevitable process that is not "going away" or "going to sleep." Children need age appropriate explanations about what happened without provision of excessive details. Once the child is told, then that child needs an opportunity to ask questions. Any question needs to be answered honestly and openly (Staudacher, 1987).

It is extremely important, immediately following the death and death notification, that children feel safe and that some semblance of normalcy continues. Bedtime needs to remain as bedtime, for example. Catherall (1992) noted that children need to know what happened (to make sense of the death), why it happened (an explanation), why they are reacting as they are (education about a crisis reaction or post-traumatic stress reaction), how their lives and beliefs will change due to the death (life is no longer as predictable), and what else will happen now (funerals, family changes, routines, remaining in one's home).

Children need opportunities to say goodbye to the dead parent. It is important, if at all possible, to allow children to attend the funeral in order to gain a better understanding of the meaning of death. Funerals help to dispel fantasies about death and give children an opportunity to grieve and mourn. Funerals of officers killed in the line of duty are usually intense, extremely large events that honor the memory and sacrifice of the individual. As Staudacher (1987) noted, attending such a funeral gives the child confirmation of the parent's value and place of honor. It is important to prepare the child about the funeral prior to attendance including setting, ceremony, open or closed coffin, and customs. The child can also be encouraged to create his/her own healing rituals for the funeral. Perhaps the child wants to draw a picture to place in the coffin or an older adolescent child wants to read a poem written in honor of the parent during the service. Visiting the Police Officer's Memorial in Washington, D.C., on which the name of every officer killed in the line of duty is written, can also provide a specific place for mourning and healing to occur (Catherall, 1992).

Any individual (teacher, counselor, pastor, adult friend) who works with the child needs to help that child mourn and grieve the losses. It is important to allow that child to ask questions, discuss feelings, and to provide correct and factual information to the child. It is also important to ask the child about previous experiences of death and to identify what he/she thinks death is. In this way, misperceptions can be clarified and the finality of death can be reinforced. Teaching the child how to mourn and providing a model for mourning within a framework of post-traumatic stress is important. If the child realizes that grief, mourning, and traumatic reactions are normal, it is easier to grieve. Every child needs to mourn in his/her own personal way, accepting the painful reality of the loss (Bertman, 1984). Death is not to be avoided. Children need to respond to the death cognitively (talking about what happened), emotionally (venting feelings), behaviorally (doing things to memorialize the dead, exercising, acting out), and morally (looking at impacted fundamental values).

The goal for all who work with children who have lost a parent in the line of duty is to help that child manage his or her psychological distress without incurring a major deviation in the course of development. The teaching of coping skills and providing education about normal reactions to death also are important (Pynoos, 1993). If, over the course of time, it is obvious that the immediate debriefing and crisis intervention or brief therapy that has been offered is not enough, if the child exhibits a post-traumatic stress disorder, then it is important to provide long-term intervention. In therapy, if the child is educated about PTSD, he or she may feel validated and less damaged. Talking about the death and ventilating emotions will help the child reestablish control. Social skills training, focusing on taking concrete action, is also helpful (Harris, 1991). Therapy can also teach the child alternative ways to resolve problems and deal with tensions (Catherall, 1992). Numerous workbooks have been designed to help children directly process the death of a parent (Alexander, 1992, 1993; Hammond, 1981; Heegaard, 1991) or to help counselors, therapists, and others devise counseling groups for students (Hannaford & Popkin, 1992; Lagorio, 1991; Landy, 1988). Therapy may also utilize play therapy techniques (puppets, art, dolls, stories, sand trays) as media to work through defenses, verbalize feelings, and resolve trauma (Webb, 1992). Helping children to use writing skills to express anxieties, death-related fictions or fantasies, and angers is also an important healing technique (Staudacher, 1987). Bibliotherapy with books having death-related themes can help to stimulate discussion and provide death-related information to the child.

CONCLUSION

As Herman (1992) noted, the resolution of trauma, including the line-of-duty death of parent, is never final and recovery is never complete. However, trauma-based lives can become more "ordinary" with healing. The death of a parent in the line of duty is a traumatic event with a lifelong impact.

Helping children of that parent to live with the death is essential if those children are to return to some measure of "ordinary" existence.

<div style="text-align:center">**REFERENCES**</div>

Ackerman, R. J. (1983). <u>Children of alcoholics. A guidebook for educators, therapists, and parents</u> (2nd Ed). Holmes Beach, FL: Learning Publications.

Alexander, D. W. (1992). <u>It happened to me</u>. Huntington, NY: Bureau for At-Risk Youth.

Alexander, D. W. (1993). <u>It happened in Autumn.</u> Huntington, NY: Bureau for At-Risk Youth.

Beckman, R. (1990). <u>Children who grieve: A manual for conducting support groups</u>. Holmes Beach, FL: Learning Publications.

Bertman, S. (1984). Helping children cope with death. In J. C. Hansen & T. T. Frantz, Eds. <u>Death and grief in the family</u>. Rockville, MD: Aspen Systems Corp.

Catherall, D. R. (1992). <u>Back from the brink: A family guide to overcoming traumatic stress</u>. New York: Bantam Books.

Davidson, J. & Smith, R. (1990). Traumatic experiences in psychiatric outpatients. <u>Journal of Traumatic Stress</u>, <u>3</u>(3), 459-475.

Erikson, E. H. (1967). Identity and the life cycle. <u>Psychological Issues</u>, <u>1</u> (1, Whole Issue).

Erikson, E. H. (1963). <u>Childhood and society</u>. New York: Norton & Company.

Green, B. L., Korol, M., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C., & Smitson-Cohen, S. (1991). Children and disaster: Age, gender and parental effects on PTSD symptoms. <u>J. Am. Acad. Child Adolescent Psychiatry</u>, <u>30</u>(6), 945-951.

Hammond, J. M. (1981). <u>When my dad died: A child's view of death</u>. Ann Arbor, MI: Cranbrook Publishing Co.

Hannaford, M. J., & Popkin, M. (1992). <u>Windows: Healing and helping through loss</u>. Atlanta, GA: Active Parenting, Inc.

Harris, C. J. (1991). A family crisis-intervention model for the treatment of post-traumatic stress reaction. <u>Journal of Traumatic Stress</u>, <u>4</u>(2), 195-207.

Heegaard, M. (1991). <u>When someone very special dies</u>. Minneapolis, MN: Woodland Press.

Herman, J. L. (1992). <u>Trauma and recovery</u>. New York: Basic Books.

Hindman, J. (1989). <u>Just before dawn</u>. Ontario, OR: AlexAndria Associates.

Kastenbaum, R. (1992). <u>The psychology of death</u>, 2nd Ed. New York: Springer Publishing Company.

Kubler-Ross, E. (1969). <u>On death and dying</u>. New York: Macmillan Publishing Co., Inc.

Lagorio, J. (1991). <u>The life-cycle education manual</u>. Solana Beach, CA: Empowerment in Action.

Landy, L. (1988). Child support (through small group counseling). Mount Dora, FL: Kids Rights.

McCann, I. L., & Pearlman, L. A. (1990). Psychological trauma and the adult survivor. New York: Brunner/Mazel.

Monahon, C. (1993). Children and trauma: A parents' guide to helping children heal. New York: Lexington Books.

National Organization of Victims Assistance (NOVA) (1990, July). Syllabus: National crisis response team training institute: Participant's manual. Class 16: Children's reactions to trauma. Washington, D.C.: Author.

Pynoos, R. (1993). Children and trauma. Bergen, Norway: Presentation at the European Conference on Traumatic Stress.

Pynoos, R., & Nader, K. (1988, October). Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress, 1 (4), 445-474.

Schowalter, J. E. (1975). Parent death and child bereavement. In B. Schoenberg, I. Gerber, A. Wiener, A. H. Kutscher, D. Peretz, & A. C. Carr (Eds.). Bereavement: Its psychosocial aspects (pp. 172-179). New York: Columbia University Press.

Selman, R. (1980). The growth of interpersonal understanding: Developmental and clinical analysis. New York: Academy Press.

Shirk, S. R. (Ed.). (1988). Cognitive development and child psychotherapy. New York: Plenum Publishing.

Staudacher, C. (1987). Beyond grief: A guide for recovering from the death of a loved one. Oakland, CA: New Harbinger Publications, Inc.

Van Ornum, W., & Mordock, J. B. (1990). Crisis counseling with children and adolescents: A guide for non-professional counselors. New York: Continuum Publishing Company.

Vondra, J. I. (1990). Sociological and ecological factors. In R. T. Ammerman & M. Hersen (Eds.). Children at risk: An evaluation of factors contributing to child abuse and neglect. New York: Plenum Press.

Walsh, F., & McGoldrick, M. (1991). Living beyond loss: Death in the family. New York: W. W. Norton & Co.

Wass, H. & Corr, C.A. (Eds.). (1984). Helping children cope with death: Guidelines and resources (2nd Ed.). New York: Hemisphere Publishing Co.

Webb, N.B. (Ed) (1992). Play therapy for children in crisis: A casebook for practitioners. New York: Brunner/Mazel.

Williams, G. (1992). Children of the Wall. The American Legion, 132(4), 30-31, 57.

Worden, J. W. (1991). <u>Grief counseling and grief therapy: A handbook for the mental health practitioner</u> (2nd Ed). New York: Springer Publishing Company.

THE TRANSGENERATIONAL EFFECTS OF CRITICAL INCIDENT STRESS ON AN EMERGENCY WORKER'S FAMILY

Lieutenant Paul B. Wilson

This personal perspective will examine the transgenerational effects of critical incident stress (CIS) on four generations of my family, all of whom were involved as emergency service workers. I will discuss how some of the negative traits from CIS contributing to the dysfunction of my family have been recognized and dealt with, thus breaking the cycle that had led to posttraumatic stress disorder in some of my relatives.

INTRODUCTION

The relations I will be examining include: my paternal great-grandmother and maternal great-grandfather, my paternal grandfather, my father, and myself. The generations examined in this report span approximately seventy-five years, beginning in the early part of this century and continuing to the present. Due to lack of written family history and poor family communications within and throughout all the generations, much of the information needed for a thorough comparison between the principals investigated is unavailable. However, there are several characteristics and traits common to those I will be discussing. Most notable are:

- all are white and middle class
- all but one are male
- all lived in the same geographical area of the San Francisco East Bay
- all had a strong sense of community involvement
- all displayed dedication to public service
- most experienced a major traumatic event during their professional life
- all lacked communication skills with other family members
- most served in the armed forces

SARAH WILSON: GREAT-GRANDMOTHER

Sarah married and moved to central California as a young mother. It is assumed that she acquired the skills of a midwife before arriving in the very rural San Francisco East Bay town of Walnut Creek before 1910.

Little information was obtained regarding this relative; however, she was highly regarded for her proficiency at midwifery and commanded significant respect. The existence of only one doctor in the surrounding area made this woman a true emergency medical worker. She performed her duties for several decades and, needless to say, had a profound influence on the growth of the community.

THEODORE BERLING: GREAT-GRANDFATHER

The Berling family came to Walnut Creek before the turn of the century. Again, little information was gathered regarding "Toady" (as he was known), but he too was seen as a pillar of the community. After establishing residency, Toady quickly became involved in law enforcement. As was the practice in those days, his titles were many. Among them: federal marshal, county constable, and

a member of the local police department. All of these positions reflected a deep commitment to the community and involvement at various times in emergency service to constituents.

I have started my emergency service generational succession with Sarah and Toady because of the coincidence of time, in-law relationship (Sarah's son Norman married Toady's daughter Inez), and the profound impact on the town of Walnut Creek, California.

NORMAN WILSON: GRANDFATHER (SON OF SARAH)

Born and raised in a small rural farming community in central California, Norman was brought up in an era when the prevailing social structure dictated that a man was the undisputed head of the family, the bread winner. The man of the family was supposed to be strong, showing little or no emotion. Overt displays of affection and emotion would be construed as a weakness.

Norman's parents had difficulty communicating with their children. Evidently, children were not considered to be an interactive part of the family unit, i.e. "seen but not heard." For this reason, little is known about Norman's parents and his brother, or why they eventually moved to Walnut Creek.

Norman joined the Army, then transferred to the Marine Corps as a second lieutenant during World War I. The Marine Corps increased Norman's discipline, responsibility, supervisorial skills, and work ethics. These task-oriented qualities would become very important in his personal and professional life in later years. After the War's end and his discharge, Norman realized that the structure, authority, and direction the military provided were essential to him. He therefore joined the Marine Corps Reserves as a first lieutenant.

As a side note, one of the projects that Norman was involved in during World War II was the internment of Japanese-Americans in California. He worked as a very effective supervisor, performing his assignments with expedience and little emotion. This is perhaps the epitome of his perverse sense of duty and responsibility.

Norman's first wife, Inez, was 17 years old when they married. A daughter (Norma) and twin boys (Forrest and Theodore) were the offsprings. Inez died at the age of 28 after a long and severe illness (reported as uremic poisoning in a newspaper obituary).

As a young adult, and while still married to Inez, Norman became involved with political and public service in Walnut Creek and the surrounding area. He chose the very visible fire department to begin his public service and rose in rank within the volunteer department to assistant chief.

In 1933, Contra Costa County had a job opening in the Sheriff's Office. Norman's prior public service and commitment to his community prompted him to apply and be accepted as a deputy sheriff. He was suitably prepared for this position as it afforded him the structure, discipline, and obligation of the Marine Corps and the satisfaction of providing protection and guidance for his community acquired from his early years of public service.

While his professional life as a sheriff escalated, his personal life became dormant. Because of the long and involved illness of Inez, the twins and his daughter had spent a great deal of time with various sitters. At the time of their mother's death, the children (ages 12 and 10) were sent to live with their paternal grandmother. They had grown accustomed to being cared for by others, and this appeared to be an easy transition; an interview with their sister revealed that the boys didn't seem to be bothered

by the arrangement. This would prove to be incorrect. Nevertheless, for several years the children were raised by their "Grammy" Wilson. Unfortunately, she had very little control over the very active twins. By many accounts they were always in some type of trouble.

Norman's work became all-consuming and took the place of his family in time and dedication. His day would start no later than 6:00 a.m. and often would include weekends and holidays. Although he was looked upon as a hard-working and devoted community leader, in today's social psychological reference he would be labeled as a "workaholic." The epitome of this was revealed upon his retirement. After 32 years as a deputy sheriff, and ultimately a lieutenant, Norman received a citation for service without taking time off for sick leave or vacation.

Interesting characteristics became obvious during his years as a sheriff. Interviewed co-workers indicated that he was very well thought of on the job. "At the scene of a crime or during an investigation he would often laugh and joke. He always had a sense of humor." Often he would display compassion and empathy for criminals. On several occasions he became friends with apprehended fugitives after escorting them back to California.

This was a stark contrast to Norman's home environment. He had developed a need for respect of authority by his peers and prisoners alike. Because of the committed time and serious approach, he received that respect. At home, the same respect and discipline were expected. This obedience was supposed to come from motherless teenagers that had avoided authority and even challenged it. Norman's lack of time at home proved to have disastrous results. The rift between himself and his children grew. When there was contact, it was usually for disciplinary purposes. Frequently corporal punishment would take place before any conversation regarding the circumstances. As a result, the twins did not receive desperately needed attention and contact from their father, who felt he still had control over what was left of his family.

After several years of being a widower, Norman remarried. Gertrude was the woman that I came to know as my grandmother. She was very passive and saw her place in the home: keeping the house in order; doing the cooking; and not interfering with my grandfather's professional life. Although intending to lend stability to the family life, Gertrude was seen as just another person taking care of the troubled children. Interestingly, the wedding of Norman and Gertrude took place on an out-of-state trip to retrieve a prisoner for the Sheriff's Office.

Norman's long-term exposure to CIS professionally and personally manifested itself in addictive behaviors. In his case, post traumatic stress disorder was unfortunately seen in lack of control and leadership of his family, being a workaholic, and for much of his later life being an alcoholic. In all cases, a severe lack of communication with family members was obvious.

FORREST WILSON: FATHER

The early childhood of Forrest was anything but normal, and as one might infer from the previous text, the love, understanding, and nurturing provided for him was anything but consistent, if at all present. Because of the extended illness of his mother and the various adults caring for the children, the death of Inez didn't seem like death, but just another absence. In fact, it has been said that Forrest displayed no emotions (crying, remorse, etc.) when his mother died. During the ensuing years, the children were cared for and lived with Sarah, who exercised little parental control, while their father was delving into a career as deputy sheriff. During these years the twins were constantly seeking attention. In most instances this was done mischievously, often creatively, but sometimes maliciously.

Compounding this was Norman's infrequent contact with his children (not living in the same house, but residing in the same town) resulting in few behavioral limits, with no defined parameters for social interaction. Norman's approach to controlling his family was similar to that of dealing with his staff at work: a simple "no" or "don't," given with little or no emotion or explanation.

A steadily building frustration grew in the twins, especially Forrest. School presented many problems specifically in the academic subjects. When it came to manual and creative endeavors or requirements, the twins excelled. In the areas of sports, shop, and art, the boys received the recognition and support that was missing from their fractured family network. It wasn't until much later in his retired life that Forrest and his brother were diagnosed with a very severe case of dyslexia/dysphasia. However, in the 1930's and 1940's few probably knew this disability existed, and the twins (and no doubt many others) were moved along through the school system, regardless of their academic competence. Because of this, Forrest spent most his life as a functional illiterate.

His frustrations with reading and writing, and the lack of direction at home were briefly put on hold in the event of World War II. Forrest left high school prior to graduation to join the Army Air Force. He was assigned to a bomber group in the 8th Air Force stationed in England. His assigned duties involved airplane armament, nose gunner, enlisted togalier (bombardier) on a B-17 and B-24. For several months, until the War's end, England was home. His combat experience was thorough and frightening. Witnessing many aircraft shot down, Forrest flew in 27 missions over enemy territory, the last five of which were over a strongly defended Germany. Wounded once and narrowly escaping other injuries, he received four air medals and a presidential citation, and was eligible to receive but never awarded a Purple Heart.

Headaches and nightmares resulted in a medical discharge for Forrest. The nightmares were guilt-based and involved bombs falling on people. Although he didn't know who these people were, he could see them all as clearly as if he was on the ground with them. His bomber was flying at 30,000 feet, yet he vividly saw people being blown apart from the bombs he had dropped. The gross physical calamity of these dreams would later resurface during his tenure as fire chief.

When he returned to Walnut Creek after the war, Forrest sought employment in the fire service. He appeared well- suited for this paramilitary organization, having had similar experience in the Air Force. His athletic ability, dexterity, and stamina, together with his intuitive sense on the job (and probably the family name) provided an avenue for success. At this point in the history of the fire service, those qualities were all that were needed. His conscientious performance became his path up the promotional ladder. During his first decade as a firefighter, his commitment and thorough approach to the job received praise. Not unlike his father before him, Forrest was well thought of by his co-workers; he "watched out for his men." More importantly, it was a protected place of employment, i.e. his inability to read and write was not a hindrance to success. In retrospect, the beginning signs of a workaholic were forming.

In 1962, after nearly two decades of firefighting, Forrest's reputation as a professional enabled him to apply for and be chosen as fire chief of an adjacent district: small in population, large in land area, and enormous in growth potential. Unfortunately, becoming chief was the beginning of the end of Forrest's fire service career. His written and verbal communication skills very poor. Having a creative mind but unable to express himself, he was very frustrated; he always felt people should know what he was thinking and trying to say. At this point (and to this day) he would lose patience with people who didn't understand his often fractured statements or directives. In the position of Chief, Forrest had to present himself to a variety of community groups and organizations concerning various subjects. Preparing (with the help of an administrative assistant) and presenting reports, submitting and reviewing

budgets, as well as lobbying for the betterment of his firefighters, became an overwhelming frustration due to his inabilities. His neglected dyslexia played a major role in the often volatile outbursts that became more frequent.

Due to the types of emergencies that the fire service presented, CIS was unavoidable and PTSD quite possible. Forrest recalls three emergencies that had severe impact on him. The first, during his formative years as a firefighter, was of a burn victim he found during the search and rescue at a house fire. While on his hands and knees and without a self-contained breathing apparatus, he put his hands on a burned body. It was charred and the touch, smell, and sight were forever seared in his mind.

The other incidents occurred while he was Chief and proved to be devastating. A commuter air plane crashed in an isolated part of his district. Body parts were strewn over a large hillside, the sight of which was difficult to comprehend, let alone inspect and report. About a year later a small two-passenger plane crashed in his district, killing both passengers. This time Forrest recognized the partially disfigured pilot as someone with whom he had gone to high school. A short time later, unable to deal effectively with this final tragedy, he suffered what appeared to be a heart attack. Hospitalized and tested, he was diagnosed with a psychosomatic heart attack. Retirement soon followed.

After his medical discharge from the War and during and after his career in the fire service, Forrest was seen by a psychiatrist. Dr. Herbert Archibold was Chief of Psychiatry for the Veteran's Hospital in Oakland, California. He was one of many pioneers in the field of post traumatic stress disorder, or combat fatigue as it was then called. He used his position and facility to do research and treat his patients with post war depression. The early childhood of Forrest, his learning disability and the many frustrations realized from it, the trauma experienced during the war and during his years in the fire service, all added up to Dr. Archibold's diagnosis of Forrest as a manic depressant with post war depression.

PAUL WILSON: MYSELF

I was born in 1947 and raised in the nonthreatening rural environment of Walnut Creek, California. The seclusion and adventure of the local creek meandering through the town gave me refuge from the perceived demands of my childhood: school and a variety of competitive activities.

My inability to concentrate made school and any academic involvement very difficult. What little focus there was for teachers, books, homework, etc., was easily challenged by the slightest of outside stimulus. Therefore, good grades were seldom attained and barely passing grades were the norm throughout my first 12 years of school.

To receive recognition and perhaps to derive some sort of control, I would resort to disruptive behavior in class. The attention I generated was negative in nature, but still served to fill the voids of good grades and attention.

Some self-satisfaction and accomplishment was achieved in classes requiring manual dexterity and physical skills: shop and physical education. A point of reference and relationship is made here between my father's successes and my moderate success derived from similar classes in school.

The academic comparison of my father and me is only one facet of our multidimensional father-son relationship. The heart of our problem was and still is our inability to communicate in a clear and thorough manner. Basically, we both think that the other knows what he is trying to say, yet neither of

us say it. Obviously this could create a rift and dysfunction in conveying vital thoughts, feelings, and impressions--those components essential to a wholesome and constructive father-son relationship. Interestingly, this communication breakdown exists between me and my daughter, Tasha. However, the tolerance for talking and listening seems to be better between my father and Tasha.

My father was a strong and harsh disciplinarian. He wanted me and my younger brother (my only sibling) to do what he wanted immediately when he told us. This demand was strictly enforced even though the request was made in an unclear, often assuming manner. Just as often as we were able to interpret his orders, we also failed to understand them. Loss of patience, scolding and/or punishment followed those instances when we failed to respond. A serious problem arose during my teenage years. I needed more understanding, positive feedback, and some control over aspects of my life. My father provided very little of the first two needs and yielded very little control over my life. Realizing college was not the path I would be taking, I joined the Naval Reserve.

In the spring of 1963, as a 16-year-old high school sophomore, I chose the Navy as the safest way to escape future confrontations with my father and be able to prove my worth. In the military, orders were given with clarity and expectations were defined. I never had to guess what I was supposed to do. In addition, there was an opportunity for advancement. However, upon my high school graduation in 1965 the Vietnam conflict was seriously escalating.

Military service, particularly my time in Vietnam, changed my life in significant and beneficial ways. Before arriving in Vietnam, I was fortunate to be reassigned to a construction battalion. Overseas my responsibilities were nonacademic in nature, but allowed me recognition and a small amount of control. Some of my assignments included general construction of bases and air strips in Hue, security duty of our camp or base in Danang, and my last and most enjoyable assignment as a lifeguard at China Beach. In essence I was able to view the war up close but still at a reasonably safe distance.

It was during my second tour of duty in Danang that I felt a sense of security, almost as though I was being watched over and cared for. Several instances increased this secure feeling and although I didn't fully realize it yet, this was a very important step in my Christian faith. Looking back, I believe Christ was there when I tripped the white phosphorus grenade booby trap twenty feet away and miraculously escaped its fifty-foot diameter rain of destruction. I would have to say that the Hand of Providence was involved in my four-month assignment as a life guard (complete with daily surfing and USO shows). I am also sure there was divine intervention in my timely end of duty just two days before Tet, the largest Viet Cong military offensive of the war. Besides securing my faith, I began to realize that not having ultimate control had its merits. Any control that I might have or gained meant very little in the bigger picture of God and His plan for me.

I look back on my military service with clarity of purpose and thanksgiving for growth. After my discharge from the Navy, I decided to follow in the family tradition of public service and sought employment as a firefighter.

In my first attempt I tested for and received employment for the Berkeley, California, Fire Department. A couple of years later I tried to get hired with the same fire department for which my father and grandfather had worked. After testing into the top five candidates I was denied employment due to a congenital back deformity. Perhaps this saved me from any biased comparisons between me and my father, but the concept of "like father, like son" still remained and, in a professional sense, that pleased me.

The general area of first aid emergency medicine caught my interest and my manipulative skills served me well. When our department took over the ambulance service from the police department I was there to assist in the transfer. With the hope and desire of attending paramedic school via the department I remained on the ambulance for ten years. I even delayed testing for promotions in hopes of becoming a paramedic. When the opportunity arrived I was forty years old, and although I completed the Stanford paramedic course, my tenure was short. Only sheer tenacity got me through the arduous course itself, and I was obligated to ongoing studying and competing with a group of colleagues 15 years younger with college degrees. This was more than I cared to deal with, and four years after becoming a paramedic I went back to firefighting.

My Christian development during this time period was subtle yet steady and it was to have a profound influence on my civilian processing of the war, my future dealings with my family (including my father) and my approach to every facet of my fire department involvement.

Presently, at the rank of Lieutenant, I am exploring new avenues in emergency services. I think my years of experience involving firefighting, paramedics, hospitals, physicians, and administration have prepared me to be more effective in the management of CIS I also believe my family history of public and emergency service, and my religious beliefs, situate me to help in the education, training, and management of CIS. Indeed, with my department's blessing and encouragement I have been fortunate to work in a counseling capacity during several recent catastrophes: the San Francisco/Loma Prieta Earthquake of 1989; the Berkeley/Oakland Firestorm of 1991; and in Florida with Hurricane Andrew workers/victims. These experiences have all been educational and contributed to my growth and development as an emergency services professional. My own CIS has been reduced significantly. My hope is to use my background in concert with new educational opportunities, to break the chain of post traumatic stress disorder seen in my family's previous two generations of public servants.

CONCLUSION

The intent of this paper is to investigate my family's generational involvement with public and emergency service and the effects of CIS on their lives. In discussing the many similarities between the people involved and the circumstances that caused their CIS and PTSD, I hope I have been able to illuminate deterrents to PTSD. For me four aspects stand out as prominent in my diffusion of CIS.

- my faith in Jesus Christ
- my educational opportunities
- my department's support and involvement
- the importance of thorough communications

It is my hope that this paper will serve as a springboard for future research in the area of trans-generational effects of critical incident stress on emergency workers' families.
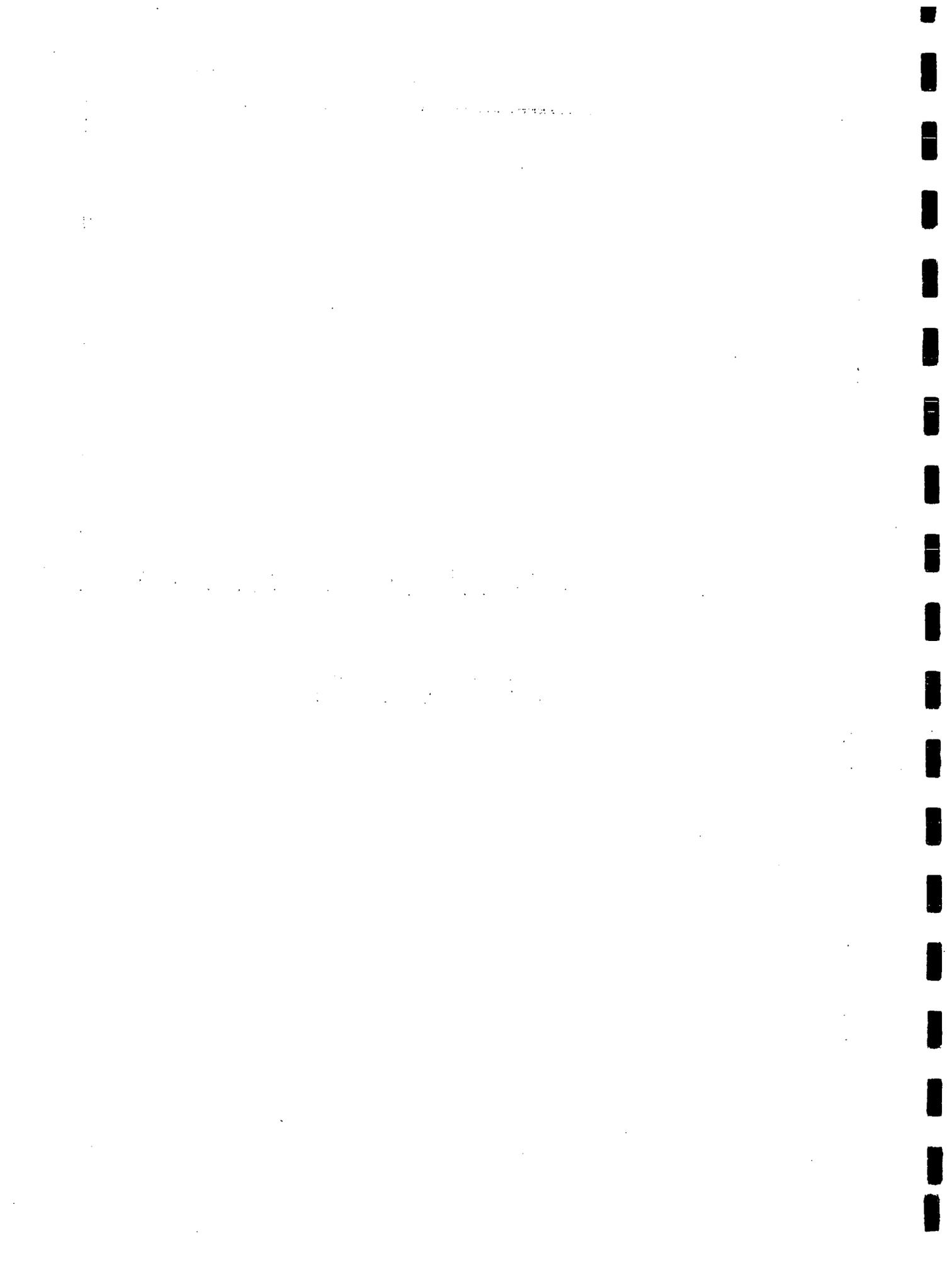
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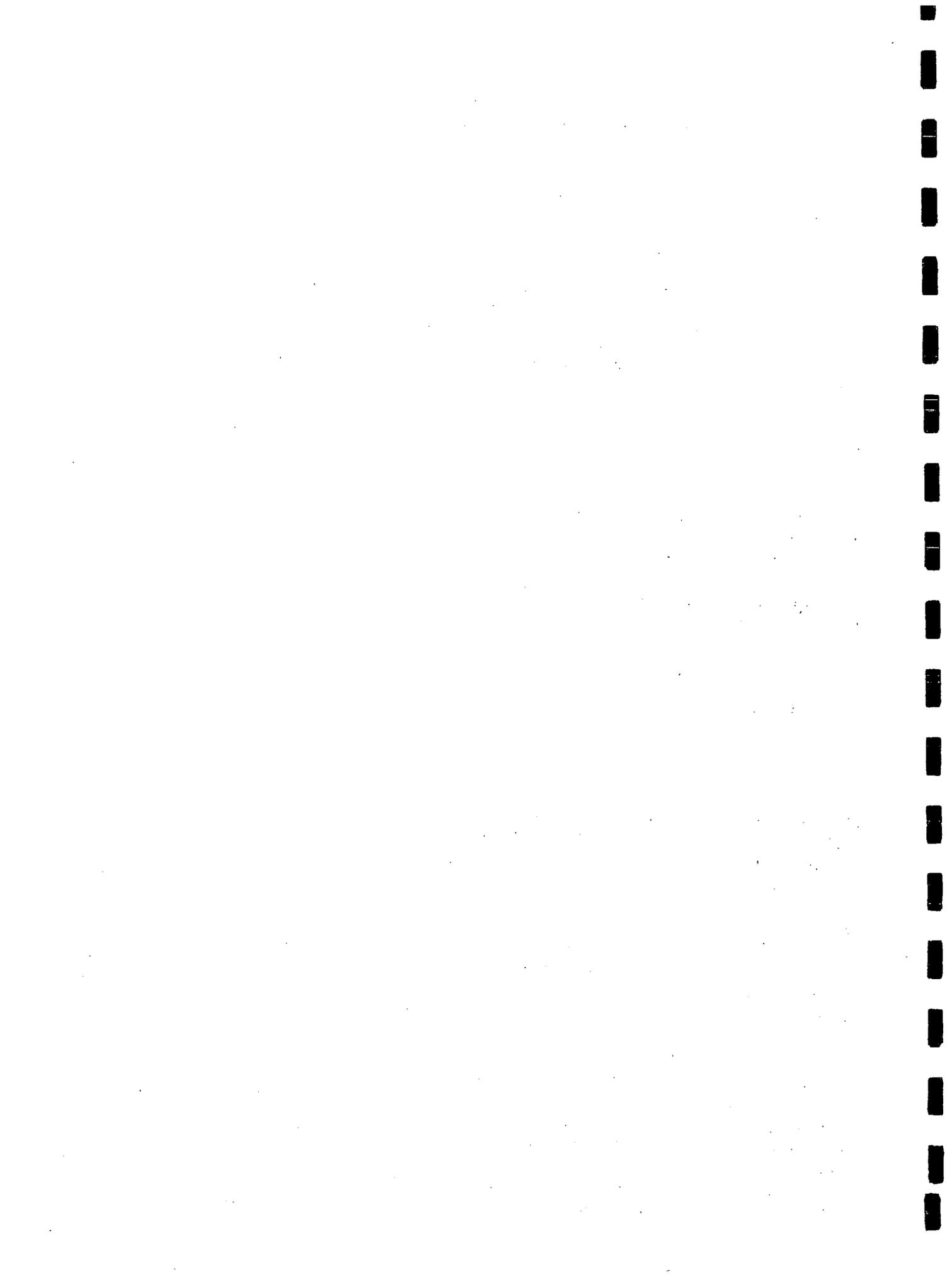
AND THE FAMILY

SEXUAL HARASSMENT OF THE FEMALE OFFICER:
EFFECTS ON THE POLICE FAMILY

Stephen F. Curran, Ph.D.

A report of sexual harassment in a police department by a female officer is a crisis within the family structure of the department. This paper attempts to conceptualize those departments at risk for exhibiting severe pathology similarly found in families where child abuse occurs and other dysfunctional patterns exist. The crisis presented by sexual harassment in a police department affects the officer-victim, her immediate family, her work peers, and the organization. This paper provides recommendations to mental health professionals in providing intervention to the organization and the sexually harassed officer.

INTRODUCTION

A major theme heard by police recruits in departments large and small is that of family. Police recruits accept the often grueling training as an initiation rite to solidify acceptance into the family. They are assured at entry to this fraternity that they and their family of origin, spouses, or significant persons are now part of the department's family. As members of this new family, entry police officers have the belief, founded in clear department communications to them, that they will be clothed, insured, and if life is lost in duty, buried as members of the police family. What is not so clear to the police recruit and the seasoned officer is that the police family may respond to crisis and conflict in patterns found among dysfunctional families.

BACKGROUND

Psychological Dynamics

The dynamics of family functioning and its corollary, less than optimal functioning, can be described from several theoretical orientations such as psychodynamic, behavioral, and systems theory (Coleman, Butcher & Carson 1980; Black, 1979; Bowen, 1978). Each perspective has relevance beyond the traditional views of family to organizations and especially law enforcement agencies. That a police organization should reflect patterns found in families is not at first glance particularly striking, since organizations reflect the cultures of people within their employment. However, organizations other than police have adopted principles of management to achieve success in the marketplace that minimize pathological family dynamics issues. For example, participatory management enhances rapid correction of a problem such as product development. Input is received from all levels of the organization, accepted as valued information, and responded to promptly. Without progressive management practices, the organization will fail in the marketplace and cease to operate.

Police organizations have made some progress in adapting to change in their mission; for example, community policing strategies. However, change, when present, is likely to be related to extra-organizational pressures. Internal police management has often been resistant to change as exemplified by rigid chain of command, promotional practices, and disciplinary procedures. Police officers exhibiting maladaptive work behaviors are "bad" or "crazy," and officers grieving organizational practices are "problem officers." Police managers often look to the mental health professional to "fix" these officers without much consideration to changing the organization (Bergen, Aceto, & Chadziewicz, 1992). From a family developmental perspective, the parent (the police organization) holds absolute

power and control and defines acceptable behavior while the child (the officer) is helpless and likely to perform badly.

Child Abuse

Child abuse is a crime occurring within families. Whether the abuse is emotional, physical, or sexual, the perpetrator is known to the victim. Generally, the perpetrator and victim are members of the same family. The perpetrator achieves gratification through the power and control held over the defenseless victim and uses predictable techniques such as secrecy, threat, and defining the abuse as acceptable to continue the abuse. When the abuse is uncovered, predictable responses of the perpetrator (and other adult family members) include denial of the abuse, anger at the victim, and blaming of the victim. Sgroi, Blick, and Porter (1982) described these dynamics as part of the suppression phase. The responses take the form of "she must have done something to invite it (abuse)" "look what trouble you are causing the family"; and of course, "not me, I'm a respectable member of my community, she is just a child prone to making up stories."

Courtois (1988) provides a relevant synthesis of the phases of child sexual abuse (engagement, sexual interaction, secrecy, disclosure, and suppression). She states, "Although these phases are characteristic of all types of child sexual abuse, they are usually more pronounced in intrafamilial abuse, precisely because the abuse occurs within the family" (p. 32) (emphasis Courtois). The blend of the unique police organizational factors and factors in child abuse appears relevant to understanding a department's response to sexual harassment.

Sexual Harassment

The Equal Employment Opportunity Commission (EEOC) specifies sexual harassment as a violation of Title VII of the Civil Rights Act of 1964 and describes sexual harassment as any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct that is of a sexual nature. Further, sexual harassment is present when: 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or advancement or, 2) has a purpose or effect of unreasonably interfering with an individual's work performance, therefore creating an intimidating, hostile, or offensive working environment (EEOC, 1980).

This paper will not provide a historical review of the development of sexual harassment in the work place. Sexual harassment is, however, a problem requiring the attention and sensitivity of all employers. The required level of sensitivity is in stark contrast to attitudes held just 25 years ago, when large numbers of women began entering police departments.

Articles on the effects of sexual harassment generally and on the female police officer specifically are scarce. Cases that have received attention include the Detroit Police Department (Gomez-Preston, 1993) and the San Jose Police Department (Weiss, 1992). The professional literature is nearly void of any research on the effects of sexual harassment on victims. Binder (1992) reported on the forensic evaluation considerations of sexual harassment victims. The effects reported in the first-person accounts and available literature suggest the psychological response is consistent with post-traumatic stress disorder (American Psychiatric Association, 1987). These effects include a wide range of symptoms associated with arousal, avoidance, and reexperiencing the harassment.

Knowledge about the effects of reported sexual harassment on the police organization (family) is limited. The first-person accounts of police administrators' behaviors as cited above in Detroit and San Jose correspond with this writer's own clinical experience. A police department will engage in denial,

anger at and blaming of the victim. The department is likely to rally behind the offender and oppose or ignore the victim. These behaviors are strikingly similar to the psychological dynamics of child abuse.

The effects on the extended police family (other officers) varies. Suspicion and caution towards the department are prominent features of those subject to harassment (usually women). These officers observe the department's response carefully. The level of trust and feeling of safety can rapidly decline or be reinforced depending on that response. Finally, the effects on the harassed victim's family of origin may include anger at both the officer and department, isolation in the relationship, and feelings of helplessness.

MENTAL HEALTH INTERVENTIONS

The following are recommended approaches by mental health professionals engaged in providing services to law enforcement agencies and police officer victims of sexual harassment:

1. Educate the department about sexual harassment including developing policy, training, and enforcement procedures;

2. Encourage victims to report sexual harassment through existing chain of command and other available department resources such as a Fair Practice Officer;

3. Encourage victims to receive mental health counseling to effectively manage depression and anxiety symptomatology that accompanies not only the harassment but the reporting of this unwanted conduct;

4. Provide continued support to victims through administrative investigations and hearings;

5. Provide family counseling to the victim for the purpose of providing education on the effects on the victim, validation of the effects on the family, and developing support strategies; and

6. Advise the victim to be prepared that a police agency that engages in lengthy denial of harassment is assuredly ending the career hopes that the victim can ever again effectively work for the agency.

SUMMARY

This paper has identified that a police department's response to sexual harassment of an officer is likely to follow patterns observed in dysfunctional families, especially where child abuse has occurred. Departments that are nonresponsive to complaints of harassment are likely to be overly rigid in organizational structure and practices.

Research on the prevalence of sexual harassment in police departments and effects on the officer, the family known as the department, the victim's family of origin and officer's peers is needed.

Finally, recommendations have been made to facilitate the police psychologist and other mental health professionals' response to the officer/victim of sexual harassment.

REFERENCES

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (Third edition-revised). Washington, D.C.: author.

Bergen, G.T., Aceto, R.T., & Chadziewicz, M.M. (1992). Job satisfaction of police psychologists. Criminal Justice and Behaviour, 19, 314-329.

Binder, R.L. (1992). Sexual harassment: issues for forensic psychiatrists. Bulletin of American Academy Psychiatry and the Law, 20, 409-418.

Black, C. (1979). Children of alcoholics. Alcohol Health and Research World, 4, 23-27.

Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronsan.

Coleman, J.C., Butcher, J.N., & Carson, R.L. (1980). Abnormal psychology and modern life. Glenville, IL: Scott Foresman.

Courtois, C.A. (1988). Healing the incest wound: Adult survivors in therapy. New York: W. W. Norton & Company.

Equal Employment Opportunity Commission. (1980, April). Guidelines and discrimination on the basis of sex. Federal Register 45:25024-25025, and (1980, November) 45: 74676-74677.

Gomez-Preston, C. (1993). When no means no: A guide to sexual harassment by a woman who won a million-dollar verdict. New York: Carol Publishing Group.

Sgroi, S.M., Blick, L.C., & Porter, F.S. (1982). A conceptual framework for child sexual abuse. In S.M. Sgroi (Ed.) Handbook of clinical intervention in child sexual abuse. Lexington, MA: D.C. Heath.

Weiss, M. (1992, March). The shield that failed. West, pp. 12-23.

THE LAW ENFORCEMENT ORGANIZATION:
A UNIQUE FAMILY COMMUNITY

Sheron R. Finister, M.A., C.P.C., C.A.C.

The law enforcement community is bonded by a psychosocial glue that can be considered stronger than many other material that bonds individuals. When considering the law enforcement family, one should recognize that law enforcement personnel have two families; their family by blood/marriage and the family they live with day in and day out in their offices and their vehicles and depend on to cover their backs when under fire. The organization for which they work is reviewed in a different light than the family community in which they exist.

Ferdinand Tonnies differentiated between a community and an organization with the development of the German terminology Gemeinschaft and Gessellschaft. The first term refers to a group held together by communities of feeling; the second to the organization that integrates roles around instrumental objectives.

The organization is a nonexistent entity without the interface and participation of its people. The cooperation of interrelationships of work groups ensures a final product for the organization, the structure, and the supporting environment.

The mission of law enforcement is unchanging. Its goal is to enforce the law of the land. The law enforcement organization has been guilty of focusing only on its mission, at times forgetting the glue that binds and operates it. It is the law enforcement sense of community family, sense of fellowship and oneness that makes it a unique institution and subculture.

The goal of the law enforcement organization is to accomplish its mission by enforcing law with the use of technology and human effort. The impact on the human community within the organization has been ignored for years. Studies of post traumatic stress disorder (PTSD) following Viet Nam firmed the foundation for increased focus on psychological issues within the law enforcement community.

If the law enforcement community is defined as a psychosocial group, one can assume that all problems, concerns, illnesses, struggles, etc. of which psychosocial groups are composed can be found in law enforcement. A question to consider is what differentiates law enforcement from other psychosocial groups?

PSYCHOSOCIAL GROUP DEFINED

A psychosocial group can be defined as any number of people who (1) interact with one another, (2) are psychologically aware of one another, and (3) perceive themselves to be a group (Schein, 1972). Dalton (1959), further defines the psychosocial group's function: (a) affiliation needs; (b) dreams of developing, enhancing, confirming sense of identity and maintaining self-esteem; (c) means of establishing, testing reality; (d) means of increasing security and sense of power; and (e) means of getting job done that members need to have done.

The law enforcement organization meets the definition of a psychosocial group. The second definition--"are psychologically aware of one another"--highlights an interesting aspect of American law enforcement. Particularly in the Federal government, the law enforcement agencies may be

psychologically aware of one another, but tend to persistently stress their differences and not their similarities. Members of the law enforcement intelligence community, for example, may undoubtedly have similar missions, but struggle to retain their individualities.

Classical modes of bureaucracy emphasize the technical aspects of the organization and not the sociological-psychological. But when it comes to the emphasis of bettering the organization, meeting the needs of changes in bureaucracy, trying to please the changes in leadership, each organization will take a noticeable role in the human emphasis.

For example, within the last 15 years, the concern for addiction problems was a show of psychosocial efforts. Similarly, PTSD was recognized in war conflict returnees. Many of the returnees went into law enforcement. Bureaucratically, it became "appropriate" to address the condition in law enforcement officers more proactively. The symptoms for law enforcement personnel who encountered trauma were given much-needed attention. The budget was increased and research implemented. One could say that clinical contributions to law enforcement became visible when it was politically acceptable.

LOYALTY IN LAW ENFORCEMENT

According to Katz and Kahn (1978), the expression vs instrumental cycle has to do with the character of the commitment of the people to the system. They also state that where the organization activity is intrinsically rewarding, it is directly expressive of the needs and values of the individuals involved. Members cannot easily be lead away from such an organization, since competing systems must furnish the same type of activity or offer extrinsic rewards in overwhelming amounts. Where members are bound by extrinsic rewards, the possibility of defection increases.

One of the chief strengths of a formal organization is its constancy under conditions of persistent turnover of personnel. It follows also that since units of organizations are not linked physically, they must be linked psychologically. Because the organization consists of patterned and motivational acts of human beings, it will continue to exist only so long as the attitudes, beliefs, perceptions, habits, and expectations of human beings evoke the required motivation of behavior (Katz & Kahn, 1978).

No matter how high a turnover of employees, the law enforcement organization and its function remain constant. Law enforcement employees, because of the psychological glue, which includes loyalty, will carry each others' "heavier loads" more so than counterparts in other organizations. The strength of the law enforcement organization lies within its sense of community--the family. How many organizations exist where employees will, out of the sense of loyalty and family, not just job description, put their lives on the line for a partner? On the flip side, how many organizations exist where employees who retire will probably develop destructive and/or suicidal behavior? Too many law enforcement officers often discover they have no "life" beyond work. The immediate response of a police officer to many of life's crises is the denial and suppression of feelings (Lippert, 1991). Until recently, the law enforcement community's way of handling crises as a psychosocial group was the "macho" method--not a healthy one.

Clinically, the law enforcement organization could be compared with relations to Freud's ego and superego. There is a controlling side of law enforcement that constantly struggles with the kind, caring, chivalrous side. One could say that the respect of the public keeps the two in check. The external purpose of an organization may differ from the internal purpose. To the public, the law enforcement purpose appears obvious. To the internal family, the purpose is bureaucratically and politically controlled.

LAW ENFORCEMENT COMMUNITY LEADERSHIP

Throughout the 20th century, police administration has been dominated by management theory that has emphasized centralized command and control, limited discretion by workers, standardized procedures, firm enforcement of routines, and top down communications (Kliesmet, 1986). Kliesmet also noted that what is lost in the relatively narrow bureaucratic approach is maximum utilization of human resources of all levels of command, and the creativity climate.

In comparison, Peters and Waterman (1982), state that management theory in the private sector has outgrown that approach, particularly in successful organizations. Organizations are complex, surprising, deceptive, and ambiguous (Bolman 1984). Law enforcement psychologists would probably tend to add "stressful" to that list.

ROLE CONFLICT IN THE LAW ENFORCEMENT FAMILY

One of the stressors in law enforcement is role conflict. What is apparent is that role ambiguity, boredom, and role conflict--major stressors in policing--may or may not be inherent in police work, but absolutely are inherent in the management style of police administrators (Kliesmet, 1986). "The social man" from the list of "Management's Assumptions About People," (Schein & Lazurus, 1972), discusses how the Hawthorne studies drew attention to the fact that determining work patterns and the need to be accepted and liked by fellow workers is as or more important than the economic incentives offered by management. As for managers, the need to be accepted by peers and executives also conflicts with their behavior and decisions in their roles.

In the law enforcement community, the nonflexible and rigid role of the supervisor can only be changed through education. The message, whether appreciated or not, is: reduce stress. Getzels and Guba (1954) found role conflict to be associated with reduced teaching effectiveness in Air Force Training schools. Therefore people can be conditioned to play their roles by cues other than those of the communicated expectations of the system members (Kahn & Quinn, 1970).

Kahn, Wolfe, Quinn, Snock, and Rosenthal (1964), per the book <u>Organizational Stress: Studies in Role Conflict on Ambiguity</u>, show role conflict will be greater if the role set includes some members who are inside and some who are outside the organizational boundaries. Federal law enforcement agencies, for example, function by community rules and regulations but have to acknowledge guidelines set by an agency such as the Office of Personnel Management in which knowledge of the law enforcement culture is limited.

Kahn, et al. (1964) suggest that coping responses of the person who experience tension as a result of role conflict or ambiguity may reduce tension, but at the expense of organizational effectiveness. For law enforcement personnel, super vigilance and robotism are preferable coping responses, and among fellow offices are more safer and acceptable.

In conclusion, the law enforcement family can be identified as an organization within a community. Theories of organizational and community psychology are quite applicable to the law enforcement community with some minute differences and additions.

Law enforcement is a unique closed megastructure. Psychosocially, contact and affiliation with this particular community is limited to the public. It is viewed as an exciting, mysterious, and

adventurous life that holds onlookers in awe. Its workers are perceived as an indestructible family. As the law enforcement family is taught to break down its barriers, the human side will appear and the mystical side may dissipate. "Die hards" and "tough cops" may feel that the respect that the law enforcement community demands from outside communities may be threatened. They may fear that the appearance of mortality may destroy the image. The future of the law enforcement family community may depend on external and internal pressures impacting on the invisible wall its members have built around themselves. Change is forthcoming. Clinically, for the sake of the internal family community, their personal families, and the external community, the organization may need to lean more toward the Gemeinschaft approach.

REFERENCES

Bolman, L.G. (1984). Modern approaches to understanding and managing organization. San Francisco: Jossey-Bass.

Dalton, MN. (1959). Men who manage. New York: John Wiley.

Getzels, J.W. & Guba, E.G. (1954). Role, role conflict, and effectiveness: An empirical study. American Sociological Review, 19, 164-175.

Kahn, R.L. & Quinn, R.P. (1970). Mental health and work organization. Chicago: Rand-McNally.

Kahn, R.L., Wolfe, D.M., Quinn, R.P., Snock, J.D., & Rosenthal, R.A. (1964). Organizational stress: Studies in role conflict and ambiguity. New York: Wiley.

Katz, D. & Kahn, R.L. (1978). The social psychology of organizations (2nd ed.). New York: John Wiley & Sons.

Kliesmet, R.B. (1986). Labor/management stress relievement. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 179-180). Washington, DC: U.S. Government Printing Office.

Lippert, W.W. (1991). Police officer suicide or homicide: Treating the affected department. In J.T. Reese, J.M. Horn, & C. Dunning, Critical incidents in policing (rev.)(pp. 179-190). Washington, DC: FBI.

Peters, T.J. & Waterman, R.H., Jr. (1982). In search of excellence. New York: Harper & Row.

Schein, E.H. (1972). Organizational psychology. Englewood Cliffs, NJ.: Prentice-Hall.

PETER'S OTHER PRINCIPLE:
WHEN ORGANIZATIONS FLATTEN, SO DO FAMILIES AND CAREERS

Ira Grossman, Ph.D.

As law enforcement agencies flatten their organizational structure, paralleling the events in corporate America of the 1990s, significant stressors are placed on peace officers and their families. The uniqueness of law enforcement as a career produces profound psychological effects on an officer and on his/her family. The emerging problem and its injury to officers and their families are discussed along with recommendations for individual, familial, and organizational interventions.

From the end of World War II to the mid-1970s, there was real growth in corporate and government America. The country expanded in unprecedented ways, and the opportunity for promotion in most corporate or public service arenas was available to those who were truly qualified and to those who were not. The Peter Principle described those who found themselves in the position of having been promoted to levels beyond their capabilities (Lawrence and Hull, 1969). The country's need for managers outstripped its supply. The result was a generation of both white-collar and blue-collar workers having unprecedented opportunities for promotion and advancement. Yuppies--Young upwardly mobile professionals--epitomized those aggressive young workers running in the fast lane of advancement in the 1980s. Nevertheless, while Yuppies were being popularized, the reality in America was that the standard of living and the opportunity for promotion was declining. The illusion of increasing wealth was, in part, due to increasing credit and debt as well as an increase in two-career families. In the past two decades the number of women having to contribute to the family income just to maintain the lifestyle of their parents has steadily grown.

Within the law enforcement community, parallel trends have been observed. A few years ago, the opportunity for promotion and for selection to specialty assignment was high. From the earliest point in a career in law enforcement, expectations were developed that the normal progression of a career included rapid promotion and assignment to specialty positions (e.g. canines, motors, detectives). Such expectations were well developed as early as entry into a police academy and became part of the belief system of young officers. Lest one discount the import of such a belief and its effects, Reiser's (1974) comments regarding the impact of a police academy should be reviewed. Reiser, a pioneer in Police Psychology, noted the profound effects of the inculturation process of a police academy in shaping young recruits.

Officers entering law enforcement in the late 1970s still enjoyed rapid promotion and specialty assignments as departments grew to accommodate the maturing "baby boomer" population. However, beginning with the mid 1980s and now the '90s, growth in the size of police departments has stagnated. Indeed, as with corporate America, the bulge in middle management positions has been recognized as a drain on scarce financial revenues and "downsizing" and "flattening" of agencies is now in vogue.

The result, of course, is a generation of officers who will not likely be promoted, despite their well-established beliefs equating promotion with their value to an agency and to their most basic sense of professional, if not personal, competence. Even amongst those with the capability and presence of mind to gain perspective about the demographic and economic reasons governing the stagnation of growth and mobility, the emotional impact remains devastating. Lack of upward mobility is not viewed as a matter of circumstance in society; rather, it is almost universally perceived as personal failure and betrayal of a system that has gone back on its promises. Within the law enforcement community the

impact of not being promoted is literally worn on the sleeve. The paramilitary structure, with uniform insignia and rank structure, makes the older officer keenly aware, on a daily basis, of his or her lack of promotion.

Despite continued hope and fantasies of promotion, most officers will be greatly disappointed. Through the early part of the next century, the opportunity for advancement will be greatly reduced. As long ago as 1973, Connor and Fielden observed the emerging problem of "shelf sitters" and the "accumulating management resource" in America. Bardwick (1986) well articulates the emerging phenomenon of career "plateauing" and its extent in corporate America. Those in positions of management are relatively young. Combined with a difficult economy and the population demographics, it is not likely that present police managers will leave police work early or themselves be promoted to higher positions of authority. The effect on young officers and their families is profound, particularly since the expectations for promotion have not, as yet, been altered.

It is well known that young police officers revel in the heady environment of patrol work for the first two years. It is a time when they are financially rewarded well in comparison to others with similar educational and experiential qualifications. Moreover, they are charged with enormous responsibility and authority at the outset of their young careers. Calls are answered with the knowledge (and hope?) that life-saving or crime-stopping activity could occur. However, once this initial period of the career is completed, young officers begin a search for new ways to be challenged and to recapture the thrill of the job. As soon as a department allows, most seek specialty assignments (e.g. SWAT, canine, motors, etc.) or promotion. The belief is that their hard work and mastery of police skills will launch their careers into new directions. The disappointment at not being promoted or assigned to a specialty position is profound, for both the officer and his/her family.

Reese (1987) noted the connection between a peace officer and his/her family. He wrote that "police work continually calls upon the resources of all family members" and recommended family therapy be considered to remedy the dysfunction caused by environmental events. Not only does an officer seek promotion or specialty assignment, but his/her family holds out the same expectations. Lack of promotion may mean, for example, the inability for a family to purchase a home or to prolong the more dangerous patrol environment for their beloved officer rather than transfer to a perceived safer position in administration. Moreover, the family unit may be strained by the officer who is ashamed of his lack of progress, perpetually angry at his/her predicament and obvious "failure" and sense of worthlessness and helplessness.

That an outcry has not been heard from the ranks of police officers should not be a surprise. Officers are trained to view self and to be seen by others as physically and emotionally able to handle any crisis without being personally affected (Stillman, 1986). Officers are expected to handle any crisis and to be able to isolate their feelings so as not to be behaviorally affected. Similar expectations are maintained for police officers' spouses. They too are expected to cope with the stresses of law enforcement. Whether it be frequent schedule and/or shift changes, unpredictable overtime requirements, officer-involved shootings or accidents, or innumerable other facets of law enforcement, the family of a police officer is expected to be quietly accepting and to cope without complaint. Any police spouse will attest to the fact that being a peace officer is not a job, or even a career; it is a way of life. Almost every facet of their life is affected, directly or indirectly. Selection of friends, expectations for behavior beyond moral reproach, fiscal responsibility and isolation from "civilians" are but a few of the expectations placed upon a police family.

The myth that the police community protects and supports its members, even if true at times, cannot soothe the family of a disgruntled officer who has been foiled in his/her attempt at promotion.

Families are left to their own, often inadequate, devices to cope with career stagnation. They are ill-prepared, with regard to expectation or skills, to cope with this growing inevitability. The pattern may be repeated by serial attempts at promotion or application for specialty assignments. Departments amplify the problem by encouraging officers to apply for career-enhancing positions. When officers are not selected, they are often encouraged to "work harder" via education or other means to make them more qualified and attractive candidates.

The resulting psychological injuries to officers and their families are undiagnosed, and even unrealized by the wounded. Their injuries occur without violence, occur within the department rather than being inflicted by criminals, and are accompanied by administrative expectations of remaining quiet and accepting of promotional results. Police families are particularly vulnerable to long-term emotional distress, since the injury and loss was suffered as a "normal" event and "close to home."

Although they fail to recognize themselves as victims, these families suffer as much as if they had experienced any other trauma, perhaps more. Anger, guilt, shame, feeling betrayed, are but a few of the powerful emotions experienced by an officer and his/her family. Communication and other skills that might ameliorate and resolve these feelings are often unavailable and impede any resolution of the problem. It is more likely that the officer will externally blame the promotional process of the department and not focus upon the personal impact of not advancing in his/her career. Moreover, denial will likely stymie any serious examination of future opportunities at promotion and its meaning. Much as with other, better known stressors, families are likely to develop myriad symptoms. Alcohol and drug abuse, family violence, divorce, and extra-marital affairs are but a few of the most visible symptoms. More subtle symptoms may include aggression towards the public, abuse of police equipment, and expectations for a spouse to increase financial contributions to the family.

This emerging problem of the police family is particularly distressing since the issues it raises strike at the core of personal and family concerns. Most families faced with the prospect of little hope for promotion will be unable to talk about the problem or find other healthy coping mechanisms. Male officers faced with the prospect of not being promoted and gaining more respect and financial rewards are likely to psychologically react as if their masculinity has been threatened. It remains in our culture a stereotypical male dynamic that men achieve a sense of being a man by winning in competition, especially against other males. The most important arena for this competition is the work place. Success, in our society is often perceived by the winning of power, placement in an organizational structure, and money. The growing inability for police officers to be promoted, coupled with the expectation that "good" cops gets promoted, strikes at the very core of a male officer's masculinity.

Female officers, on the other hand, are vulnerable in a different way. Career women, especially those who enter traditionally male occupations, tend to be ambitious, competitive and successful and tend to gain self-esteem as the result of winning in the competition of work. However, their sense of femininity comes from other sources than from competition in the work place. Often, the choice of a career is made along with the choice to delay marriage and raising children. When this occurs, and there is the perception of not being successful in the work place because of not getting promoted, questions arise about whether the choice to enter a career mode was the correct one.

In either case, both male and female officers suffer with powerful feelings that they are not likely to share with a spouse. Guilt, shame, anger, feelings of being vocationally trapped are likely to fester and contribute to family dysfunction.

The Police Psychologist can effect both preventative and ameliorative responses to this walking wounded generation of officers. Consultation with management to develop mechanisms of reward and

processes by which patrol officers can gain recognition by means other than through promotion will be immensely helpful to this and the next several generations of officers. It is our duty to assist police administrators and organizations to value the professionalism of officers. In this context, pride, sense of growth, and feeling of achievement are factors that must be considered. Officers must perceive that success does not equate itself to promotion, but rather it is using their abilities, meeting challenges, continuing to learn their craft, and making a contribution to the Department, community, and their family. It is only these values, as emulated, modeled, and encouraged by the organization that will promote healthy officers.

For those already injured and hurting, the Police Psychologist will have to formulate treatment plans directed at redefining success for both the officer and the family. Core beliefs that success is achieved and recognized only through promotion will perpetuate a sense of frustration and interfere with productivity. Creativity and innovation are rapidly lost in this process as is the ability to participate in healthy family life. Isolation, resentment, depression, and other symptoms of "burnout" familiar to the Police Psychologist will, of course, incapacitate officers. Both individual and family treatment approaches are likely to reconstitute a sense of worth and excitement about self, family, and work.

REFERENCES

Bardwick, J.M. (1986). The plateauing trap. New York: Bantam Books.

Connor, S. R. & Fielden, J.S. (1973). Rx. for managerial shelf sitters. Harvard Business Review, pp. 113 -120.

Lawrence, P.J. & Hull, R. (1969). The Peter principle. New York: William Morrow.

Reese, J.T. (1987). Family therapy in law enforcement: A new approach to an old problem. In J.T. Reese (ed.), Behavioral science in law enforcement (pp. 53-57). Washington DC: U.S. Government Printing Office.

Reiser, M. (1974). Some Organizational stresses on policemen. Journal of police science and administration, 2, 156-159.

Stillman, F. (1986). The invisible victims: Myths and realities. In J.T. Reese and H.A. Goldstein (Eds.), Psychological services for law enforcement, (pp. 143-146). Washington, DC: U.S. Government Printing Office.

APPLYING ORGANIZATIONAL BEHAVIOR PRINCIPLES TO STRENGTHEN LAW ENFORCEMENT FAMILIES AND REDUCE STRESS

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Stress experienced in law enforcement families is considered to be a problem exacerbated in large part by the stressors impacting the law enforcement officer as a consequence of dysfunctional organizational dynamics of the officer's working unit, and brought home. The law enforcement organization, viewed from a systems orientation as part of a larger social-political environment, is analyzed in terms of organizational behavior principles. The officer's role serves as the core issue, with a focus on authority, power, and control, and the way this role spills over into family life. Techniques for organizational problem identification and solution, include the GRPI model, in which goals, roles, procedures, and interpersonal issues are developed systematically to reduce role conflict, role ambiguity, and system overload. Action research, and team building are discussed as other systems-oriented approaches to facilitate organizational integrity, thereby reducing transferrable stress to the nuclear family.

INTRODUCTION

This paper examines some organizational behavior issues surrounding the status of the law enforcement officer's roles, both on the job and within the nuclear family. The family is treated as a social organization in the same way that the enforcement agency is viewed.

A training and development model is presented from the field of organizational behavior that can be applied to the problem of reducing, if not preventing, a number of stressors existing in the daily functioning of today's law enforcement officer. It also treats the spillover effect of these stressors on the officer's nuclear family as a major contributor to family stresses.

At the core of my position is a set of premises about the roles of the law enforcement officer and the societal-organizational constraints in which these roles are carried out. Central to these roles are the consistent and effective use of power, authority, and control--all critical, interdependent factors designed to maintain any viable human-social system. These roles also get played out within the nuclear family, often in a parallel manner.

PREMISES

1. Law enforcement officers derive their power, authority, and corresponding control from society's assignment of their roles. *The same can be said of the spousal/parenting roles.*

2. Law enforcement officers are assigned the tasks of a) keeping the peace in the community, b) maintaining the limits of antisocial behavior, c) protecting the rights and properties of individuals, and d) helping society's members to solve social problems within their spheres of influence. In short, they playing a parental role to the community. *With few modifications, the above tasks can be identified as belonging to the spousal and parenting responsibilities in the nuclear family as well.*

3. This enforcement/protective role is performed within a broad, complex social environment, reflecting a diverse range of cultural norms and values, and in which its members are brought up to value individualism and its liberties, and to be suspicious of power, authority, and control with its potential for abuse. A kind of dependence-independence, love-hate mindset exists in many of our citizens

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when they think of police officers. *The literature is replete with evidence of the similar developmental and maintenance problems existing in the nuclear family, as the husband-wife and parent-child relationships get played out.*

4. Consistent with our democratic traditions, our social, political, and legal systems have built-in checks and balances designed to minimize just such potential abuse of power, authority, and control, even with stress-derived behavior. *While there are family laws that protect the spouse and children from abuse, there are many subtle ways stress-related behavior can be expressed without coming to the direct attention of the legal system, thereby continuing, or complicating the officer's problems.*

5. The quasi-military structure of law enforcement agencies emphasizes traditions of central command and obedience to central authority, with its layered system that has many interdependencies. Yet many of the tasks of the individual police officer call for independent judgment and decisions, often under crisis conditions. This can, and does, often lead to role confusion and role conflict, basic stressors that can lead to missteps, paralysis, and risk of misinterpretations with the wide range of resulting hazards. *How the officer defines the structure of the nuclear family, its mutual dependencies, and its roles, determines, in part, the extent to which work stress will be transferred.*

6. To add to the stress potential, the media in our society exercise the watchdog role to report and publicize any untoward acts by officers that seem to go beyond the assumed limits of the use of power, authority, and control. So, the individual officer often feels under the glare of public scrutiny, with all of its ambivalence, thereby feeling the constant stresses and strains that acceptance/rejection elicits. *The privacy of the family shields to some degree the role behavior of the officer, though this fact can also cover over stress-produced misbehavior.*

7. The mixture of constant vigilance, periods of boredom and inaction, overwork, and the periodic potential for violence and physical harm on the job is physically and psychologically draining, requiring constant readjustment. *Today's nuclear family with its multiple pressures is less prepared to serve as a safety net.*

8. Thus, rather than finding the family as a safe haven, an oasis, providing relief from the barrages of uncertainty, conflict, and system overloads, often leading to burnout, new cycles of stress get played out. *Under certain conditions, such as children acting up or defying a parent, the family setting is perceived as an extension of the officer's conflict-laden arena.*

ORGANIZATIONAL ANALYSIS

Viewed from a systems perspective, stressors stemming from the role problems of the individual officer are considered to be symptoms of both the structure of the enforcement organization as part of the larger social, political environment, and the processes by which the goals of the organization are implemented. Moreover, the very integration of structure with process, or its lack, has to be seen as a potentially stress-producing condition. This is the "do as I say, not as I do," paradox that often reflects the lack of integration of a system.

To cope with this tendency for structure and process to get out of synch, successful organizations will invariably start with a reexamination of their mission, both generally and specifically, and in relation to their clientele or market. This is a sort of grounding procedure, to ensure that the leadership is together. It also helps to get a reading on the environment, both the physical and the psychological.

Social-political organizations, such as law enforcement agencies, are currently faced with the incredible complexity of changes occurring around them that are subtle, but pervasive, particularly in the larger cities. The movement of people from one place to another; the changing character of ethnic patterns with their own inner group conflicts; the shifts in values and norms of behavior, such as the development of gangs; the changing locus of activity centering in complex malls--all of these call for the constant adjustment of targets, objectives, and, therefore, mission reevaluations by law enforcement agencies.

For example, consider the mission of maintaining peace and order in a dynamically changing environment. What constitutes peace and order depends on the constant articulation and clarification of these terms from top to bottom. Expectations of law enforcement officers on how citizens are supposed to act in a peaceful and orderly community vary all over the lot. And these expectations are colored and reinforced by the constant pressures on the job, the influence of instant communication, and media attention to what constitutes newsworthy behavior.

On another level, for example, the images that I carry of New York City, Philadelphia, Newark, and Chicago as scenes of conflict and social discord are quite different from those that I carry of Palo Alto, San Diego, or Cherry Hill, New Jersey, even though I know intellectually that I highly oversimplify the stereotypes in my head. Growing up on the East Coast and moving around from community to community, I soon learned the neighborhoods to avoid, where I could get into trouble, where I wasn't wanted. How does the law enforcement unit interpret its mission in these terms, and to what degree are peace and order interpreted from predetermined judgments about the citizens in such various neighborhoods?

To what extent does the quasi-military structure of the law enforcement unit contribute to the interpretation of peace and order? As an infantryman in WWII, I was trained to view the mission in stark, simple terms. Later, as a military policeman, my mission was so structured by my leaders as to soon result in a we-they mentality in relation to my fellow GIs.

The point I wish to make is that we tend to assume that the mission is constant, that it has the same meaning for all the unit's members, and is consistent towards all segments of the community. I'm afraid that expectations along these lines can suffer from distortion.

However, for the purposes of this paper, I would like to jump down the line of organizational analysis to the level of the individual officer, irrespective of rank, to focus on those dimensions of authority, power, and control that are most relevant to the individual and his/her family, in the management of the person's daily life within the context of the organization, whether at the unit level, the departmental level, or the nuclear family.

Job Analysis

It may seem patently obvious that the job definition of the law enforcement officer, irrespective of rank, is the underlying building block of the organizational structure. And, for the most part, sound organizations do take that fact into consideration.

Yet, equally as often, what is taken as a job analysis turns out to be more commonly called a job description, which, to the organizational psychologist, is the consequence of the job analysis, and not the analysis itself. The point here is that all too frequently the position is only superficially analyzed, commonly accomplished by asking the incumbent what he/she does, or getting such information from

supervisors rather than some empirical approach such as structured observations, interviews with various segments of the organization, and probing recipients of the officer's activities. Yes, even those who may be the unwelcome customers of police attention.

I suspect that position analyses of parents and children, along with other resident family members would reveal equally productive results. I can see subtitles emerging such as "Bountiful Lord," "Gracious Hostess," "Family Drudge," "Honorable Tyrant," and "Little Miss Spoiled." As one might expect, the variations across families would be immense.

In what way(s) are the elements of authority, power, and control articulated, illustrated, practiced, and periodically reviewed? In what ways are these elements similar and how are they different when one views the work unit versus the family unit?

This primary function of putting into place the actual dimensions of behavior reflecting the role is critical, since so many false expectations have been generated by faulty, unexamined constructions of the law enforcement role (as well as the family role) in a given jurisdiction. Moreover, there is an all too frequent tendency to assume that the position is unchanging, and, so, the job is rarely analyzed more often than every ten years. This leads supervisors, burdened by tradition, to make faulty assumptions about the static character of the job.

Another trap in analyzing the job comes from borrowing descriptions from other departments, with an assumption that the job is basically the same from one community to another, or even from one region to another. Still another problem is the complicated and seldom articulated existence of informal job tasks aimed at maintaining the status quo of organizational life--the kinds of activities that permit leaders, both formal and informal, to exercise subtle controls over their associates, to keep them from being too independent of the "in-group" norms and values. These tasks and behaviors were known earlier in the literature as "controlling rate-busters," keeping in line the more ambitious, dedicated workers who refused to run with the pack.

Incidentally, in this respect, the organizational behavior specialist would also be paying attention to the "shadow," or informal organization, since to a greater degree than we may admit, conflicts between supporting the informal codes of behavior versus the formal codes strikes at the very center of authority, control, and power, generating a tremendous amount of ambivalence in individuals who are essentially rational, action-oriented, and loyal to the system to which they are dedicated. The code of silence regarding the dubious behavior of a fellow officer is but one. In the family context, consider the "favorite child" syndrome, or the family rebel. How does an organizational unit or a nuclear family establish the groundwork and conditions to confront and work through such complex issues without excessively diverting the energies of the group?

From the empirical job and task analysis, the organizational psychologist can then develop the valid psychological criteria for selection purposes, and design procedures to ensure that simplistic criteria are avoided to the extent possible. Years ago, I participated in evaluating police candidate interviewing procedures at a major west coast city. The interviewing committee, made up of senior police officers, clearly sought candidates who fitted a profile that emphasized the capacity to exercise power and control, overlooking other more subtle criteria such as the ability to size up a situation, to analyze, to make decisions, to tolerate ambiguity, to manage or control impulsivity. If the candidate articulated a desire to help people who were in trouble, the raters interpreted such comments as being "social worker oriented," and not fit for their organization. To what extent this viewpoint still holds throughout the law enforcement community, I am unclear.

What we do know is that the need for power and control, while key to managerial performance, is far more complex than obvious primitive dimensions of power, and it plays an important part in the development of management roles in general. This issue has been studied by McClelland (1984) in the selection of effective managers (and reported as nPower). As well known in the law enforcement field, the exercise of authority through the application of power is also quite complex, and calls for the ability to differentiate conditions and circumstances when persuasion is the preferred choice as opposed to threat, for example. The capacity to use one's power as a last choice to invoke control rather than a first choice calls for a judicious orientation, one that recognizes the realistic limits of threat, or the possibility of unexpected outcomes of its undifferentiated use. So, candidate selection criteria continues to be a crucial dimension in the continuing development of the organizational role, one that has to be constant, ongoing in process and review.

The Police Officer As Manager

Today's law enforcement officer may best be seen as a "situational manager," in which the citizenry have invested the authority and, therefore, the power to exercise full, and, when necessary, emergency control over others.

Taking another leaf from organizational psychology, management behavior in a wide range of industries and organizations has been seen to undergo some drastic changes over the past several decades, shifting from the authority-centered function, to the goal-centered approach. From this change has emerged the concept of participative management, in which the manager formerly focused on his/her authority as the expression of the power to get the job done, with the goal often as the by-product. Now, the focus is more clearly on the goal as the target or outcome, with his/her authority as a by-product. Modelling, asking questions for the purpose of understanding versus interrogating to expose lying; demonstrating empathic behavior at the appropriate time versus uniformly projecting suspicion; exploring choices versus insisting on just one perspective--in short, providing opportunities to empower others, when appropriate, versus encouraging powerlessness by invoking threat, implied or otherwise.

Communication patterns within the organization have become restructured to capitalize on the resources of individuals, such as an officer's unique insights, or particular experiences that can illuminate a special situation. So downward communication is less emphasized and upward communication is encouraged. "No one asked me, so I just kept quiet" is an all-too-common attitude of lower level staff who feel left out of the loop. Or, "never volunteer." While this evolving attitude towards increased empowerment has called for some degree of risk, especially when differences in perspectives exist between superiors and subordinates, at least these differences could be acknowledged and respected before an authoritative position is taken.

The Police Officer As A Member of A Management Team

Consider the law enforcement officer as a "situational manager." Current studies of effective management teams highlight their effectiveness in a variety of ways. Assignments in which team members share ideas, give and receive feedback at the planning stage, generates a greater sense of mutuality, and helps reduce such problems as anticipatory anxiety (DeMeuse & Liebowitz, 1981; Eden, 1985).

A gradual shifting of the organizational structure has similarly occurred in many industries and organizations, including the military and other quasi-military systems, such as hospitals. From one of a

traditional military model of central command and control, to that of a more participatory, small-group model in which the individual member is encouraged to exercise more involvement in planning and controlling as well as carrying out specific tasks, has come an increased sense of shared empowerment and a freedom to explore the limits of one's role--always in keeping with the mission.

This has further resulted in the development of a systems-oriented model in team management that has, among other things, reduced the tendency to see the organization as a we-they complex. Known as the GRPI model (Kolb, Rubin, & McIntyre, 1984), the major focus of role behavior has been reoriented to center on the achievement of the mission through a cognitively-based system of tying in goal-setting, planning, controlling, and implementing, with attention to interpersonal factors as well.

It is the application of this concept that would seem to have a potentially pronounced effect on the strengthening of the law enforcement unit by reducing ambiguity, avoiding role conflicts, and encouraging participation. It also has transferability to families.

In contrast to an intervention model, the GRPI approach (though not to be seen as a replacement), is a training and development system that builds on itself, strengthening the various segments of those processes that are involved in getting things done. The focus is on increasing effectiveness at every turn and at every level.

Briefly, the GRPI model involves four categories of task-related issues that must be met if a work team (and, in this instance, I am defining the law enforcement unit and the nuclear family as work teams) is to function effectively. These categories include goal issues, role issues, procedural issues, and interpersonal issues.

Goal Issues. What is the unit (and family) trying to accomplish?

The idea that there is a shared agreement on the answers to this question without constant discussion and clarification is rarely examined in either work units, especially families.

Role Issues. Who should be doing what to help this unit (and family) reach its goals?

As Kolb, et al. (1984) point out:

One particular source of role problems on a team (and family) is ambiguity. People are simply not clear about what they expect of one another, and often are hesitant to ask for clarity... Beyond the problem of ambiguity, three forms of role conflict are frequently observed. *Self-other* conflicts arise because what someone else expects of me does not fit my expectation of myself. Two or more other team members can have expectations of me, which, although they are unambiguous, are incompatible, thereby creating an *other-other* conflict. Finally, the sum total of everyone's expectations can result in an *overload* conflict--there just aren't enough hours in the day to fulfill all the expectations (p. 183).

Procedural Issues. How should we function?

In this category lies a whole host of other questions. How will decisions be made? How will conflicts be resolved? How will information be shared? What kinds of meetings should we have? When? What norms do we need to reinforce or extinguish?

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One of the key problems of all busy units and families is that they rarely set as a priority sufficient time to sit down and talk to each other, especially in such a way that each member has an opportunity to share a point of view on any given subject. This is especially a concern where team members may be on the edge of burnout conditions.

Interpersonal Issues. Feelings people have toward each other.

The extent to which family members, or work-team members trust, support, respect, and feel comfortable with one another is dependent on the above three sets of issues. In turn, interpersonal openness and trust affects all three issues. It is the position of this author that stress symptoms are likely to show up in the interpersonal realm largely because there are dysfunctions occurring in the above three dimensions.

IMPLEMENTING THE GRPI ORGANIZATIONAL DECISION MODEL

In both the law enforcement unit and the nuclear family, the GRPI model can be applied systematically to any problem or task calling for group action. Of course, how the process is presented can affect its acceptance.

It can be introduced informally by first defining the problem in terms of a goal, and then the leader, in the role of director or parent, can guide the discussion through the sequence of steps-- procedure, role(s), interpersonal issues. This can be provided for individuals equally as well as with a group. But it is the consistent attention to the system--discussing and sharing each step for common acceptance if not common agreement--that is most crucial.

More frequently, the model is presented formally to give it recognition of a systematic, well-defined approach that anticipates possible role confusion, conflict, or ambiguity. As a working formula, applying it regularly both helps develop the discipline of systematic planning and encourages its being regarded as a norm.

When cast as a small group effort in which members are encouraged to contribute their views at each stage, it expands open communication towards a common goal, enhances a sense of empowerment from participation, and heightens morale. These by-products can do much to counter the encroachment of natural stressors stemming from the applications of power through arbitrary power and control.

It helps to try the model as a test on a specific problem that is not overly complicated, and after having implemented it to the point of a successful conclusion, to review with the unit or family its workability--that is, where the family needed more clarity, what could have been done to smooth the bumps in the process, how did people feel about its helpfulness, etc. The real value of such a review is that it puts the problem, the process, and its outcome into an objective perspective that reduces the tendency to personalize the matter and allows for a reassessment of the use of authority, power, and control.

Two other systems-oriented mechanisms have found their way into organization behavior channels that show promise of reducing on-the-job stress conditions by dealing with elements organic to the particular unit. Action research, originally espoused by Kurt Lewin (1952) in the late 1930s and expanded through the years by such people as Bennis (1966), Schein and Bennis (1965), and others, focuses on approaches to group and organizational problem identification and problem-solving, especially where change is a necessary condition.

Lewin (1952) postulated three phases of change: (1) unfreezing, where people are stimulated to feel and recognize the need for change. The motivation is to search for new ways to relieve some of the problems experienced by the organization; (2) changing through the experimentation of some new combination of approaches or techniques; and (3) refreezing, in which reinforcement of the new attitudes, skills, and behaviors are made permanent.

Team-building designs, aimed at reaffirming the goals and objectives of a unit, have the benefit of creating and maintaining greater interpersonal openness and trust, with the added value of incorporating the emotional bonding of a working group (Robbins, 1989; Szilagyi & Wallace, 1980).

Finally, the natural stressors that come with the law enforcement role in our society will still have to be confronted by whatever means creative professionals can develop. Those stressors, created by the way our work and family organizations are designed, only complicate and obfuscate our efforts to make the most of this essential social role.

There is an ancient Chinese proverb that says that "the greatest gift a parent can give to its child is roots and wings." Imbedded in this deceptively simple statement is the essence of dynamic tensions that constitute our unending human struggle to make the most of our lives.

REFERENCES

Bennis, W.G., (1966). Changing organizations. New York: McGraw-Hill.

DeMeuse, K.P., & Liebowitz, S.J. (1981, September). An empirical analysis of team-building research. Group and Organization Studies, pp. 357-378.

Eden, D. (1985, February). Team development: A true field experiment at 3 levels of rigor. Journal of Applied Psychology, pp.94-100.

Kolb, D.M., Rubin, I.M., and McIntyre, J.M. (1984). Managing work team effectiveness. In D. Kolb, I.M. Rubin, & J.M. McIntyre, Organizational psychology: An experiential approach to organizational behavior (Fourth Edition) (Chapter 7). Englewood Cliffs, NJ: Prentice-Hall, Inc.

Lewin, K. (1952). Group decision and social change. In G.E. Swanson, T.N. Newcomb, & E.L. Hartley (Eds.), Readings in social psychology (rev. ed.). New York: Holt.

McClelland, D. (1984). The two faces of power. In D.A. Kolb, I.M. Rubin, & J.M. McIntyre (Eds.) Organizational psychology: Readings On Human Behavior In Organizations (Fourth Edition). (Chapter 3). Englewood Cliffs, NJ: Prentice-Hall, Inc.

Robbins, S.R. (1989). Organizational behavior. Fourth Edition. Englewood Cliffs, NJ: Prentice-Hall.

Schein, E., & Bennis, W.G., (1965). Personal and organizational change through group methods. New York: Wiley.

Szilagyi, A.D., & Wallace, M.J., (1980). Organizational behavior and performance. Second Edition. Santa Monica, CA: Goodyear Publishing Co.
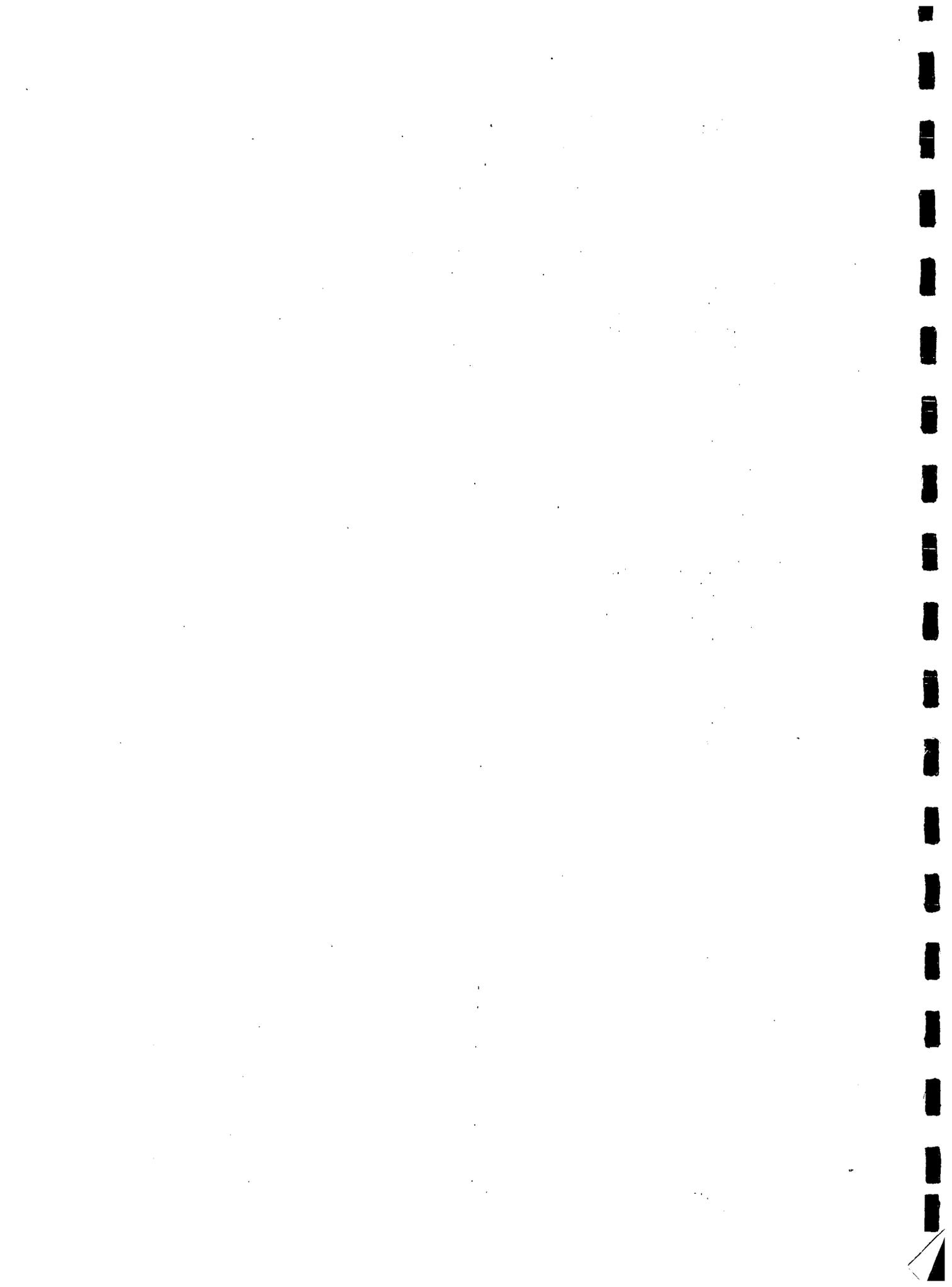
"INDEPENDENCE ENCOURAGEMENT" AND "DEPENDENCE TOLERANCE": WHAT POLICE ORGANIZATIONS CAN LEARN FROM FAMILIES

Ellen F. Kirschman, Ph.D.

This essay examines the phenomenon of independence and dependence in the American family and in the police culture. A case will be made that independence and dependence are not polar opposites, although they are treated that way linguistically and culturally. Applied research in family therapy and child psychology indicates that tolerating dependence and encouraging independence are inseparable elements of the same behavioral equation and need to be balanced through life. This research forms a useful template for looking at ways in which police organizations function as symbolic families and are thus charged with the emotional development of their employees.

INTRODUCTION

Families are our first organizations. Beyond caring for our basic survival needs, families are organized for the interpretation and management of social experience; they provide a template for our lifelong struggle to balance dependence and autonomy. As adults we carry with us a model of organizational life derived from our early family experiences and our specific roles within the family. It is in our own families that we first learn how to relate to authority, listen to the experiences of others, and collaborate around shared tasks (Shapiro & Carr, 1991).

Our psychological development begins from a state of fusion and utter helplessness. As infants we instinctually turn to others to get what we need to sustain life. Our dependence upon primary caregivers forms the basis for the development of mature attachments in adulthood (Fromm, 1964). Our early recognition of the separate existence of others becomes the foundation for our continuous efforts to negotiate the interdependency necessary to work and live in groups and organizations (Shapiro & Carr, 1991).

USES AND ABUSES OF THE FAMILY METAPHOR

The family metaphor has often been applied to organizations to paint a bleak and depressing picture. The metaphorical family is usually pathological, highly polarized, and struggling to survive with insufficient resources. Its individual members are in perpetual competition over a shrinking reservoir of nurturant supplies; everyone has needs and no one has anything left to give.

Kirschman (1983) saw a titanic struggle in police agencies between withholding, autocratic manager/parents and unruly, impulsive officer/adolescents. Reiser (1974) referred to the police organization as a "motherless family," meaning that it was short on nurturance and long on authoritarianism. Officers wished to see the workplace as a neutral family, a wish that was often ungratified because they were seldom able to restore or generate the nurturance they desired. Charlton (1982) found policing to be both misleading and impossible in that it offered the hope of resolving an internal conflict generated in the nuclear family "only to provide an experience which served to exacerbate the very conflict which led to the choice of . . . career." He felt the role of rescuer or hero protected the officer from perishing on the horns of a terrible dilemma by providing an alternative to the "shame, humiliation and . . . of the helpless victim . . . and the guilt, anxiety and remorse of the aggressor." Roberts (1982) cited the frequency of "responsibility-absorbing behavior" in police: a

consequence of being the first-born or only male child who gained acknowledgment for being the "man of the house." Shev and Hewes (1977) suggested that police officers are driven by the need to repeat their actual or fantasied roles in rescuing mother from an excessively aggressive father. Levy (1973) suggested that "those people . . . most likely to fail as law enforcement officers seem to closely resemble the passive-aggressive personality . . . whose deep dependency needs have been met but erratically and who [continue] to deny these needs overtly (e.g. through open hostility) or covertly (e.g. through alcoholism)" (p. 32). Bonifacio (1991) used the family metaphor to describe an officer's response in the wake of trauma.

> The anger the policeman may feel toward the department may be due to his unconscious need for the department to be the omnipotent, loving parent who can restore his lost feelings of security and invulnerability. After all, it was the department who gave him the feeling of being free from harm when it took him into the police family and conferred on him some of its omnipotence. . . . Given his needs it is far from surprising that the officer is enraged at the department for being a depriving, rejecting and malevolent parent rather than the nurturing, loving and benevolent parent he unconsciously wanted (p. 181).

If there is a slightly insulting tone to the family metaphor, it evolves not from the pathologizing of family life but from the pathologizing of dependency. It is as though individuals and organizations are colluding in the belief that grown-ups, particularly males and especially police officers, should have all this dependency stuff worked out before adulthood; never mind that at age twenty-one, entry level officers are barely adults in the legal sense and their psychological development is far from complete. What is needed are not better metaphors, or more wholesome family models but a normalizing of dependence and a clearer understanding of how normal needs for dependence and independence differ from individual psychopathology and can be balanced in the way organizations are run and employees are treated (Kirschman, in press).

"INDEPENDENCE ENCOURAGEMENT" AND "DEPENDENCE TOLERANCE"

Americans tend to have a dependency "hang up." Our society regards dependency as normal only in infancy and early childhood; thereafter it is usually associated with neurosis and developmental difficulties. The notion that dependency is normal in all stages of life and that optimal development of the independent self requires the adequate meeting of dependency needs challenges widespread American beliefs about child rearing and the folk wisdom that independent children have been made to take care of themselves while "spoiled" children are greedy and needy because they have not.

Cousins (1984), in her study of child rearing patterns and school achievement, noted that positive responses to a child's dependent needs did not appear to prolong or intensify dependency, whereas failure to respond positively to dependency seemed to be associated with disturbances in development. She further observed that dependence and independence coexist phenomenologically despite their linguistic opposition and the common assumption that when signs of dependency are apparent, independency is lacking. She asserted that this coexistence endured throughout a person's life and termed the responsive parental behaviors as "independence encouragement" and "dependence tolerance" (p. 48).

> The first of Erikson's . . . stages involves acquiring a sense of trust . . . that one's caretakers can be depended upon. With an adequate sense of trust the young child has the necessary support to develop autonomy, the central task of Erikson's second stage. In this stage the child experiences both the desire to assert [his or herself] as well as [his

or her] continuing dependence upon adults. Emotional need for others does not decrease as physical and cognitive self-reliance increase. . . . Dependency and independence co-exist . . . even as the child shifts from dependence on parents to dependence on peers, other adults and social institutions (pp. 11-13).

She cited psychoanalytic theory: "thwarting any drive tends to make it stronger; . . . satisfying it leads to reduction of its strength" (p. 10). The optimal meeting of a drive implies neither insufficient response nor overgratification. She claimed that adequately providing for the dependency needs associated with childhood may "be the wellspring of independence" (p. 4). Responding to dependent needs while encouraging self-reliance "strengthens rather than undermines a child's ability to become autonomous" (p. 5).

As adults we are ambivalent about our dependency needs because they threaten our deeply held values of autonomy, independence, and free will. When we feel dependent it recalls a primitive, child-like aspect of ourselves that seems out of place in our adult life and makes us uncomfortable (Kirschman, 1993). So we are stuck with an "illusion of self-sufficiency" that is manifested as detachment or denial of dependency (Shapiro & Carr, 1971, p. 36). This is similar to the illusory notion that requiring a child to do things alone in order to relieve the parent of burdensome caretaking is the same as encouraging a child to be self-reliant (Cousins, 1984).

The illusion of self-sufficiency or the denial of dependency echoes cultural projections about police and about masculinity that imprison officers as much as they imprison the culture (Charles Hampden, personal communication). The illusion is also fortified by the many police employees who come from families in which a parent, often the father, was brutal, alcoholic, or absent. While this observation is anecdotal, it is shared by so many police psychologists that further research is required to determine what percentage of the total law enforcement work force actually fits this profile and how this compares with other service and non-service professions. If families are indeed our first organizations, such individuals have learned early in life that authority figures are inherently unreliable or even destructive. Some have learned to be adults at a young age and have a brittle, unrealistic need for control. Their selection of a helping profession, specifically a police career, may be an attempt to gain mastery over uncontrollable elements in the environment and in the psyche. For these individuals the balancing act between dependence and independence has profound tangible and symbolic implications for the organization and its leadership.

POLICE ORGANIZATIONS AS HOLDING ENVIRONMENTS

Family therapist and theorist D.W. Winnicott (1960) was first to describe the family as a holding environment. A holding environment has two characteristics: "empathic interpretation and the tolerance and containment of aggression and sexuality" (Shapiro & Carr, 1991, p. 36). The basic structures of a holding environment are task, boundaries, and role. A holding environment is "designed to provide empathic acknowledgment, containment and perspective . . . [and] forms a crucial dimension of all organizational and institutional life" (p. 39). Shapiro and Carr, in their book about relationship between individuals and society, suggest that when families, societies, or employers fail to provide a holding environment for their members, this loss "constitutes a serious deprivation . . . [that] may contribute more to individual disturbance, . . . institutional irrationality and organization disarray than has been hitherto recognized" (p. 49).

Institutions are social systems that "function as a collective defense against anxiety" (Menzies, 1975, p. 281). The institution of law enforcement is therefore a holding environment for society.

Society depends upon police for basic safety needs and to help manage anxiety about the aggressive impulses of others (Kirschman, in press). Police institutions need to serve police employees the same way they serve society by providing a collective defense against the anxiety generated by the job itself. Tolerating the dependent needs of employees is critically related to the task of handling dependency in the larger society and establishing the interdependency necessary to deal competently with the complex social problems of modern life (Shapiro & Carr, 1991). While society has every right to expect police to hold to a higher standard, it is also obligated to provide the support necessary to maintain that higher standard. Neither the dependent needs of society nor the dependent needs of officers can be ignored because of their intrinsic relatedness. Society requires law enforcement professionals to take risks in order to make things secure. Conversely, law enforcement professionals must have secure holding environments in order to take those risks (Kirschman, in press).

DEPENDENCE AND INDEPENDENCE IN POLICE CULTURE

In his study of group relations, leadership, power, and authority Wilfred Bion (1975) hypothesized the existence of two levels of group functioning: conscious, rational, task-oriented activity known as work and unconscious, irrational activity known as basic assumption life. Bion described three types of basic assumption activity and their relation to leadership: dependence (the shared assumption that groups come together primarily to meet their dependency needs or get leaders to meet those needs); fight/flight (the shared assumption that groups assemble not to work but to fight or flee the leader or get the leader to collude with the group in fight/flight activity; and pairing (the assumption that the group will produce a pair, or the leader will pair with one of the group, who will save the day rather than require the group to collaborate in work activity). Pierre Turquet (1974) added a fourth assumption, basic oneness (in which the work group operated as if it were all of one mind and was all individual members needed to survive in the world).

All groups engage in all of these assumptions at some point and all of these assumptions range along a continuum from normal to abnormal. Each can be harnessed productively. Dependence, for example, can be the foundation of team spirit and group loyalty or can evolve into blind followership, the loss of critical thinking skills and the erection of impenetrable boundaries that close the system to interaction with the environment. Pathological dependency can have tragic consequences, witness Jonestown and Waco (Kirschman, in press).

If one were to categorize groups or professions by the character of their basic assumptions, law enforcement professionals would be characterized as a dependent culture though they are officially engaged in fight/flight work activity. While they use discretion they respond first to orders and rely on leadership and authority for direction. Their work structures are hierarchical and paramilitary. They seek action and variety within a context of job security. This dependent character flies in the face of stereotypical views of law enforcement professionals and challenges their own illusion of self-sufficiency. Dependence is the dimension of police culture most often overlooked, denied or disregarded. Its power is clearly seen in the breach when even small rents in the agency as holding environment generate a flurry of basic assumption activity manifested by vigilantism, brutality, burnout, labor unrest, the perversion of authority and outbreaks of individual and organizational stress (Kirschman, in press).

Weak, absent, or authoritarian leadership at any level of an organization is a major contributor to the erosion of the holding environment. For example, a police chief who fails to arrive at the scene of a major incident or fails to later acknowledge employees for a job well done leaves a symbolic wound that penetrates the entire organization. Conversely, the chief's supportive presence at a critical incident carries a measure of concern and reassurance that far exceeds that chief's ability to influence the situation

at hand. The sergeant who does not go home until the entire squad is cleared and back in the station may be said to be a "good parent" who generously demonstrates direct, unspoken concern for employees and recognition of their experience of the inherent danger in police work. These actions reinforce the holding environment, whereas the sergeant who consistently leaves the station the minute the shift is over can be said to weaken it. A trauma support team staffed by officers previously involved in serious incidents can strengthen the holding environment by creating policy and providing service for traumatized co-workers. On the other hand, one administrator to whom dependence is anathema can badly damage this effort with a derisive observation that doing so is like having "inmates guard the asylum."

While chiefs and others upon whom workers depend may believe they have little or no direct relationship with their employees, they are related in the employee's mind in the same way that children's self-images mirror their parents' treatment of them. In the police culture, this mirror magnifies all administrative actions and omissions. In very young children the ability to retain an image of the parent is what sustains the child in the parent's absence. This early psychoneurological development endures to protect the adult. Officers involved in traumatic incidents often report automatically reverting to early training; actually hearing or seeing their former FTOs or range masters giving them instructions about what to do under similar circumstances.

In times of more global strain, leaders who help the police agency and its members navigate environments made turbulent by changes in the surrounding community, economic upheavals, and changes in the law strengthen the holding environment by fortifying permeable boundaries while importing the information necessary to manage individual anxiety about the future. Failure to recognize or care about what these large-scale changes mean to employees discounts individual experience and weakens the organization's ability to continue work while containing apprehension and basic assumption activity.

DEPENDENCE AND INDEPENDENCE IN THE FAMILY

In her research, Cousins described a range of parental behaviors associated with "dependence tolerance" and "independence encouragement" (1984). She coined the term "dependence tolerance" to refer to a parent's acceptance of the child's need for emotional attachment, contact, closeness, affection, acknowledgment, sympathy, approval, and help. And she grouped behaviors according to the parents' degree of tolerance.

High Dependence Tolerance

providing comfort
accepting expressions of strong emotions as natural, understandable or appropriate
willingness to give help
recognition of what is important from the child's perspective

Low Dependence Tolerance

hesitancy or unwillingness to provide comfort, sympathy or help
hesitancy or unwillingness to discuss or allow for the expressions of strong emotions
hesitancy or unwillingness to listen to the child
discounting what is important to the child

She defined "independence encouragement" as "the parent's support of the child's need to become increasingly autonomous in thought and action" (p. 97) and operationalized behaviors associated with "independence encouragement."

High Independence Encouragement

providing the necessary supports for the child to find satisfaction and meaningful attachments apart from the parent
encouraging the child in independence of action and thought
expression of confidence in the child's abilities
acknowledgment of the child's efforts, achievements or desire to achieve

Low Independence Encouragement

tendency not to acknowledge the child's achievements or desire to work or achieve
tendency to do things for the child that the child could do for her/himself
hesitancy or unwillingness to provide necessary supports for the child to find satisfaction and meaningful attachments apart from the parent
hesitancy or unwillingness to encourage the child to think or act independently (p. 97-98)

While police officers are not children, this range of behaviors identified by Cousins provides a common sense template for thinking about how police organizations can attend to employee needs in the interests of attending to the needs of the community. Family therapists reassure us that it is impossible to be a perfect parent and that it is sufficient to be just "good enough." What then does it mean to be a good enough leader?

APPLICATION

How can police agencies, individual officers, and society at large distinguish between the type of help that supports self-reliance and the type of help that undermines it? How can we distinguish between encouraging independence and simply abandoning cops to their own devices? And how can we distinguish "dependence tolerance" from overprotection, infantilization, and over control? These are complex questions with no simple answers.

First and foremost should be a real insistence that management and leadership at all levels of a police organization have proven skills in people management and are held accountable for managing people in an authoritative, not authoritarian, manner. Leaders should be adept at interpersonal communication, employee development, empathy, listening, compassion, and the ability to select successors who will bring these same skills to the job. While leadership requires a range of competencies beyond managing people, the organizational values should dictate that fair-minded management is a mandatory attribute for promotion and cannot be offset by competencies in other technical areas.

Can a public agency measure people skills? The U.S. Postal Service, for example, has instituted a complex 360-degree feedback system where all managers are evaluated by their superiors, their subordinates, and their peers. Managers receiving low scores receive mandatory training in people skills and are not eligible for promotion. Managers with moderate to high scores are eligible for promotion and can use training time for self-development. In addition, managers are held accountable for choosing and developing successors with good people skills. Employee development is a serious enterprise in the postal service, necessary to the survival of the entire system and its ability to compete with private

carriers. The manner in which employee development has been formalized and structured can be said to be the institutionalization of "independence encouragement." While this feedback system is one step in a complex culture change designed to meet the needs of the country's largest civilian employer, the message is simple. There is no room for authoritarian managers and all managers will be held accountable for being people-minded with a "customer service" orientation that extends as much to subordinates and co-workers as it does to the public. In a public agency, this kind of culture change requires an immense push from the top and a realization that attending to employees' needs promotes good business. Employees who are badly served by their employer will in turn serve the public badly.

Cousins' description of "independence encouragement" as behavior that "provides necessary supports to find satisfaction and meaningful attachments apart from the parent" (p. 97) raises questions about the wisdom of structuring police careers with the almost universal expectation that anything less than a 20-year career is a failure of sorts (Kirschman, 1983). Policing is a young person's profession with few avenues to advancement and few rewards other than promotion (Swanson, 1979). Given the physical and psychological hazards of policing, a true retirement is a rarity. Too often officers are kicked out, forced out, or dropped from the nest. Frequently they limp away. Many times they feel immense relief to be doing something else. How well do we prepare officers to work in bureaucratic settings and to manage a thirty-year career so that a decision made at 20 is still viable at 50? Unions, retirement systems, individuals, and police organizations need to collaborate in the creation of more flexible structures in which officers can leave the system when it is right for them to do so, without financial or emotional penalty (Kirschman, 1983).

A young officer, in treatment with the author for delayed, chronic post-traumatic stress following a shooting, realized he no longer wanted to be a police officer: the job was too dangerous and restrictive. The shooting incident represented, as it usually does, an existential crisis that caused him to question many aspects of his life including his decision to become a police officer. When he decided to leave the profession he wanted no settlement for his psychological injuries, just support and accommodation for finding other work within the city system. The system simply could not accommodate a nonadversarial premature retirement and virtually forced the officer into the legal system, which was costly financially and emotionally for all concerned. Failure to actively support, encourage, and prepare officers to consider other careers or offer them an equitable and graceful exit raises issues of negligent retention and sets the stage for disgruntled, mismatched, burned-out officers to look to the organization to compensate them for being trapped in an occupation that no longer suits their needs or abilities. Insisting on a 20-year career with no options or tracks for those who get promoted and those who do not is like forcing a child to live at home for the rest of his/her life with no encouragement to go elsewhere. In the metaphorically healthy family, children who are reluctant to leave the nest are assisted in navigating the world outside and rewarded for taking independent steps to search for satisfaction away from home. While the dependent tolerant parent will listen to the child's anxieties about leaving home and be available to help the child manage the difficulties of independent living, such a parent will be firm in his/her resolve to see that child operating in a self-sufficient manner and will manage feelings of abandonment and loss without inflicting those emotions on the children.

Police agencies are becoming more cognizant and tolerant of certain dependent needs. The best example is the development of critical incident debriefing technology, which exemplifies how dependence is appropriately regarded as a universal human need to rely on someone other than oneself in times of stress. This is a cultural reframing of dependence, a normalizing of the range of psychological reactions to stress and permission to both offer and accept a container for the explorations of individual human experience during times of trauma (Kirschman, in press). It is acceptance rather than denial of job-related stress and existential anxiety. It is close to common practice to supply sworn officers and their families with psychological counseling and peer support. While there is still suspicion that such tolerance abets

malingering and promotes weakness, there is sufficient evidence to show that, to the contrary, the willingness to provide help, comfort, and a container for the expression of strong emotion is done in the service of restoring rather than reducing independence.

A FINAL WORD

While officers are not children and agencies are not families, there is much that is similar between the two. Each has a hierarchical structure where power is not equally distributed. Each has a strong internal bonding and boundaries across which people enter and leave. Each maintains a relationship with the outside world. And in each, people, alone and in groups, struggle with extremely complex and anxiety-provoking experiences.

If the family metaphor has any application to policing, it is that a primary and perhaps undervalued role of agency administration is to help officers manage the social and intrapsychic experience of police work by creating a secure holding environment. This responsibility is an interdependent one, shared by the individual worker, the union, the employing agency and the community. When all fulfill their roles, police agencies can better attend to their primary task of providing a holding environment for the community.

REFERENCE LIST

Bonifacio, P. (1991). The psychological effects of police work. New York: Plenum Press.

Bion, W. (1975). Selections from: Experiences in groups. In A. Colman & W. Bexton (Eds.), Group relations reader (pp. 11-20). Sausalito, California: GREX.

Charlton, R. (1982, April). Some vocational hazards of police work and their psychological treatment. Paper presented at a conference sponsored by the University of California, San Francisco and the San Francisco Police Department on "Psychotherapy and Law Enforcement: Issues and Techniques," San Francisco, California.

Cousins, C. H. (1984). Dependence tolerance and independence encouragement: A reconsideration of childrearing patterns and school achievement. Unpublished Doctoral dissertation, Wright Institute, Berkeley, California.

Fromm, E. (1964). The heart of man. New York: Harper & Row.

Kirschman, E. (in press). Organization consultation to law enforcement: An essay from the field. In M. Kurke & E. Scrivner (Eds.), Police psychology in the 21st century. Lawrence Erlbaum.

Kirschman, E. (1983). Wounded heroes: a case study and systems analysis of job-related stress and emotional dysfunction in three police officers. (Doctoral dissertation, Wright Institute, 1983). Dissertation Abstracts International, 44, 1279B. (University Microfilms No. 83-19, 921).

Levy, R. (1973). A method for identification of the high-risk police applicant. In J. Snibbe and H. Snibbe (Eds.), The urban policeman in transition. Springfield, IL: Charles C Thomas.

Menzies, I. (1975). A case-study in the functioning of social systems as a defense against anxiety. In A. Colman & W. Bexton (Eds.), Group relations reader (pp. 11-20). Sausalito, California: GREX.

Reiser, M. (1974). Some organizational stressors on Policemen. Journal of Police Science and Administration, 2(2), 156-159.

Roberts, M. (1982, April). Untitled lecture presented at a conference sponsored by the University of California, San Francisco and the San Francisco Police Department on "Psychotherapy and Law Enforcement: Issues and Techniques," San Francisco, California.

Shapiro, E. & Carr, A.W. (1991). Lost in familiar places. New Haven: Yale University Press.

Shev, E. & Hewes, J. (1977) Good cops/bad cops. San Francisco: San Francisco Book Company.

Swanson, K. (1979). Success without promotion. Unpublished manuscript. Available from the author, Walnut Creek Police Department, 1666 N. Main Street, Walnut Creek, California 94596.

Turquet, P. (1974). Leadership, the individual and the group. In G. Gibbard, J. Hartman and R. Mann (Eds.), Analysis of groups. San Francisco: Jossey Bass.

Winnicott, D.W. (1960). The theory of the parent infant relationship. _International Journal of Psychoanalysis_, _41_, 585-595.

COUNSELING

AND

PREVENTION
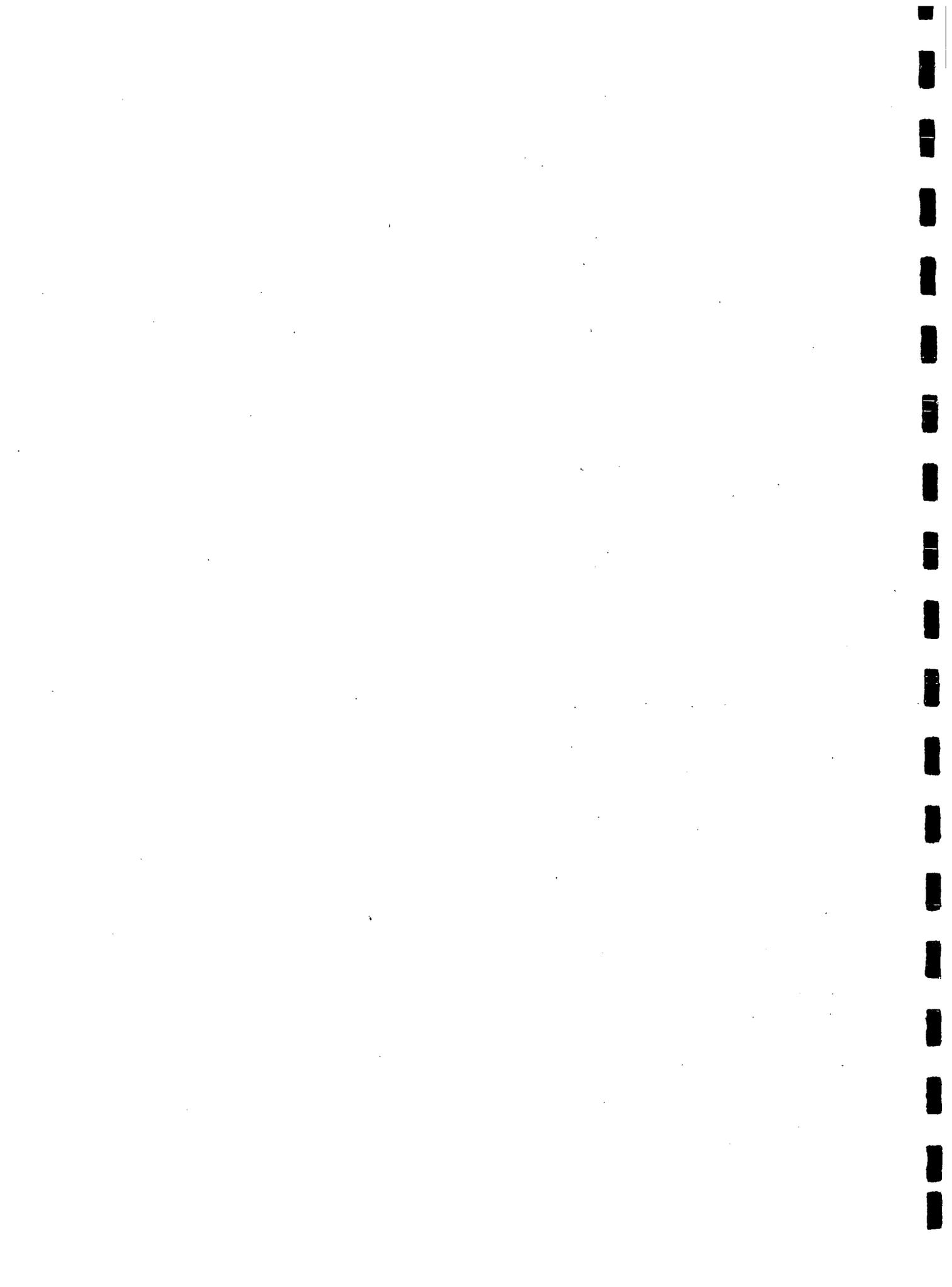
INDIVIDUAL AND FAMILY COUNSELING FOR POLICE

T. H. Blau, Ph.D.

Police psychologists are finding that when it becomes known that psychological services are available, calls for child and family evaluation increase. By doing evaluations of family members and counseling the family about problems, the police psychologist raises credibility with the department. This may lead to some problems in terms of available clinical time versus the demands for service. Examples of intervention and child assessment illustrate how police families may be helped in this manner.

The extent of services offered to a police department by a psychologist, either as a staff member or as a consultant, depends on a number of factors. The first factor is the issue of the psychologist's background, training, and expertise. The narrowly-focused clinical psychologist may be able to offer only limited clinical services. The generalist who is capable of working with a wide range of human problems will find many instances where a variety of skills are required for individual and family counseling.

The second, and perhaps the most important factor, is the issue of trust and the degree to which the psychologist is accepted by the personnel of the police department. It is likely that the first contact the Department will have with a psychologist will be a result of the Department's decision to institute selection testing or to require fitness-for-duty evaluations. Assuming that the psychologist can provide useful service during the initial contacts and is able to establish personal contact with both police managers and line officers, requests for a variety of services are very likely to occur.

A third and more subtle aspect of the match between what psychologists can do and what a police department may require is the general attitude (spoken or unspoken) about psychology, psychologists, and mental health held by senior members of the department. Strongly positive and strongly negative attitudes will filter down through the department and result in an increased seeking of services or a consistent avoidance of using mental health facilities. From the time a psychologist first makes professional contact with a police department, whether a variety of services are sought and accepted depends on these interpersonal factors. The psychologist can do much to facilitate the growth of trust and acceptance. Regular contact and positive interaction between the psychologist and police officers at all levels is essential for developing and continuing a relationship between a behavioral science unit and the department.

No matter how much bridge-building a psychologist may do to establish good will and acceptance within a police department, individual and family counseling will not be successful unless a clear-cut policy of confidentiality and privilege can be established. Police officers and their families who consult with the psychologist must be assured that such consultation will not cause embarrassment, confrontation, or loss of any kind of privilege. Without confidentiality restraints that are very clearly spelled out and maintained, few requests for service are likely to be received.

Anecdotal reports as well as research studies indicate that police work creates a kind of stress that affects the police officer's family (DeAngelis, 1991). Over 75% of spouses of police officers have been found to report stress from their mates' jobs.

To the mates and children of police officers, regardless of the officer's rank, age, sex, or duty assignment, police work seems unfair. The officer who works shift hours; witnesses human pain and distress; carries a gun; and is subject to the frustrations of a convoluted court system, excessive paperwork, negative public feedback, and unresponsive management is bound to carry the effects into the home. Police officers seem unique in the amount of daily frustration they experience and the reactions from which the family cannot seem to escape (Bell, 1988).

The effects of police work on the children of police officers can be profound. Children and adolescent members of police families are caught between feelings of loyalty and pride in their mother's or father's work role and anxieties about peer-rejection because of popular, pejorative attitudes toward police. A common joke among children, going back almost 100 years involves a playmate saying to another playmate in the presence of the child of a police officer "Does your father work?" To which the second playmate responds "Naw, he's a cop." Such attitudes are bound to result in serious conflict for the children of police officers.

The conflicts that result from the parents' roles intensify the usual and customary difficulties experienced by children and adolescents in trying to develop self-esteem and mechanisms of success seeking as they grow toward maturity. This results in the children of police officers having the usual kinds of problems with school, social relationships, sibling rivalry, and conformity to a more intense degree in many cases than the children of parents working in non-law-enforcement settings.

Marital interactional problems are common among those in police work. The mate must face all of the stresses faced by the children that were addressed above. In addition, the question of the mate's loyalties to partners, or possible sexual involvement with other police officers plagues many police mates. A simple illustration of this and the frequent insensitivity of the officer to the mate's needs is illustrated by the following dialogue between a Sheriff's deputy and a police psychologist.[1]

Deputy: *I'm not sure if there is anything you can do, but I wanted to talk to somebody about this thing of my wife getting a divorce. I've done everything I can but she has filed and doesn't even want to talk to me. I feel really rotten about it because I don't understand it. She won't talk to me and I don't know what to do.*

Psychologist: *What's been happening at home?*

Deputy: *Nothing much--we've been married for nine years. It's her second marriage and my first. I thought we were getting along good. There is [sic] no sex problems other than when I'm tired and working on the graveyard shift. She takes care of the kids and the money and I don't interfere much there. I just don't understand.*

Psychologist: *Have there been any arguments?*

Deputy: *On and off we fuss about things like all married couples do. I think, though, she resents my partner.*

Psychologist: *How's that?*

Deputy: *About a year ago, when I had just come off a surveillance, I was all "hyper" and jumpy. I couldn't sleep. About midnight I got up and started to get my clothes on. I was*

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[1]Abstracted from: Blau, T. (1994) <u>Police Psychology</u>. Copyright John Wiley & Sons, New York.

worried about something we did on the surveillance that we didn't put into the report. I didn't know whether we should have put it in or shouldn't have put it in, but I was worried about it.

Psychologist: *Did you tell your wife about this?*

Deputy: *She asked me "What's wrong--where are you going?" I told her that I had a problem at work and couldn't get it off my mind and I had to talk about it. She said "Tell me about it." I kinda looked at her--what does she know about this? I didn't want to hurt her feelings so I said "I can't talk to you about this, I gotta talk to my partner."*

Psychologist: *And so what happened?*

Deputy: *I went out and talked to my partner and came home about an hour later. She had locked the bedroom door and had a pillow and a blanket on the floor so I guess she wanted me to sleep on the couch.*

Psychologist: *Did you talk about this afterwards?*

Deputy: *No, too much was going on and I just forgot about it.*

This situation is not rare. It illustrates the communication difficulties that are especially important as sources of conflict between the police officer and her/his mate.

EVALUATION

The amount and kind evaluation conducted by the police psychologist will depend on such factors as the nature of the referral problem, the time that is available, and the resources that can be committed to the process. The breadth and depth of evaluation services will also depend on the police psychologist's skills and background in the area of assessment. Evaluation techniques can range from a simple interview--listening to the problem and then deciding on a course of intervention--to an elaborate psychological evaluation involving many hours of interviews, testing, and the collection of collateral information. Some behavioral science units serve only as a way station in the process of providing mental health services, listening to the problem and then deciding as to the appropriate kind of referral. In other agencies, the behavioral science unit acts as a community mental health center, specifically organized for police officers, other staff, and families.

The Troubled Police Officer

The police officer who asks for a consultation with the staff or consulting psychologist is seeking some kind of mental health service. The officer may not know exactly what she or he wants. A first interview should always precede any kind of decision as to further evaluation or immediate referral. In crisis situations, evaluation may consist simply of a clinical assessment during the first interview followed by appropriate crisis intervention techniques. Where the issue seems more complex, the psychologist may wish to have several interviews before deciding the extent of evaluation that is necessary.

Every interview should begin with the statement of the degree of privilege and confidentiality that the officer can expect according to the laws of the state, the ethics of the profession, and the agreements that have been reached with agency management. This notification of rights and limitations should also

be in written form, to be signed by both the officer and the psychologist, and placed in the file. The officer should be reassured about where the files are kept, and who has access to them.

Once the preliminaries are out of the way, and the officer tells her/his "story," the psychologist must then decide on the next steps in process. In some cases (such as alcohol abuse or drug addiction) immediate referral to a treatment facility may be made. In other cases, the psychologist may wish to conduct a full-scale evaluation consisting of psychological tests of intellect, neuropsychological status, achievement, interests, marital adjustment, and personality. In most instances, the officer will have taken some tests at the time of her/his recruitment into the department. These are probably available to the psychologist so that comparisons can be made between the officer's performance at that time and during the current assessment.

Where a psychological assessment is scheduled, appointments should be made for feedback, which will be addressed in more detail in the next section under "Intervention."

Family Problems

The most common referral received by psychologists working with police has to do with dissatisfaction between the husband and the wife regarding the work situation, finances, the children, and promises that have been made and not fulfilled. In some instances the psychologist may believe that a full marital evaluation, with testing for both parties, is indicated. Very few departments have such facilities. A full marital evaluation plus follow-up interviews amounts to somewhere between 40 and 80 hours of the psychologist's time. This may not be a cost-effective procedure for many departments, even though their solution of marital problems probably results in considerable savings of money in terms of lower sick leave, better performance on the job, and less liability for errors that could result in litigation. Where the problem is complex and a full marital evaluation appears necessary, referral to an appropriate individual or agency is indicated.

Children of Officers

Children and adolescents in the families of police officers are often the focus of parental concern. The problem may be marital strife demonstrated through the children's behavior.

The provision of child assessment and evaluation services for police officers and their families is an extremely useful mental health offering that is likely to have long-range benefits for the children, the family, and the department.

Where the child or the adolescent is the focus of a family problem, a full evaluation is indicated. This would include history-taking with the parents, examination of the youngster's intellect, neuropsychological status, academic achievement, and personality, as well as any special measures that may be indicated. With younger children, developmental scales are useful. The Basic Psychological Examination for children and adolescents is outlined in detail by Blau (1991) and has been used successfully with police families.

As with assessment of the officer, interpretation of results and further counseling are almost always indicated. This again will be addressed in detail in the next section.

Evaluation of children and adolescents in the family almost always leads to recommendations for the parents and further counseling. Again, the size of the behavioral science unit and the resources of the department will determine how much evaluation service can be given, and what will have to be referred elsewhere.

INTERVENTION

Although the extent of mental health intervention procedures that are offered by an in-house psychologist are to a large extent determined by the resources that are available, together with the philosophy of upper management regarding mental health services, most police organizations prefer to send most of their officers and staff requiring such services to outside consultants. There are a number of practical reasons for this philosophy:

1. Issues of privilege and confidentiality are much simpler when intervention is done by a psychologist who is not directly associated with the law enforcement agency.

2. Record-keeping becomes a simpler matter and is less likely to mistakenly fall into the hands of unauthorized personnel.

3. The officer is likely to feel that the services are more professional and more confidential if she/he is able to make appointments away from the building that houses the police administration. Few officers are comfortable being "seen" at an administrative building.

The range of things that a psychologist can "do" to help police officers and their families is extensive. At some point, all of the work that a psychologist may do as a staff member in a police agency or as a consultant must come down to what is actually provided in the way of resolution service to the client. Inevitably, problems are raised, and the psychologist is sought as a problem-solver, a "healer," or a counselor to guide the individual in ways that will make the situation "better."

Long-range therapeutic contacts are impractical in the law enforcement setting, and in truth, very rarely do law enforcement officers seek long-range therapeutic services. When this does occur, referral is the most appropriate procedure. On the other hand, short-term interventions are both sought after and generally effective.

The interventions that can be provided, like the evaluations, are dependent on the support of the organization and the skills of the psychologists.

Interpretation of Testing

Testing is psychology's birthright, since the field has been exploring this area for over 100 years. Psychologists test almost every human attribute. The worth and value of tests is too often restricted to a very narrow and specific area such as selection testing. This can be true in the law enforcement setting unless the psychologist realizes that testing offers an opportunity for significant intervention.

Whether the testing is for a marital problem, an individual who feels depressed, or a family member who is in difficulty that affects the entire family, only when the psychologist completes the evaluation and then provides interpretation and information to the individual or to the family is the testing procedure really useful. The information that can be provided is sometimes not only considerable, but

significant. Whenever possible, all testing should be followed by at least one interpretation session to give the individual feedback about his/her performance in the evaluation, advice and recommendations, and an opportunity to plan implementation. An illustration of how this actually works may be useful.

The following illustration represents the interpretation sessions held with a police detective and his ex-wife concerning their 7-1/2-year-old son. The boy, living with his mother and stepfather, but seeing his detective father at regular intervals, was doing very poorly in school. All kinds of questions had been raised by school personnel, but no solutions offered. The detective asked the psychologist what might be done, and a full-scale psychological evaluation was conducted. Both the mother and the father were in agreement about the need for such an evaluation and seemed to be quite cooperative. This case came to the psychologist's attention early in his career as a police psychologist, and he wisely saw this as an opportunity to provide an intervention that would be useful not only to the detective and his family, but in helping to bring about an understanding within the department of what psychologists can uniquely do to make the lives of police officers better.

The evaluation took approximately nine hours, including interviews and testing. The first interpretation lasted almost two hours, and the parents were given a tape recording of the interpretation. The second interpretation took place about two week later.

THE FIRST INTERPRETATION SESSION WITH ALBERT'S PARENTS[2]

A verbatim account of the first interpretation session with the significant adults in Albert's life is presented here to illustrate the process. The first interpretation session was scheduled approximately two weeks after Albert's testing was finished. The clinical child psychologist used Albert's psychological report as the basis for the interpretation.

Both of Albert's natural parents and his stepparents had planned on being at this first session. Because of a change in shift schedules, the stepmother could not be present. This illustrates another good purpose for taping the sessions, since the tape enabled her to hear exactly what was said about Albert at a later time.

At several times during the session, a parent interrupted to ask a question or to make a comment. These interruptions are not included in the verbatim dialogue so that the presentation can have uninterrupted continuity. The clinical child psychologist should, however, encourage these interruptions and answer questions as they arise. Experience dictates that interruptions seldom occur during the first interpretation session.

After the two natural parents and the stepfather were comfortably seated in the consultation office, and were served beverages, the psychologist proceeded as follows:

I am glad to see all of you here today. Sorry that we all couldn't be here, but we're going to tape this session so that you'll have a chance to go over the results, and everyone can think about what I have to say at their leisure.

We're making a tape because what I'm going to tell you is very complicated. We've done a very thorough examination of Albert and found many interesting things about him. At the beginning, you asked a number of questions about Albert, and I think we have answered most of them. Let me start by telling you what we've done, what we found, what it means, and what we recommend.

We originally saw Albert because Dad was somewhat concerned. He had been told that Albert was not doing too well in school, and that he might be "hyperactive" or perhaps having a "learning disability." It was agreed among both parents and stepparents that a complete psychological evaluation would be helpful. We all met, and I took an extensive history.

We found that both parents have divorced, but have remarried. I must tell you that the children of divorce in almost all cases suffer consequences affecting their schoolwork, their self-concept, and their behavior for many years after the divorce. I am going to give you some special literature to read to help you understand the kinds of things that Albert is facing as a child of divorce. This will help you to lessen the effect.

A number of questions were raised, including "Is Albert hyperactive?" "Is he learning disabled or abnormal in any other way?" and "What can parents and stepparents do to help Albert in his adjustment?" Mother in particular wanted to know, "How can Albert's attention span be improved?"

We took an extensive history and learned that Mother is a 32-year-old executive secretary with a high school education. She describes herself as a person who is happiest when Albert is on his best behavior. She tries to be fair and to correct Albert constructively. Recently, she has remarried to Bill, a 29-year-old insurance executive. He describes himself as an "easy going" person. He thinks he gets along pretty well with Albert.

The natural father, Jack, is a 38-year-old detective. He describes himself as kind of a stern guy. He does say that he and Albert have a good time and that they spend quite a bit of time together. They play and laugh a lot. Stepfather enjoys a more quiet relationship with Albert, watching TV and helping him with his homework.

Stepmother is relatively new to the scene. Mary is 31-year-old correctional officer who has a short temper but believes herself to be honest.

There is a newcomer on the scene--Bill, a half brother who is almost 1 year old. All of you say that Albert seems to love his brother and there are no obvious signs of sibling rivalry.

Albert gets to see his grandparents, both on the natural side and on the stepparent's side on a pretty regular basis. He seems to get a lot out of these relationships. He also has a chance to see the mother's sister (his aunt) and her children (his cousins). They all get along pretty well.

Mother has the formal custody of Albert, but the families are very comfortable with shared responsibility and natural father and stepmother see Albert frequently. There has been no stress about this.

The parents divorced when Albert was about 2-1/2, and Mother remarried when Albert was about 4. Dad remarried when Albert was about 6.

I have to tell you that you present almost an ideal cooperative situation for a divorced child. You are not angry at each other, you have very little or no unfinished business, you're very cooperative, and you all seem to be anxious to help Albert.

Our history showed that Albert was a big boy at birth, over 8 lbs, and that his early growth and development seemed to take place within normal limits. His pediatrician, Dr. Jason, finds him in good health. Albert broke his clavicle at age 2. He's had some sinus problems and nosebleeds. He had a lot of aches and pains, but they stopped last year.

There may be some mixed cerebral dominance or left-handedness within the family, and we will check that out with Albert.

Albert had preschool and he did well. During the first grade when he was at the Willow School they said he was hyperactive. He seemed to do pretty well academically. Now that he is in second grade they say that he still seems fairly hyperactive.

You report that Albert makes friends easily and he tends to be a follower. At Mother's home he has his own room and he's put up a lot of posters. He's had some friends sleep over with him, but he has not slept over with his friends. You've told me that Albert likes the movies, TV, soccer, and riding his skateboard. He collects stickers. He's been a picky eater, and discipline has been very mild. Dad uses deprivation, and Mother does the same. Mother also will occasionally spank Albert.

Albert has been to day camp and he enjoyed it. He had an allowance for a while but this has been stopped. It's unclear to me why this was so, but I have some recommendations later to deal with this.

His bedtime is about 8:30 during school nights and he gets up at about 6:30. He does have chores at both houses.

You report that Albert has always sucked his thumb, and he wet the bed on and off since the age of about 3. He has occasional tantrums. He has been generally uncooperative and has a high energy level. You believe that he lacks self-confidence and is overly sensitive.

His performance at school is considered by everyone to be below his potential. You find that he's socially embarrassing. His emotional behavior is variable, sometimes seeming to be mature and sometimes childlike. He has occasional periods of irritability where there is no apparent cause. He does cause conflict in the family. He is impulsive, stubborn, cannot complete projects, has trouble following directions, but you notice that he is a kind youngster and doesn't have any bad responses to animals or small children.

I have to tell you that most of the things that you've mentioned are perfectly normal for first-born male youngsters between the ages of 5 and 9. I know that these behaviors are troublesome, but they do come and go, and every indication is that they will pass from Albert's life.

Well, with this history, we would say that the information is "equivocal." This means that it may mean something and it may not. To really get at the answers, we gave Albert a very comprehensive psychological examination that we call the Basic Psychological Examination. We gave him a large number of tests of his intellect, his neuropsychological brain-behavior interactions, his achievement, and his personality.

As you know from many years of living, the human being is an extremely complicated creature. There is the outside individual that you see and respond to. I'm working at that level now. I wear clothes in a certain way, talk in a certain way, and present myself. All of you sitting here and listening are functioning at a middle level. You're listening, weighing, judging, and evaluating what you hear. There is a third level, sometimes called the unconscious or the subconscious. It causes us to do things without our thinking. For example, some mornings you wake up irritable and if you are asked, "Why are you irritable?" you will probably answer, "I got up on the wrong side of the bed!" Well, you got up on the same side you always get up on. We don't really know why certain reactions occur, but they do. In my interpretation I'm going to try to tell you all the levels of Albert's psychological life. The more you understand about him, the easier it's going to be to help him.

I'd like to start with the way Albert looks to us. This is called the "clinical picture." We don't think it means very much, but people are very concerned about the way they look on

the outside. People spend billions of dollars a year on clothing, hairdos, contact lenses, and so forth. So let's start with that.

We noticed that Albert seems tall for his age. He has blond hair and blue eyes, and has several front teeth missing. This is perfectly normal for his age. During the examinations he would suck his thumb occasionally. He speaks in a high, kind of crackly voice, which is characteristic of 7-year-old boys. His hearing is within normal limits. We did notice, during all of the examination sessions, that Albert had a tendency to drink an unusually large amount of water. I've talked to all of you about this, and you agree that he is always drinking water. We want to suggest that Dr. Jason be informed about this, but I'll talk to you about this when we talk about sending copies of the report to appropriate people.

We found that Albert was a friendly youngster, but in some ways he seemed immature for his age. Sometimes he would cooperate extremely well, and sometimes he would be so agitated and jumpy that it was hard for him to pay attention to what we were doing. When we accepted this and allowed him to move around the room, he calmed down quickly and did better. If we set limits too strictly, he would tend to regress, and several times he came close to tears. We quickly found that criticism was not the way to work with Albert. We gave him a lot of positive regard and he did much better. It seems that his confidence is pretty limited and he gets upset easily. We have the feeling that Albert is a needful child who has to have some pretty clear evidence, on a regular basis, that he is loved and accepted.

He really doesn't look too much different from a lot of second-grade youngsters we've seen. I can understand how some of his teachers might think of him as hyperactive. He does have a lot of exuberance and energy. In my opinion, he is no different from a lot of intelligent youngsters who have more energy than they can use, and who may be somewhat worried about things.

That's what he looked like. Now I would like to get into the actual examination and what we found about Albert psychologically. The first thing we'd like to look at is intelligence. We like to think of this as "horsepower." How much energy does the youngster have that requires stimulation and opportunity to learn? The first thing I'd like to do is ask you to try to get rid of the concept of "IQ." One single number can never really describe a child. Even a youngster of 7 is quite a complicated individual, and, to understand him well, I'd like you to think of another concept that we have for describing children. It is called "percentile" A percentile is not a percentage. It is a way of characterizing any human trait in a very exact way. Let me give you an example: If an adult male is 5 ft 7-1/2 in. tall, we could say that he is "average." That would be okay, but "average" in height for adult males might range between 5 ft 4 in. and 5 ft 10 in. To be more exact, we could say that our man who is 5 ft 7-1/2 in. tall falls at the 50th percentile. This would mean that if we randomly selected 100 adult males off the street and lined them up military fashion from the shortest to the tallest, our man would be taller than 50 of the 100 and shorter than 50. He would fall at the *50th percentile*. I would like to use this concept throughout, comparing Albert with youngsters his age and his grade.

Looking at 11 different tests of his ability to learn and do things, we found that Albert fell at the 94th percentile. This means he is in the superior range of intellectual capacity. Only 5 out of 100 youngsters could do these tests as well as Albert did them.

We found that in some things he was able to perform at a much more competent level than in others. In none of his tests did he fall below the average range. Let me go through the 11 subtests of the Wechsler Intelligence Scale for Children-the Revised version- and tell you how he stood in comparison with other 7-year-old youngsters.

In his ability to collect general information, he was at the 63rd percentile. This is within the average range. In his ability to do analogous reasoning and make comparisons, he was at the 84th percentile. Arithmetic reasoning fell at the 99th percentile. His vocabulary skills were found to be at the 50th percentile. This was the lowest level to which Albert's intellect fell. Now, the 50th percentile is average, but for a boy of superior ability, this is somewhat low. Verbal comprehension, the ability to understand concepts through the use of words, fell at the 75th percentile. Albert's attention span, his ability to focus and use short-term memory, fell at the 50th percentile.

He was able to pick out key ideas equal to or better than 91% of youngsters his age. His social intelligence and his ability to predict his own behavior in comparison with others according to his age fell at the 75th percentile. Albert's ability to manipulate large objects into a meaningful array fell at the 91st percentile. His ability to do small motor movement and new learning fell at the 98th percentile.

You can see that using IQ to describe a youngster leaves an awful lot out. In this description I just gave you, we see that Albert is an absolute whiz in arithmetic reasoning, assembling of objects, picking key ideas, new learning, and small motor movement. He is average, which is far below his basic ability, in vocabulary and his ability to concentrate. These results suggest that Albert may have some difficulty with immediate memory and expressive language skills.

To do a kind of cross-check on Albert's intellectual function, we gave him the Peabody Picture Vocabulary Test. In this, he didn't have to use any words. He simply had to point to one of four pictures that best described a word that was given by the examiner. On this he fell at the 50th percentile. This is very far below his excellent results on the Wechsler scales. This suggests that Albert's intellectual efficiency fluctuates and sometimes he is "on" and sometimes he is "off." he may also be the victim of distractibility, which influences the quality of his intellectual performance. This kind of response is not unusual for youngsters at this age. Albert is in a stage of considerable physiological growth. You can expect on-and-off response throughout his growing years. Sometimes it's better and sometimes it's worse.

We gave Albert a number of neuropsychological tests. We found he could pull between 11 and 12kg with his right hand and between 11 and 13kg with the left hand. Even though he is right-handed, the lack of difference in strength with the dominant hand and with the nondominant hand suggests that indeed he is in a stage of growth. We thought he might have mixed cerebral dominance. We gave him several tests of this and found that he is left-brain-dominant, which essentially means right-handed. On a test of visual memory, he showed some slight difficulty. We found this pretty consistent for his age, which, as I said, is an age of growth. In short, we found no reason to believe that Albert has any kind of neuropsychological deficit.

To determine whether Albert has a specific learning disability, we gave him a standardized achievement test to measure the three basic elements of his academic world: reading, arithmetic, and language. On the test that we gave him, compared with youngsters beginning the second grade, his reading fell at the 38th percentile. This is within the average range, but quite low for a youngster as bright as Albert. It is consistent, however, with the lowered intellectual factors on vocabulary and attention span that we found on his Wechsler scales. In arithmetic, where Albert showed himself to be extraordinarily skillful on the intelligence tests, he fell at the 2.3 grade level, which placed him at the 52nd percentile. Albert's language skills were at the 46th percentile.

His test results are within acceptable limits for his grade placement, but they are considerably below his potential. We evaluated each of the tests and found that in the reading tests, he lacks the vocabulary skills that are required to read at the level of his own potential. He also had trouble with literal-specific reading and inferential-specific reading. These may reflect

his difficulty in vocabulary, and that's something we want to address later on when we make recommendations.

The final area that we examined very thoroughly was Albert's personality. Personality is a very complex thing, as we all know, It involves "Who am I?" "What influences brought me to where I am?" "What things frighten me?" and a host of other questions. Personality is one of the psychological areas that really makes individuals different from each other.

We gave Albert a number of tests including projective techniques. A projective technique is an opportunity for the youngster to express things in personality that are at the lower levels of awareness.

I'd like to go through all the levels that we found, I've taken all of the tests and divided them into four elements. The first is interpersonal activity. Here, we'll talk about Albert and how he appears to people. At the second level we'll look at early identifications. Here, we'll try to determine the effects and the impact of his exposure to the important people in his life--you. In the third portion of the personality analysis, we'll look at his anxiety structure. These are the energies that Albert has delivered to him daily, and with which he must do something. We'll finally look at outlets and defenses, where we have measured what Albert does with the energies that he has. We will show you what he does that works in his best interests, and what he does with his energies that work against his best interests.

First let's look at his interpersonal activity. At this first level, we found that Albert appears at first to be a demanding, active, jumpy youngster. He tends to be pretty challenging as he becomes comfortable. It's as though he's testing his environment. His aggressiveness seems pretty indiscriminate--it can be toward adults or toward children, males or females. As one gets to know Albert, one finds that beneath his outside aggressiveness, Albert has a great fear of setting goals for himself and not reaching them. He has what we call a low level of aspiration. When he faces new things, Albert expects the worst. So we might say that Albert approaches life with a certain pessimism.

Next let's examine Albert's early identifications. In looking at our projective techniques, we attempt to find what we call identification and love objects. The identification object is the person whom the youngster seeks to imitate and to whom the child looks as a model of what he's likely to be when he matures. The love object is the person he is drawn toward, feels safest with, and will eventually tend to mate with.

We found that primary identification for Albert was with a father figure. I'll tell you what we found, and then you can decide which of his father figures has had the greatest influence. The unconscious picture of the father figure as expressed in the projective techniques is that of a rather oral-aggressive person. That means an individual who says what he thinks when he thinks it and doesn't much mind who's listening. He sees the father as being somewhat of a temperamental person. He is seen as somewhat anti-intellectual, seeing people with a lot of education as not particularly practical. He himself is very practical and very aggressive. In spite of this picture of outer aggressiveness and roughness, the father is also seen as able to step in and do some mothering when the youngster is with him--feeling his head to see how much fever he has, cautioning him to be careful, taking care of him when he's hurt, and feeding him. The father is seen as loving his child, but the father has never been seriously invested with tiny details of child rearing. [At this point the mother and the stepfather looks smilingly at the natural father, who was grinning sheepishly and nodding his head.]

The mother figure is seen as a love object. The unconscious picture from the projective techniques is that of a person who has some trouble seeing the inner needs of the child. What she sees on the surface is what she responds to. Like the father, she can be verbally aggressive. He sees the mother as a security-minded person who is always worried about details of being safe.

He sees her as having trouble being spontaneous in her nourishment or giving of warmth and affection. There are some indications that it may be because she herself had some difficulty establishing a warm and nourishing relationship with her own mother. We see this frequently--one learns to mother from one's own mother [at this point the mother began dabbing at her eyes with a tissue as she became teary]. Mother is clearly the motivator in the family, asking "Wouldn't you like to do this?" or "Why don't you give it a try?" She seems to be the one who has set the goals in the family. She is seen as a person who has very strong affection needs and is seriously uncomfortable if these are not met.

This information does not indicate specifically who has given him this impression of mothers or fathers. Albert himself would be surprised that we got this much information. We did not ask him, "What is your mom like?" or "What is your dad like?" These images came from the test results. [At this point there was a discussion of how accurately these descriptions fit the natural mother and the natural father.]

What I have described about the personality so far is essentially "yesterday." The last two portions of the personality relate to "today" and "tomorrow." Let me take up Albert's anxiety structure. Anxiety means the energies that are developed as a person sees something wrong in his or her environment. Anxiety is a warning signal that something ought to be done to change things. When the anxiety is realistic, it helps us. You certainly want Albert to be anxious about crossing the street without looking. On the other hand, anxiety about things that are not very realistic can be very painful. It does not help Albert a great deal to be afraid that monsters will break into his room at night and kidnap him. I would like to look at Albert's anxieties and tell you what I believe they represent, and then we will see what he does about them. I want to clearly emphasize the point that anxiety by itself is not a bad thing. A certain amount of anxiety is very normal, and very necessary for healthy growth and development.

Albert's deepest sources of anxiety relate to the fractured family situation, and in this he is like all children of divorce. I will give you some things to read about this when we finish. He is fearful of the loss of attachments. He is afraid that everyone in the family is angry at him and that most of the difficulties that Mom and Dad have experienced are his fault. I want you to understand that this is the most common thing we find in the children of divorce. It is unrealistic, and it does not make sense to a lot of parents, but the child believes that whatever happened was his or her fault. He tends to feel very discouraged. He is frightened that he will be replaced in the affection of his mother by the new half-brother. This again is very normal, but is painful to Albert. Many children this age overdo the "loving" behavior toward a new sibling to disguise or deny this anxiety.

We also found that Albert is very tense about poor school performance. He is afraid that he won't do well. He is frightened now that he has discovered that many things that adults tell him are not the truth. Until recently, he has believed every single thing his mother, father, stepmother, stepfather, and teachers have told him. It is at about age 7 that children realize that parents do not always tell the truth. This comes as a shock to some parents. You must remember that when the telephone rings and you say "If it's Mr. Jones, tell him I've left already," this may seem to you a perfectly acceptable fib. To the child it is a behavior that he has been told is absolutely unacceptable--lying. It is very difficult for young children to discriminate shades of gray. The brighter the child, the more confusing this can be. Albert is a very bright child and he is confused about this behavior.

Albert is unsure of the limits of his environment, so he is always testing them. He doesn't know really what is expected of him.

Albert often feels creative. He wants to build things, draw things, and make new things. In some ways, he is very embarrassed about this and tries to hide it. This makes him quite tense.

He has strong, natural, healthy sexual interests for his age. You must remember that he has a mental age that is about 2 years greater than his chronological age. He is thinking of some things like 9- and 10-year-old boys. He is quite frightened by these thoughts and feelings. He clearly has not had sufficient sex education. We will give you some material to ease this situation for Albert.

Albert has a great deal of difficulty with the concept of anger. He does not understand that anger is a natural part of everyone's life, and it occurs when a person is fearful and is unable to do anything about the fear. That in effect represents all of Albert's angers. Most of them are perfectly normal for his age. That does not mean they aren't painful.

Now let's look at what he does with emotional energies that are delivered to him. We'll look at his outlets and defenses.

Albert tries to rid himself of intolerable tension through his assertive manner. He follows the policy of "when unsure, attack." In this he is very much like his dad. He tests limits to try to understand new environments and new situations. Sometimes Albert is frightened of what people think of him, and he tries to get them angry at him by shocking them. This way he can be relieved of fear that someone is thinking badly about him and not saying it.

Albert is pretty pessimistic about his life and very cautious about the future. As we can see, he has relatively few of what we call intellectual outlets and defenses. These are ones that he can organize and control.

Most of the outlets for anxiety that Albert has are what we call "labile." They come out suddenly, and they relieve tension quickly. They generally distress the people around Albert. These labile outlets include outbursts of anger and strong oral-dependency, which includes his demands for candy, ice cream, food, and drinks. When he feels very guilty, he will become quite phobic. I notice that he is afraid of lightning, thunder, and "bogeymen."

Albert is desperately trying to hold his anger inward and is beginning to show signs of early depression. This happens quite early in bright children. He is trying to display some of his angry feelings to power objects, such as fantasies of driving powerful vehicles, and he is beginning to attach himself to science fiction presentations on the TV. In this he is certainly more like a 9- or 10 year-old. He is moving into the next stage of development, and very much seeks the company of youngsters his own age, particularly boys, to express his feelings and to seek approval. He hasn't had a lot of chances to do this yet, but when he does, he is going to feel much better.

Well, that's the story of Albert. What does it all mean? Let me put it all together briefly and then tell you about some of the things we recommend.

Essentially, we find that Albert is a youngster who has potentially superior intellectual capacity. His intellect varies considerably, and this is probably based on developmental changes that are occurring. There are some indications that Albert is going to be a very big boy. Some of his stress and tension are based on the pressure under which he operates. So he has up-and-down performance, as well as up-and-down emotional responsiveness. Sometimes he does very well, and sometimes he spoils his own responses.

The personality structure is that of a very tense, pressured youngster who is suffering the aftermath of being a member of a fractured family. The parental models have had troubles of their own, and there has been no real chance to enrich Albert's strong intellectual and creative needs. He blames himself for the failures of the family.

To help Albert, I have a number of recommendations, and I would like to split them into individual things that each of you can do and things that you can agree on and do together. I'd like to start with Dad. Dad has a limited amount of time with Albert. I would like to suggest certain things that can be done that can be really helpful for the youngster. First of all, Albert needs sex education, I have here a booklet called "All About You." I would like you to read this book to Albert and then set up some times that you can talk about this, using the book to illustrate your discussions. You should mostly listen. Once you read the book to Albert, he will know what's in it.

Second, I'd like you to start some competitive games with Albert, but be sure they are games at his level. If you would play cards, eventually teach him to play poker, but start with simple games such as "Go Fish." Dominos, checkers, and other such games will be helpful.

Third, I'd like you to take Albert to the go-kart track. You can tell Albert you're teaching him to steer and compensate in preparation for the age when he can get a license. This will have an enormously positive effect on Albert.

When you have to change Albert's behavior, I would like you to use behavior management techniques. This essentially means accentuating the positive and eliminating the negative. When he does something you like, give him a lot of praise and support. When he does something you don't like, turn away. I'm going to give you some literature to read which will help you to understand how it works.

I think it's important that the father should have specific expectations for academic work, for Albert's behavior, and for chores. I think you should make it clear what you expect of him, but do it in a supportive, kindly manner.

Father is the identification object, and I think you must always be careful, as much as possible, to tell Albert the truth about things. Even in little things, deception is painful to Albert.

When Albert is with you, having a regular, consistent schedule is very important. The more predictable breakfast, lunch, dinner, and recreational activities are, the more comfortable Albert is going to be.

I know it's not easy for you to give spontaneous assurance. I think you must try to work with yourself to develop the ability to give Albert as much support and approval as possible.

Finally, I would like you to get a couple of calendars with some theme such as Star Trek so that he can have one in his room at your house and one in his room at home. If there can be some piece of furniture, a bulletin board, or other things that give him a sense of territoriality, this also will be helpful. You will notice that I gave Albert two pictures of himself with Harry the Bear when he first came. This is a way of establishing territoriality that gives children security. [At this point the parents very enthusiastically said that Albert asked to have both pictures framed and put up in his two rooms.]

I would now like to talk to Stepdad. Your role can be extremely important as a model for Albert. You are not a replacement for Dad, but you're an additional important male figure that can provide the security and confidence that Albert really needs. There are some specific things I'd like to recommend. First, I'd like you to reinforce the sex education given by Dad. I'm going to give you a copy of the same book. Second, I'd like you to follow through with games of competition. At your house, I'd like you to be the one that sets the limits on when Albert goes to bed, and what he must do and must not do. He is getting too old for any kind of physical discipline. It would be much better if you set the limits clearly and then follow them with behavior management techniques. I'd like you to set a regular homework schedule for Albert and make sure that this schedule is followed. I think it should be 5 nights a week, Sunday through

Thursday, I think it should be from 7:00 p.m. to 8:00 p.m. I think it should be in 10-minute segments, with 5 minutes between each segment. You might want to have a kitchen timer set so that when the bell goes off he takes his breaks and when the bell goes off again he goes back to his homework. Often he won't have homework, but I'd like you to have him read for pleasure, at his desk, to get used to the idea that this is the place and time that he will do his schoolwork.

I think it's important that you provide him a regular allowance on Monday morning. At this age, 50 cents a week is enough. If you want to associate it with chores at home, that would be okay.

I'd like you to give him 10 or 15 minutes every evening when you and he can be alone. Try to get Albert to talk about what he has done. In all instances, provide him with as much reassurance and positive regard as you can.

I'm going to give you some booklets on behavior modification so that you can learn how to shape Albert's behavior to increase positive responses and decrease the things you don't like.

Mother is going to be very important. You are the traditional provider of security, warmth, and philosophy of life. I think it's very important that you take the position that Albert needs a lot of unrestricted positive regard. Compliment him as often as you can. Accentuate the positive. When he is stressed, give him reassurance. I would like you to try to avoid discipline whenever possible except when carrying through what father has set down as the limits. As I mentioned with Dad, you must always tell Albert the truth. That's harder to do than you think, and you have to practice this. We as adults don't realize how literally children take our words.

A regularity of schedule is going to be vital. Every effort should be made to have the family eat at least two meals together. These should not be rushed or pressured times. Try to make mealtime a positive, friendly, supportive experience. Bedtime and other responsibilities should be scheduled pretty strictly so that Albert knows just what's going to happen.

I'd like you particularly to provide some creative opportunities for Albert. Whether it be finger painting, modeling with clay, or going to a children's creative workshop at one of the local community centers, I believe that Albert has really got to have a chance to see how creative he is.

I think it would be easier for Albert if you could help your husband to be the setter of limits and the masculine image. You've worked very hard with Albert, and it may be time for you to lean back a little and let your husband do some of the work as stepdad.

Stepmother is the most recent adult figure in Albert's life. I'm sorry she isn't here, but I will talk to you directly on the tape, Mrs. Doe. I hope you can realize that every child of every divorce situation has a fantasy of the parents reuniting. This should not be held against Albert. Now that Dad has married you and you are the stepmother, his myth and hope are pretty well shattered. You happen to be the last one to clinch the end of the marriage. That puts you in sort of a difficult spot for a short period of time. This can be overcome, and you can be really helpful. I think, first of all, by ignoring Albert's efforts to get you angry you will do a lot of good. Give him a lot of positive regard and avoid all discipline and criticism. I am going to give you some of these materials on behavior management and behavior modification. If you will read these booklets you will see how to change Albert's behavior without resorting to discipline or criticism. I hope that you can take part in arranging a fairly predictable schedule for Albert so that he knows what is going to happen.

There are some general recommendations I want to give that apply to Albert. Some of them may be practical, and some may require some consensus or negotiation. I am going to give these and then let you think about them. If they raise any conflicts, we will try to work these out

and do those things that are most comfortable for all parties. First, I'd like you to take Albert to his pediatrician so that he can check to see if there is any basis for this excessive water drinking that we have noticed.

Second, I would hope that you could enter Albert into the Cub Scouts. That program gives a lot of opportunity for creative works, and Albert certainly needs this.

Third, I think Albert would profit from competitive physical activity. Your community offers a number of competitive swimming clubs for youngsters of Albert's age. Some of them operate all year long and others start in the spring. I would recommend that you start Albert in this activity. He's at the right age and he has a long, thin body, so he might do quite well in this sport. That would certainly build his confidence and use up a lot of his energy.

I think that next summer Albert is going to be ready for a camping experience away from home. As much as 4-6 weeks would be helpful. If you decide on this, I'd be happy to help you look at the camps in your area and select those that are likeliest to be helpful for Albert.

Albert doesn't have a place to keep his money, and I think he should have a little lock box or bank in both of his homes.

Many of these recommendations may put some pressure on you. If any of you believe that you're running into a difficulty that can't be settled with a phone call, I would urge you to be willing to come in for a session to look over the situation, see where the difficulty is, and work out some solutions.

I've got a lot of material for you. These little pamphlets will give you the latest that we know about how to bring about the best kind of circumstances for your youngster. I've got a booklet called "Your Child from Six to Twelve." This will tell you a lot of things that are happening now to Albert and will show you that in some ways he is behaving in a manner more like a 9- or a 10-year-old. Here are some booklets on sex education that I mentioned. Here are several things on behavior modification that will help you to plan behavior management projects that will increase the behavior that you want Albert to show and decrease the behavior that is annoying to you. I also have some literature here on the kinds of things that children of divorce seem to feel as a group, and some things that can be done about this.

There is probably a total of about 3 hours of reading in these pamphlets. If you read all of them, you're going to be better informed about children and what you can do with children than 99% of parents. You have a very bright and capable youngster. It should be a pleasure and a rewarding experience to raise him. These materials will help you.

Finally, I believe that Albert ought to be reevaluated at the end of the sixth grade. If all is well at that time, you might want to consider selecting a special junior high school experience for him. If he has finished his development through the 12th year as we expect, he might be ready for some extra stimulating experiences. At that time we can tell you what he is ready for and make such recommendations.

I really don't know what's going to happen in the future. I've given you more recommendations than are necessary to straighten things out. I think the answers to your questions are clear. Albert is a normal, healthy boy of superior intelligence, and is not hyperactive. He is not abnormal, but he is like almost all of the 60% of youngsters who live in the residuals of a fractured family. The answer to your third question is clear. Each of you can help Albert in his development. Your concern about his attention span should be resolved as you institute these recommendations, and as Albert becomes more comfortable. A certain amount of patience will be required because some of Albert's so-called "problems" have to do with development. These will take care of themselves with time.

I hope that you will have a chance to play this tape two or three times between now and our next appointment. Make a note of any questions that you might have, and we will try to answer them at that time. Please feel free to call me between now and then if anything specific comes up. Perhaps at this point you would like to ask some questions that have arisen during my presentation.

The family interrupted in only a few instances during this presentation; they all made remarks suggesting that the picture of Albert that was presented indeed was an accurate one, and they were amazed at how much emerged from the psychological tests. They seemed enthusiastic, and it was suggested that they try some of the recommendations in the two-week interim period before the second interpretation session. Plans were made to ensure that a second copy of the tape was made so that each family could have one. The families left on a very positive note.

During the two weeks between the first and the second interpretation sessions, one call was received from the stepmother, who asked a technical question about a behavior management project. She was distressed about Albert's jumping up from the table. She was counseled by telephone and seemed enthusiastic about carrying forth the behavior management project.

THE SECOND INTERPRETATION SESSION WITH ALBERT'S PARENTS

All four parental figures attended the second session. They chatted pleasantly before the conference began, and seemed to be pretty excited about the program.

They reported that they had tried a number of the recommendations, and they were delighted. The mother was particularly excited about how easily Albert was willing to give up TV in the evening and start his study program under the guidance of the stepfather. They found a swimming club, and Albert was enrolled. He was already enthusiastically participating. Plans to start Cub Scouts in about two weeks had been made.

The family had no specific questions concerning the evaluation. An extremely positive tone emerged from each of the parents and stepparents. They requested that a full report go to the pediatrician. They agreed that a letter to Albert's second grade teacher, summarizing the intellectual findings and the achievement test findings and giving a brief statement about his stage of development, would be sufficient. Interestingly, they asked that a similar letter go to his first-grade teacher who continued to show interest in Albert.

The appropriate letters were sent, and copies of these were provided to the parents. The parents were also given a copy of the report of the BPE.

About six months later, the father called to tell the clinical child psychologist that Albert was doing exceedingly well and appeared to be at the head of his class. He had won a number of ribbons as a member of the swimming team, and had made some new friends. He was now going overnight to his friends' homes.

A letter was received from the natural mother reflecting much of what the father had said by telephone. She was particularly pleased with Albert's academic progress and his rising position as a leader in the class. Interestingly, she gave much of the credit to her new husband for creating a stable environment that gave Albert a great deal of security.

About seven months after the assessment, a call was received from Albert's teacher. She mentioned how pleased she was with Albert's progress, but she specifically wanted to say that she had never received a letter from a professional person who had been consulted by one of her students. She appreciated this gesture and referred a family of one of her other students.

The case of Albert represents the kind of situation that is quite common in the practice of the clinical child psychologist who conducts Basic Psychological Examinations in the community.

Interpretation of test results and follow-up of initial contacts are excellent ways of intervening to help police officers and their families to solve problems. Follow-up is particularly important. The officers themselves may be reluctant to schedule an additional appointment after a first contact. Whenever the psychologist believes that such a follow-up appointment would be useful to "see how things are going," the appointment should be suggested. Officers are usually quite appreciative of this continued interest. In the previous example of Albert, the detective's son, the six-month follow-up was a result of the psychologist's requesting an opportunity to review what had happened.

REFERENCES

Blau, T. (1991). <u>Adolescent psychotherapy.</u> Training tape by Psychological Seminars, Inc., 205 E. Davis Blvd., Tampa, FL 33606.

Bell, L. (1988, June). The unfair family affair. <u>Police</u>, pp. 29-31.

DeAngelis, T. (1991). Police stress takes its toll on family life. <u>APA Monitor,</u> 22(7), 38.

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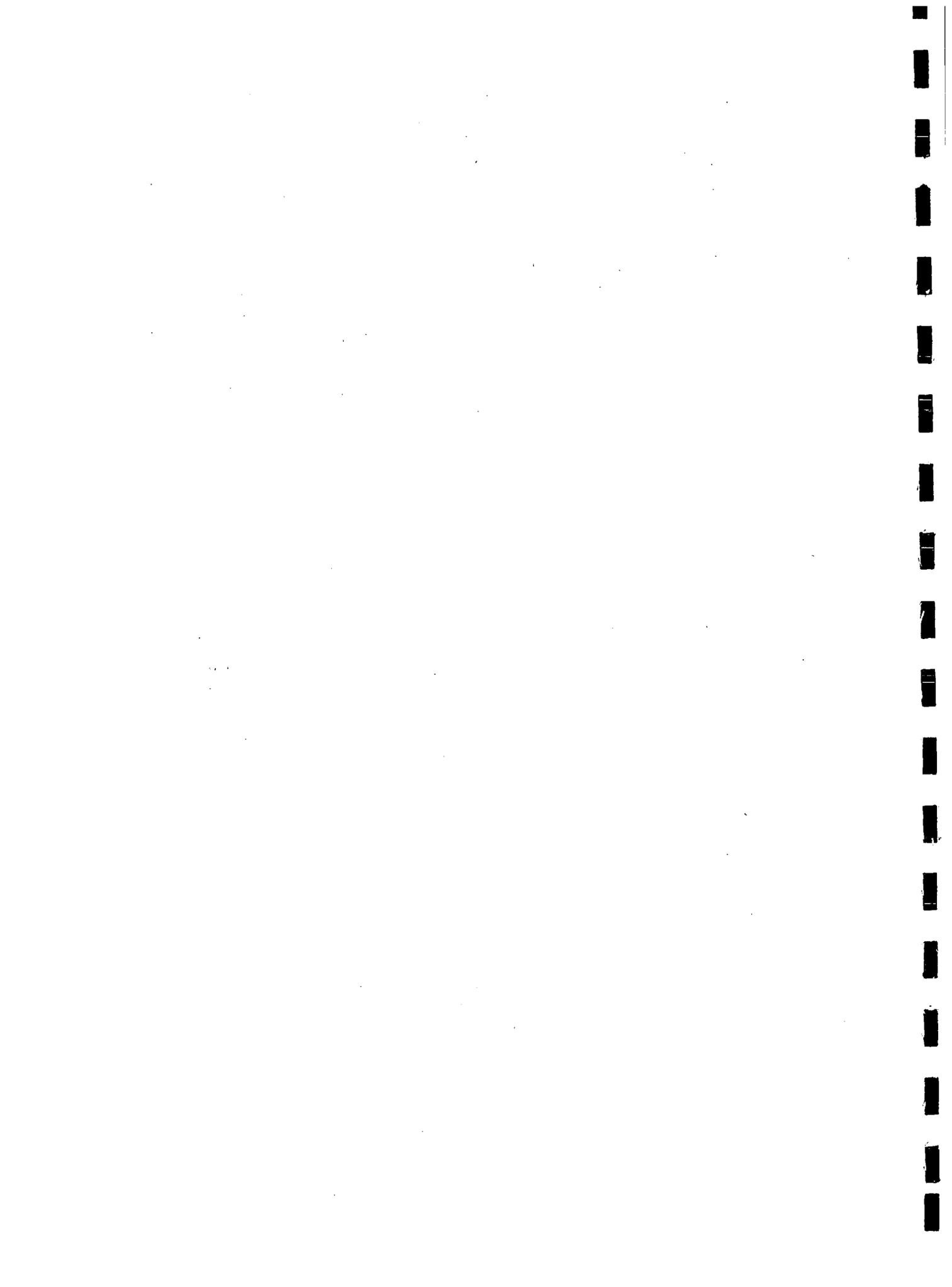
OFFICER/SPOUSE WORKSHOPS:
A PREVENTION AND INTERVENTION TECHNIQUE

Lottie Flater, LCSW

It is well documented that working in the field of law enforcement is detrimental to the functioning relationships of family life. However, by the time the law enforcement family seeks counseling, the relationship has usually reached a crisis point. At that point, the family members have experienced a major disruption, which then mandates that the first task in counseling be emotional diffusing. In an attempt to provide more timely intervention, the officer (agent/spouse) workshops were developed. The workshops utilize a combination of didactic and discussional approaches to presenting stress and communication issues in a nonthreatening manner. The major goal of the workshop is to provide law enforcement families information related to development and prevention of relationship problems. Participant interaction during the workshop is high, and the post-workshop feedback has been positive.

INTRODUCTION

The law enforcement family is a unit that is constantly bombarded with stress, public scrutiny, and internal strife. These factors not only take their toll on the physiological and psychological functioning of the law enforcement personnel, but also have a tendency to generalize and permeate the individual's personal life and family relationships. Roger Depue (1981) highlighted the problem of law enforcement on marital/family relationships when he identified the police family as a "high risk lifestyle." This problem is exacerbated from the standpoint that law enforcement is a career and not a job. It therefore affects all aspects of the individual's existence.

Law enforcement marriages and relationships were the subject of an article in 1972 (Kroes, Hurrell, & Mangolis). Martin Reiser (1974) published an article in the Journal of Police Science and Administration, briefly highlighting the impact of job stress on the family. Durner, Kroeher, Miller, and Reynolds (1975) further dealt with the issues of marriage and divorce in an article published in Police Chief magazine. They identified divorce as a significant problem that accompanied police work. In that same issue, Stratton (1975) also produced an article talking about issues in law enforcement marriages. Two years later, Rogers (1977) reported in The Police College Magazine that police departments were citing marriage breakup rates as high as 70 to 80 percent in the first three years of marriage. Rogers' data, however, seemed to indicate that the officers' second marriages were as strong or stronger than the first or second marriages in civilian personnel.

Terry (1981) disagreed somewhat with Rogers' findings in that their research was not able to produce reliable statistics on divorce rates from a national perspective. In his book on police psychology, Martin Reiser (1982) reported that in a survey he conducted with the Los Angeles Police Department in 1971, he found only a 21 percent divorce rate. Irrespective of the figures, it seems that researchers in the area of police-related stress would agree that the family is negatively impacted by the job.

Investigations into solutions to the problem started appearing in literature in the early 1980s. Maynard and Maynard (1980) presented couples communication training as a means of improving relationships. They also found during that period of time that many police departments were developing or already had spouse programs related to the stress of law enforcement. James Reese (1982) published an article in the FBI Law Enforcement Bulletin stressing the importance of family therapy as an intervention technique. Besner and Robinson (1982) published an entire book on helping the officer deal

with marriage relationship issues. Bibbins (1981, 1982) used the police department newsletter as the vehicle for publishing helpful suggestions for better living. Bibbins (1986) also published an article about police relationships in <u>Psychological Services for Law Enforcement</u>, a compendium prepared by the FBI. Boelte (1989) published an article in <u>Police Stress</u> magazine dealing with a marriage encounter program for law enforcement personnel and their families.

It appears that intervention programs have been provided throughout the United States for helping officers and families deal with the negative effects of job stress on their relationships. The programs seem to vary from intervention techniques (family/marital therapy) to prevention techniques (communication groups and marriage encounters).

PROGRAM OVERVIEW

This article will present a program that was developed in an attempt to meet the needs of the law enforcement agencies in the Colorado and southwestern regional areas. About 70 to 80 percent of the psychological services caseload in this region was related to marital/family relationship disturbances. Unfortunately, many of the officers or their significant others did not seek out the services until their relationships had reached a crisis point. This trend caused the intervention techniques to focus on diffusing, damage control, and/or crisis intervention as the early treatment goals. In an attempt to mediate this trend, the Officer/Spouse Workshops were developed in the latter part of 1992. The course was really developed to provide "bootleg" therapy to the officers and their spouses in a nonthreatening training approach. Since stress is an acceptable term in law enforcement agencies, that was capitalized on in marketing the workshop.

MARKETING TECHNIQUES

It has been our experience that directly marketing a family-related program just to the officers does not ensure the information is taken home. Therefore, it was decided that pinning a note on the officer's lapel would probably not be the best way. The techniques utilized to market the program centered around providing information to the officers in the department, as well as sending letters home to the significant others. Attendance at the workshop was voluntary.

WORKSHOP SCHEDULING

In order to meet the scheduling requirements of both the officer and his/her significant other, the workshops were offered at a variety of times and days. Evenings appeared to be the most convenient times for most attendees. In most of the agencies/departments an evening meal or get together was held prior to the workshop for all of the officers and their significant others.

WORKSHOP GOALS

The first goal of the workshop was to build a relationship with the audience. This goal was accomplished by trying to create a dialogue, provide a nonthreatening environment, and entertain the audience. The second goal of the workshop was to provide techniques and information to the participants. As was mentioned earlier, this is the bootleg therapy portion of the workshop.

WORKSHOP PARTICIPANTS

Workshop participants consisted of officers, their significant others, and adolescent children where appropriate. Generally, the groups involved both young and old officers. This composition was found to be very positive, as the older officers and their spouses or significant others could provide insight to the younger ones. The adolescents were also able to provide unique insights and contributions to the workshops.

MATERIALS

A variety of traditional relationship and stress materials was provided to the participants. In addition, we developed a Law Enforcement Occupation and High Risk Relationships handout for the course. This handout is included at the end of the article.

WORKSHOP OVERVIEW

The workshop began by having the presenters and the participants introduce themselves. We attempted to conduct the workshop with male and female facilitators. During the introduction, the participants provided information about their relationship in terms of number of years of marriage or number of years being together and number of children. The next phase in the workshop involved discussing job stressors and their impact on the relationship. During this phase, we discussed statistics related to the law enforcement profession and its effects on divorce rates. Audience participation and interaction was stressed throughout all phases of the workshop. Facilitators attempted to provide humorous examples and lighthearted ways of presenting information. The next phase involved dealing with the personality stressors. Specifically the officers' personality characteristics that help them survive on the job were discussed and related to how those characteristics create problems in a marriage or a relationship. The next phase involved identification of relationship difficulties, highlighting the specific problems that start to develop in the early phases. Many of these signs and symptoms were provided in the Occupational Risk Handout. The final phase of the workshop involved suggestions for prevention and repair. The information presented in this phase attempted to match the techniques with the officers'/significant others' acceptance levels. Techniques that were too "touchy-feely" were not presented. This phase involved some basic communication techniques, as well as relationship check-ups and techniques on how to develop a shared mission.

COURSE EVALUATION

At the end of each workshop, the participants were asked to evaluate the workshop and presenters. The areas evaluated centered around relevancy of course content, applicability, and the instructor's method of presenting the material. Participants were asked to rate each of those categories on a four-point scale. Basic statistical analysis of the evaluation instruments indicate very positive outcomes, mean ratings of approximately 3.8, with 4 being the most positive and 1 being the most negative. Subjective feedback from participants immediately after the workshops and throughout the year have also been very positive.

SUMMARY

This paper presented one approach to dealing with the negative effects of law enforcement on family relationships. The workshop focused on prevention through the utilization of awareness and skill enhancement. The course combined both didactic and interactive approaches as means of goal attainment. The course attempted to create a setting that allowed the officers and their significant others to relate to each other, as well as other families, in a nonthreatening environment. Feedback from the participants and from the administration within the department has been extremely positive. The courses will be integrated into psychological services and provided on an ongoing basis.

REFERENCES

Besner, H., & Robinson, S. (1982). Understanding and solving your police marriage problem. Springfield, IL: Charles C Thomas.

Bibbins, V. (1981, July). Tips for better living: Family protection. Metro Intercom Newsletter. Washington, D.C. Metropolitan Police Department, p. 1.

Bibbins, V. (1982, September). Tips for better living: Family protection. Metro Intercom Newsletter. Washington, D.C.: Metropolitan Police Department, pp. 1-2.

Bibbins, V. (1986). The Quality of family and marital life of police personnel. In J.T. Reese & H. A. Goldstein (Eds.), Psychological services for law enforcement (pp. 423-427). Washington, DC: U.S. Government Printing Office.

Boelte, E. (1989). Marriage survival: A proactive approach to improving the law enforcement marriage, Police Stress, 1, 13-15.

Depue, R.L. (1981, August). High risk lifestyle: The police family. FBI Law Enforcement Bulletin, pp. 1-5.

Durner, J., Kroeher, M., Miller, C., & Reynolds, W. (1975, November). Divorce: Another occupational hazard. The Police Chief, pp. 23-28.

Kroes, W., Hurrell, J., & Mangolis, B. (1972). Job stress in police work. National Institute of Occupational Safety and Health, Unpublished document.

Maynard, P., & Maynard, N. (1980, February). Providing police family stress through couples' communication training. The Police Chief, pp. 30-31.

Reese, J.T. (1982, November). Family therapy in law enforcement: A new approach to an old problem. FBI Law Enforcement Bulletin, pp. 1-5.

Reiser, M. (1974). Some organizational stresses on policemen. Journal of Police Science and Administration, 2(2), 156-159.

Reiser, M. (1982). Police psychology. LEHI, 153-168.

Rogers, K. (1977, January). Marriage and the police officer. The Police College Magazine, pp 35-39.

Stratton, J. (1975, November). Pressures on law enforcement marriages: Some considerations. The Police Chief, pp. 44-47.

Terry, W. (1981). The empirical evidence. Journal of Police Science and Administration, 9(1) 61-75.

LAW ENFORCEMENT OCCUPATION AND HIGH-RISK RELATIONSHIPS

Individuals in law enforcement fields have what is called high-risk relationships. This means there is a lot of stress and strain on the relationship, and there is a higher incidence of divorce as compared to the general population. This Information Sheet is designed to provide law enforcement families with awareness and options for preventing the breakup of a relationship due to job-related stressors.

The Job Stressors:

- Danger

- Unpredictability

- Periods of Boredom Offset by Periods of Intense Excitement

- Shift Work Leading to Circadian Rhythm Desynchronization

- Shift Work Leading to Conflict with Family and/or Holiday Schedules

- Societal Pressures on Law Enforcement Personnel and Their Families

Personality Stressors Present in Law Enforcement Personnel:

- A Controlling Nature

- A Cynical Nature

- A Suspicious Nature

- A Competitive Nature

- A Need to Always Lecture
  (i.e., family interactions becoming briefings rather than discussions)

Signs of a Relationship Breakdown:

- Minimal Communication

- Misunderstanding

- Frequent Arguments

- A Lack or Breakdown of a Shared Mission

- Not Having Fun Together

- Frequent Feelings of Anger, Hurt, Despair, Frustration, or Resentment

- Sexual Problems

- Ineffective or Circular Arguments

- Avoidance of Each Other

- Other Activities Taking Precedence Over the Family
  (i.e., softball, aerobics, poetry readings, etc.)

- Using the Word "Why" a Lot in Conversations with Each Other

Suggestions for Prevention and Repair:

- Conducting Regular Relationship Check-ups with Each Other

- Developing Focus and Structure

- Developing and Maintaining a Shared Mission

- Using Compromising More than Forcing

- Using Collaborative More than Compromising

- Hearing Rather than Listening

- Communicating Rather Than Talking

- Having the Goal of an Argument Being to Resolve the Problem Rather than Having to Win It
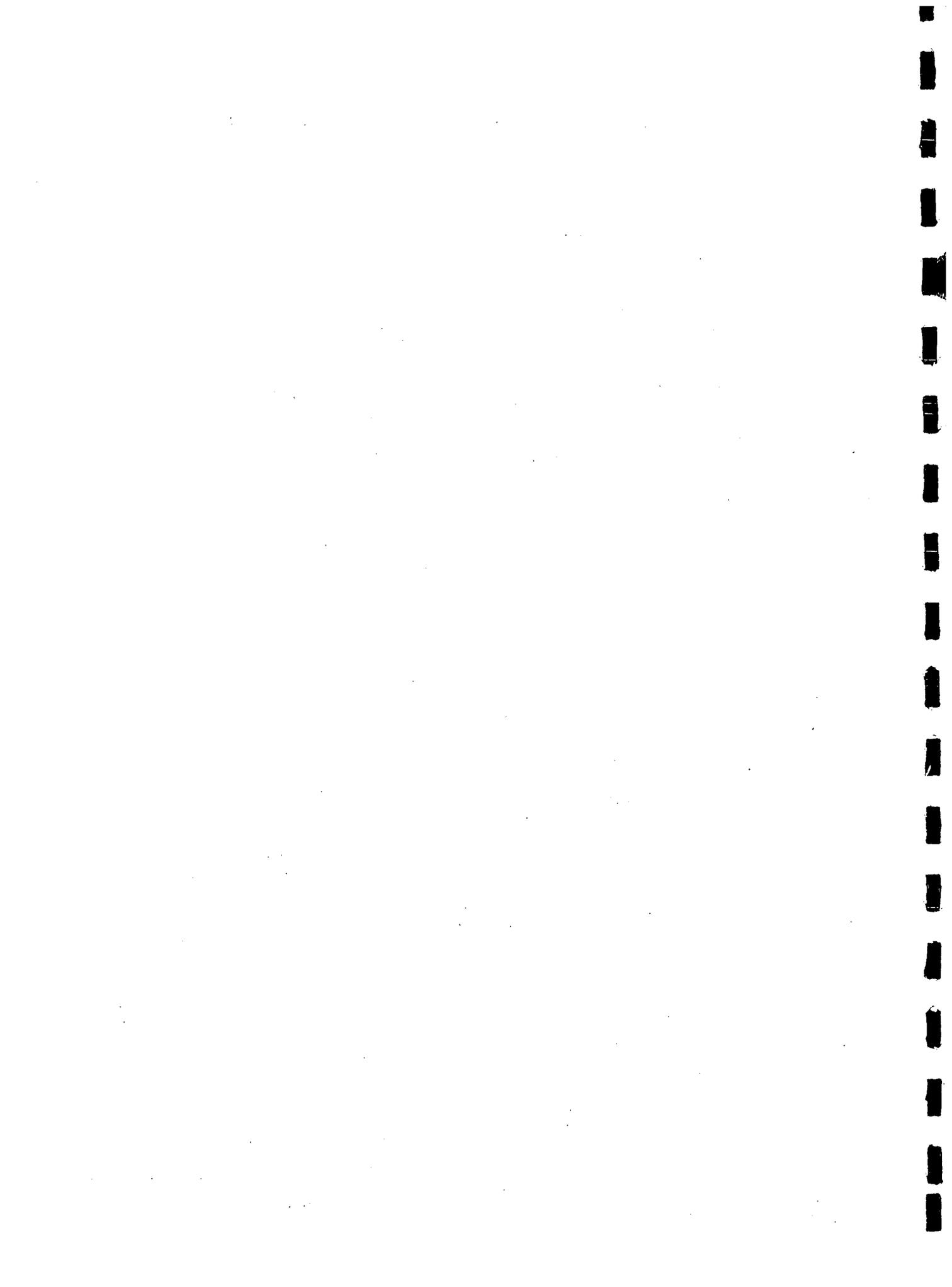
POLICE COUPLES: BREAKING THE SECURITY ACCESS CODE

Ginger Hays, Ph.D.

The foundation for promoting therapeutic couple change is the therapist's capacity to create a safe environment for work and ability to convey a deep appreciation for the couple and their situation. In police couple's work, the skills and behaviors required for survival in police employment are used to evaluate the therapist. A therapist working with the law enforcement population can expect to be under particular scrutiny in several dimensions. One, which may be termed "integrity," refers to the congruence between the therapist's words and actions. Another has to do with the therapist's ability to establish a nonhierarchical relationship with the couple. How the therapist is perceived on these dimensions strongly affects the client's sense of safety. The therapist can be especially helpful in reducing common couple tendencies to compartmentalize, reflecting the police skills of limiting one's perspective and making black and white out of gray. By admiring the qualities that are necessary and effective in police work, while pointing out their limitations in the couple's interactions, the therapist communicates understanding of the couple's experience and the possibility of change. The therapist can assist the couple in broadening their perspective to include the symbolic, the historical, and the complex. This decreases the couple's sense of being acted upon, and increases their sense of agency. A nonhierarchical relationship with the therapist facilitates the sense of safety necessary to allow oneself to feel and observe emotional reactions as they occur. It also provides a model of relationship in which each member shares experiences, identifies wants, and confronts harmful behavior.

When the law enforcement officer enters therapy, alone or with the family, the therapist frequently encounters behaviors fitting a constellation of what might be labelled "security screening." These behaviors may be blatantly about the safety of the therapy, for example, when a client asks questions about confidentiality. At other times, the therapist may simply have the sense that he or she is being tested. All therapists are evaluated by their clients, but it is my experience that the scrutiny one undergoes while working with the law enforcement population is especially intense and especially potent.

Questions about the therapist's credentials, challenges to the therapist, expressions of lack of confidence in therapy, and questions about the therapist's experience with law enforcement--all fall into the behavioral constellation of security screenings. These reflect the clients' concerns about: 1) the therapist's capacity to understand the couple and their situation, 2) the therapist's "integrity"--the match between what the therapist says and does, 3) how the therapist manages authority, and 4) the therapist's personal power. There is a lot of information to be gained from these security tests: information about how similar security concerns may affect the family; information about the values and perceptual and interpersonal styles of the clients; and information for the therapist about his or her own behavior and attitudes.

This paper is based on my experiences with two large (approximately 800 sworn) suburban police departments. It may especially benefit therapists who are in the early stages of working with the law enforcement community: in identifying how they may be tested and offering some perspective about why they have to go through those tests.

My first job with a police department required that I spend half my time in the department's administrative section. I was there to provide psychological screening of police officer applicants. The benefit to me of this on-site employment was the ongoing contact, often of a casual nature, with police employees. On the job I frequently got ribbed about the stereotypes of psychologists--were we really as crazy, absentminded, and ineffective as we often were portrayed? I frequently was challenged, or asked

to do and know more than was possible. And I discovered that many individuals had developed a fearsome talent to "interrogate" me, or in any event to coax more information out of me than I wanted to divulge. Fortunately, many of these interactions were handled with a sense of humor, and I discovered that I could employ the same kind of humor to fend off unreasonable requests. This daily working contact with police employees provided a foundation of knowledge about common interpersonal styles and attitudes that has since been very useful to apply in the counseling arena.

Some of the elements of police work that can influence a police officer's skills and interpersonal style include shift work, high visibility, authoritarian environment, potential danger of assignment, reliance on others for backup, need to make quick decisions and to take control and focus on problems. Some of the concomitant behavioral characteristics can include independence; vigilance; masking of vulnerabilities; rapid assessment of others; problem-solving orientation; narrowing of perspective; and authoritarian, controlling stance (Adlam, 1981; Evans, Coman, & Stanley, 1992; Reiser, 1977). Thus the police officer learns to scan the environment and size people up quickly, and to be active, problem-focused, and in control. The security screening applied to a therapist relates very directly to the skills that are required for police on the job.

Skills in one area of living can be detriments in another. The ability to make rapid decisions and take control of a situation may work well on the street, but may be resisted and/or resented at home. Therefore, the security screenings of the therapist, which reflect significant characteristics and concerns of the couple, often represent some of the difficulties that bring the officer and family in for treatment (Bonifacio, 1991). By feeling the heat of the scrutiny, the therapist gains direct insight into the experience of living in that family.

The security screening, however, can be considered not only a test but also a tool for the therapist. It is the therapist's job not just to survive the screening, but to do so in a way that challenges the limitations of the family's thinking, perception, and behavior. The therapist has the potential to model new behavior for the couple by his or her responses to their security tests and the concerns the tests represent.

<u>Concern #1</u>--understanding of the couple and of their situation. Being in law enforcement fosters the sense of being in a unique profession that only insiders can understand. Likewise, for police spouses, it is rare to find civilians who have comparable lifestyles and concerns. Therapists will, of course, be evaluated for how well they know the job and the effects of the job. It can be an easy out for the officer or the spouse to dismiss the therapist because "he just doesn't understand me--he doesn't know what it's like to do this job (or to live with an officer)." This can be a justification for not entering into therapy.

The law enforcement officer's defenses can be reduced as the therapist demonstrates a knowledge of specific law enforcement terminology, as well as a knowledge of the special demands of the job such as shift work, carrying a gun, being in the public eye, regularly confronting the more disagreeable, potentially dangerous aspects of society, etc. The therapist further increases the sense of being safe and being understood by accurately identifying attitudes and behaviors as they occur and (when appropriate) by linking them to the demands of law enforcement employment. A wife may complain that her husband can't listen to her say something is bothering her without immediately trying to find a solution. The therapist then may compare the officer's problem-solving style at home to what he has to do on the street.

Being able to relate an individual's employment to his interpersonal style is often an effective method of connecting with male clients, who are more traditionally identified with their work. My own experience is that clients appear to settle in when they see that I can relate their behavior to how they have to act on the job. It is also easier for a client to acknowledge the limitations of his or her style after

the client has had the experience of being accurately listened to and accurately understood. Thus, when the officer has had the value of his problem-solving style affirmed, he may then go on to consider the handicaps of using that style exclusively.

It is equally important that the therapist recognize the special demands of the spouse's job, be it in the home or elsewhere, as well as the special demands that come with living with a police officer. What attitudes and behaviors has the spouse developed to manage the situation, and how has the spouse adapted in response to the demands of the officer?

The couple benefits from the therapist's modeling of listening skills. Officers who tend to focus on facts, problems, and safety issues get to observe another style in which feelings are acknowledged and the concern of the individual is emphasized. And they feel firsthand the value of reflective listening. Part of the value of the therapist's listening can be the broadening of perspective, away from what is happening at the moment to how it reflects the individual's and couple's history, fears, and goals.

Knowledge of law enforcement often provides a means of helping clients access their own experience. For example, I saw a male officer in conjunctive work with his wife's therapy. She expressed fear of running into a disturbed, often confrontive, relative in a public place. He had difficulty comprehending her concerns or responding sympathetically. I commented that he must have had experience with being the center of attention in the public, and asked him to tell us what it is like to be in uniform and to go to places such as grocery stores or restaurants. As he described the way people respond to him based on his appearance, e.g., the parents who tell their children to be good or they will tell the policeman, he appeared to get in touch with the annoyance and embarrassment stirred up by those situations. It seemed that he was then able to move from a position of seeing his wife as weak to one of directly understanding her concerns.

Concern #2--"integrity" of the therapist. It is a necessity for most law enforcement officers to finely hone their abilities to detect inconsistencies. This is a routine job requirement as well as a safety measure. Many officers show a strong orientation to sensory data, and attention to detail (Hanewicz, 1978). In police work, it is useful to be able to detect when something's not right, or when something's missing. Some examples include detecting when vehicle tags are missing or out of date, noting that something about a person's behavior does not match his explanations of what he is doing, and recognizing the visual signals that someone is concealing a weapon. This skill is not limited to visual data, nor to just sensory data. It often entails the examination of the congruence between verbal and nonverbal data. An officer comes to recognize that many people are inherently untrustworthy, and develops a style of checking the match between what a person says, what is known about the person, and how the person is acting at the moment.

This skill is brought into the counseling/therapy office. The therapist and her office becomes the subject of the scrutiny. How safe is this person, this place? As an officer stated recently, explaining why he had allowed only a very brief time to meet with me, "I came to check you out." In couple's therapy, the client may be concerned about determining how safe will it be to have the spouse and the counselor together. Just as the officer evaluates the people out on the street for verbal/nonverbal consistency, so will s/he evaluate the therapist. My experience is that as a therapist I have to be comfortable (not defensive) with my style of doing things and my flaws, and with the likelihood that I will learn more about them from my clients. The screening runs through a wide range of judgments.

The therapist's experience of being evaluated provides a vehicle for exploring the impact of safety screening on the family. Does the family have a small group of friends and associates? How many people are eliminated as social contacts because of perceived inconsistencies or deficiencies? Using his

or her own reaction to the screening behavior, the therapist can also suggest the way outsiders may feel as they come into contact with this family.

Concern #3--how the therapist manages authority. One of the dimensions the therapist will be judged on is the extent to which s/he expresses an authoritarian style, or a relationship to the clients based on hierarchy. Police have continuous experience with hierarchical relationships (Adlam, 1981; Balch, 1972). To be an effective cop one has to learn "to take command," to be the one in control, to essentially boss others in high stress moments. At other times, one has to take an obedient stance to those in positions of greater authority. Questioning authority, and/or expressing one's point of view as if the roles are egalitarian, are likely to be punished in one way or another. An officer may not get promotions or transfers to special assignments if s/he doesn't play the authority game the right way. For many officers this style of relating, where one person is up and the other is down, gets carried into the home life. This includes communication patterns that may not be altered from what is required at work, e.g., use of command voice, or controlling the content of discussions.

Add to this the fact that many officers have difficulty with authority figures and the therapist has a delicate security system to negotiate. Law enforcement clients are likely to reject the therapist if s/he appears to them to be acting "superior." It seems that many officers expect the psychologist to take a superior stance and are vigilant for evidence of this possibility. But, on the other hand, the couple, used to authority relationships, may push the therapist to act according to their expectations of authority figures: i.e., "give us the answers, tell us what and who is right, tell us what to do." The key to passing the screening is to express authority in one's knowledge and skills, but to relate to one's clients from a non-hierarchical position.

A hierarchical relationship is countertherapeutic, in my view, because it allows/creates interpersonal distance, and it tends to not reinforce the talent and power of the individuals on the lower end of the hierarchy. Law enforcement clients are used to suppressing emotions and masking their vulnerabilities, especially in authoritarian relationships. They are extremely unlikely to let down their defenses if they do not have equal footing with the therapist. However, a nonhierarchical relationship with the therapist increases the sense of safety necessary for the client to become more attentive to what is going on inside as opposed to outside.

The therapist also needs to keep in mind the consideration of appropriate modeling if the therapist is hoping to increase the equality of power in a couple. The officer husband of one couple I worked with tended to be the boss when he was home. His wife was observant but quiet about her opinions. This particular officer challenged almost everything I said. While I was aware of this man's tendency to fight my statements, I also struggled to listen to his clarifications and challenges, and to amend my comments based on his feedback. I began to notice a strange process in our therapy sessions: after what I would consider a particularly difficult session with the couple, difficult often because of the challenge directed toward me, the following session would reveal that the couple had incorporated some of my suggestions and was less distressed. The wife began to vocalize more of her ideas and take more of an active decision-making stance in the family. At the end of our therapy the husband stated that what was of great value to him was that I was willing to listen to his ideas.

Concern #4--the "personal power" of the therapist. Having the ability to intimidate someone can be viewed as an asset in police work. This intimidation does not have to be based on brute force, but as much relies on one's demonstrating one's savvy, and one's power to make things happen. Similarly, many effective officers develop the ability to ask questions in a manner so that the respondent ends up giving away more information than desired. These skills may be demonstrated in the therapy office. The concomitant task/test for the therapist is to not be intimidated, to not show oneself to be weak or to be

an easy target. If the client feels that s/he can maneuver the therapist, he or she may question whether the therapist has the power to help with what feel like overpowering circumstances. And if the therapist does end up letting out more information than s/he should, the client may wonder how protected his own information can be.

I have found that it is useful in some circumstances to laugh with appreciation when someone asks me one of those clever, entrapping questions, and to then acknowledge what a skill the client has. Additionally I may comment on how police work promotes that skill. In other words, I demonstrate that I won't be trapped, but in an agreeable manner. What is more, I can use the behavior to demonstrate my appreciation of the job, and my appreciation of its influence on the couple. Family members may at times feel that they are being grilled by the officer, and it is useful to demonstrate a variety of ways to counter the intensity of the questioning.

Another aspect of personal power is the therapist's capacity to confront. Just as many individuals may test the therapist's ability to handle confrontation, so they respect an individual who can effectively confront them. However, there are critical requirements for the style of confrontation to be used by the therapist. The client benefits from the experience that the confrontation comes not from lack of respect, not from anger, not as a test, but from the therapist's interest in addressing the truth. By taking a stance of acknowledging issues that have been hidden or avoided, the therapist also provides a model for both members of the couple.

For mental health professionals who are associated with law enforcement agencies, there are other screenings that will occur before a couple is committed to working. The officer or employee is going to be sensitive to where the mental health person's allegiance is directed. Is this an individual who sees himself/herself mainly aligned to administration? And therefore how cautiously will s/he guard the contents of the therapy? Is this a person with strong ties to union? How the therapist is judged will be determined not only by actions and statements in the counseling offices, but also by actions and statements in the agency at large, and of course by "the rumor mill."

It is possible that when the couple arrive for counseling, one or both of them may expect stronger support for one "side" or the other. This expectation may be aggravated because the couple is seeing a police psychologist. I have found it very useful to identify such expectations as early as possible in order to address them. For example, it may be a non-law enforcement wife that thinks the therapist will not be responsive to her concerns. At times it helps to simply state that one works with law enforcement officers and their families and that one considers all parties equally important. Sometimes it may be that one member of the couple has come in for counseling one or more times before the other member comes in. In those circumstances I address the situation directly by informing the first client that it may be useful to meet his/her spouse alone the same number of times so that neither will feel that I am on one side or the other.

The issue of taking sides, seeing one member of the couple as right and the other as wrong, or one member as the perpetrator and the other person the victim is also representative of the thinking that can be fostered by police work (Reiser, 1977). Patrol work often requires that officers quickly make decisions of a polarized nature, behaviors tend to be viewed as right or wrong, people may be evaluated as safe or unsafe. This kind of thinking or judging requires a reduction of perspective so that only certain elements of a person or situation are attended to. Polarizing, or "splitting," is fostered by the police officer's necessary focus on safety.

The task for the therapist is to be able to maintain the larger perspective that the officer and the couple may have lost. After establishing an understanding of the couple, and passing the challenge to his or her integrity, the therapist can draw on historical and symbolic perspectives to help shake the couple loose from concrete and narrow thinking. The therapist who moves in too quickly with a broad perspective interpretation before establishing trust, risks being labeled an "airhead." By maintaining a larger perspective, and by helping the couple broaden their view, the therapist gives the couple choice and alternatives, and an increased sense of agency.

REFERENCES

Adlam, R.C.A. (1981). The police personality. In D.W. Pope and N.L. Weiner (Eds.), <u>Modern policing</u> (pp. 152-162). London: Croom Helm.

Balch, R.W. (1972). The police personality: Fact or fiction? <u>Journal of Criminal Law, Criminology and Police Science,</u> <u>63</u>(1): 106-119.

Bonifacio, P. (1991). <u>The psychological effects of police work: A psychodynamic approach</u>. New York: Plenum Press.

Evans, B.J., Coman, G.J., & Stanley, R.O. (1992). The police personality: Type A behavior and trait anxiety. <u>Journal of Criminal Justice,</u> 429-441.

Hanewicz, W.B. (1978). Police personality: A Jungian perspective. <u>Journal of Crime and Delinquency,</u> <u>24</u>(2): 152-172.

Reiser, M. (1977). <u>Police psychology: Collected papers</u>. Los Angeles: Lehi Publishing Company.
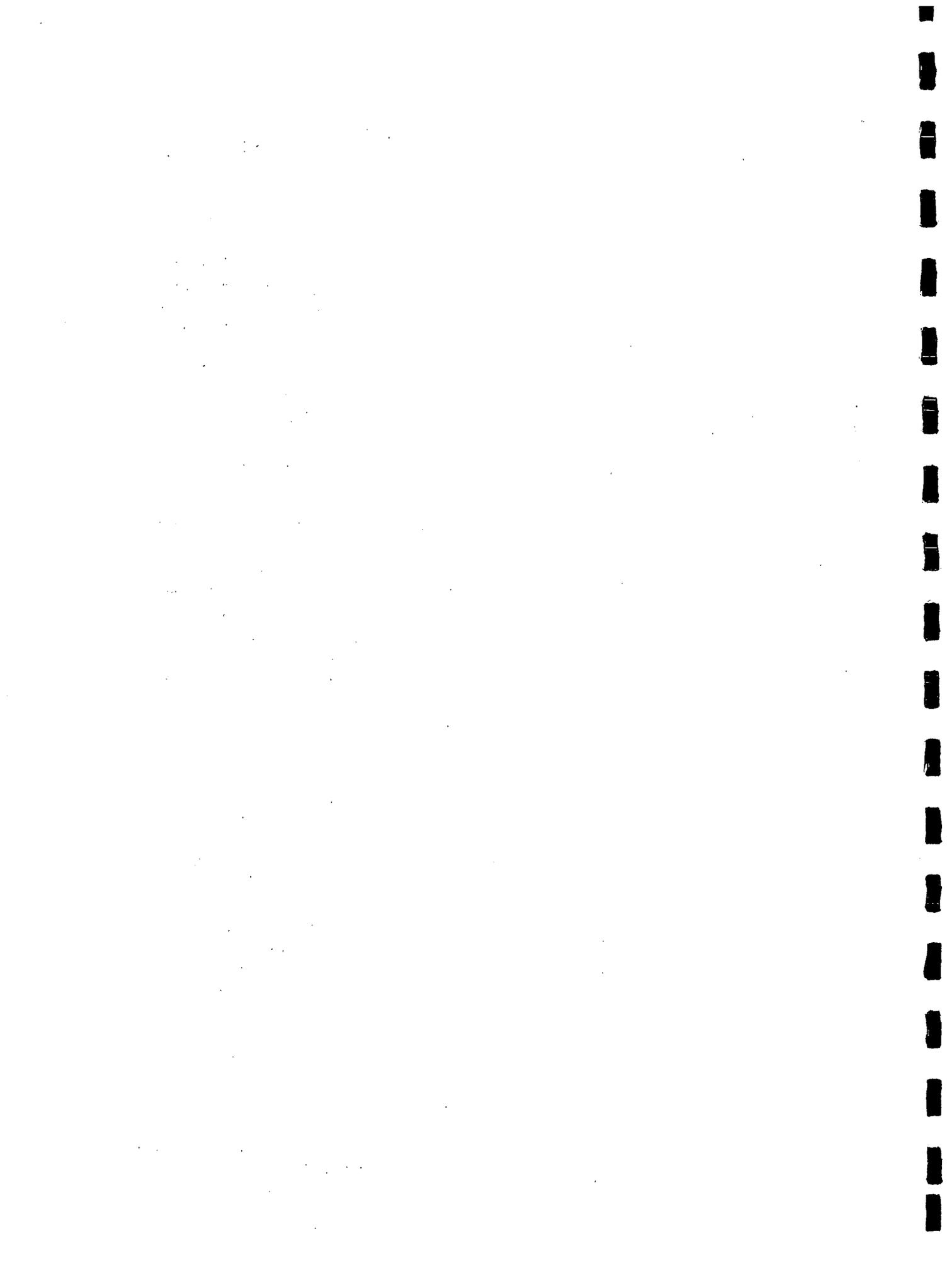
TRAINING PEER COUNSELORS TO PROVIDE THE
INITIAL INTERVENTION IN LAW ENFORCEMENT RELATIONSHIP PROBLEMS

Robin Klein Ph.D.

Communication is crucial to the maintenance of a good relationship. However, for a significant number of relationships, communication is problematic. For law enforcement, communication is often even more difficult. Paradoxically, communication that works well on the job does not work in relationships. Officers frequently find it difficult to make the transition from the authoritarian work environment to an egalitarian home environment. Police officers are problem solvers all day. That they might have problems that they can't solve--communicating effectively with their spouse--is often more than they are willing to admit. Thus, they are unwilling to seek professional counseling. The police peer counselor can fill this very crucial role. Officers frequently will approach a peer counselor with such openers as: "this isn't really a problem but..." Frequently all that is needed is someone safe, who knows the world of the officer, to just listen. If it requires more than just good listening skills, the peer counselor can refer the officer to professional counseling. Once rapport and trust have been established, it is easier to take the next step, if it is necessary, to the professional psychotherapist.

INTRODUCTION AND RATIONALE

Communication is crucial to the maintenance of a good relationship. All too frequently people believe that communication is an automatic process. However, for a significant number of relationships, communication is problematic. For law enforcement communication is often even more difficult. Paradoxically, communication that works well on the job does not work in relationships. Law enforcement officers are paid to be in charge, to take command, to issue orders, and to keep feelings in abeyance. How do officers who have just dealt with violence, brutality, and death go home and make the transition to being warm, sensitive, loving, and once again in touch with feelings? They must go home and attempt to change the entire emphasis of their communication from one of a power differential--with them in charge--to one of egalitarianism; from one of being out of touch with feelings to one of being back in touch with feelings.

From the beginning, officers are trained and encouraged to hold their emotions in abeyance. They are not allowed the "normal" emotions of anger, disgust, fear, or sadness and certainly not tears. They are reinforced for making split-second decisions strictly from a cognitive perspective rather than an emotional one. The very coping mechanism that officers adopt to survive in this unrealistic world-- detachment--all too frequently creates problems in their relationships.

Officers frequently find it difficult to make the transition from the work environment to the home environment. Often, under the belief that they are protecting the spouse, they come home and do not share the horrors of their day--the gruesome details. Rather than feeling protected, typically the spouse feels excluded and alienated. In those instances where they do choose to share some of the gruesome realities of their shift, the gallows humor that fellow officers thought so funny is often viewed by others as sickness on the officers' part. This creates further distance and often the resolve that nothing further will be shared.

The police "family"--fellow officers--is often viewed by the spouse as an affair. It has many of the components of the traditional affair in that often officers are more comfortable talking to their partners and spend increasingly more time with them. Departments often encourage officers to make their job

the center of their lives, making families feel that they are left out completely or are, at best, in second place.

When people become police officers the world as they know it changes and will never again be the same. They enter a world filled with excitement, challenge, and adrenalin. While this change in perspective may be slow, it nevertheless exists. The extent of this difference in perspective is dramatically depicted by the following quote from What Cops Know (Fletcher, 1991):

> I take a drive with my wife through the city. I'll say, 'see this building? We had a guy with his throat cut here' or 'See that building? We found a woman stabbed to death there.' My wife will say, 'Listen, I don't want to hear any more of this. Do you realize this isn't how most people see the city?' (p. 58)

Police officers are problem solvers all day. That they might have a problem that they can't solve--communicating effectively with their spouses--is often more than they are willing or able to admit. Thus, they are unwilling to seek professional counseling. To make an appointment with a professional therapist is to admit that they have a problem that they are unable to solve, and they are usually unwilling to do so. The police peer counselor can fill this very crucial role. Officers frequently will approach a peer counselor with such openers as: "this isn't really a problem but..." They can be allowed to "save face" and still have someone willing and able to listen to their situation. If more than just good listening skills are required, the peer counselor can refer the officer to professional counseling. Often all that is required is someone safe--who will be nonjudgmental, maintain confidentiality, and know the world of the officer--to just listen to their frustrations, anger, fears, resentments, or disappointments. The peer counselor can begin building rapport and clarify issues of concern. Once this rapport and trust has been built, it is easier to take the next step, if it is needed, to the professional psychotherapist.

POLICE PEER COUNSELORS: THE RATIONALE

Professionals in the field of law enforcement, and especially those in the area of police psychology, know all too well what happens when officers do not have the opportunity or the ability to work out the frustrations that inevitably build up in the course of their work. We know that marriages fail; we know that alcoholism becomes rampant; we know that all kinds of psychosomatic symptoms develop; we know that occasionally officers commit suicide, leaving evidence of a gruesome tragedy that in many cases could have been prevented.

Any person even remotely familiar with the typical police officer's persona will know that, generally speaking, cops are not very good at talking about their feelings; they are unable to recognize or label feelings when they have them. Further, even when they do get in touch with their emotions and are ready to talk about them, there is no one around they can trust and in whom they can confide.

Men in general, and police officers, in particular, are supposed to be able to handle their own problems. For 8 or 10 hours per day police officers are problem solvers, and they are often unwilling to admit that they themselves have problems. They live by the macho slogan, "Real men don't have problems." This unfortunate myth costs police officers up to 14 years of their lives ("The Silent Killer")--they die that much sooner than men in other occupations. It is probably not going to be the bullet that strikes down the officer, but rather the effects of chronic, unresolved stress.

Although the face of law enforcement has changed dramatically over the last ten years, cops are still for the most part "macho" types. Even with the effects of the women's movement on all facets of

our society, including law enforcement, the backbone of most police departments, remains the traditional male stereotype: "I don't need help; I can do it all; I want to help others; I'm in charge."

This is where peer counseling comes in. <u>It is axiomatic in the field of law enforcement that no one understands what it's like to be a cop better than another cop</u>. The anxieties of a tough night shift, the adrenalin rush of a high-speed pursuit or chasing an armed suspect down dark alleys, the angers surrounding the promotional process, and fears of internal affairs investigations, are just a few of the scenarios that police officers are all too familiar with, and about which ordinary citizens have little or no understanding.

TRAINING PEER COUNSELORS TO HANDLE RELATIONSHIP PROBLEMS

There can be no doubt of the need for peer counseling for police officers. It is well known that police officers do not trust anyone except other cops. In the POST (Peace Officers Standards and Training) certified California program (Klein, 1989; Linden & Klein, 1982), peer counselors receive extensive training in relationship problems. They are taught to recognize that couples counseling is clearly beyond their ability. However, they can provide a valuable service to the officer, spouse, department, and community by providing an initial intervention in relationship problems. They are trained in questions to ask and steps to take to assist the officer in clarifying the problems. Often they can do a simple role play with the officer to rehearse what the officer would like to be able to say to his/her spouse. The officer is then provided with feedback about the effect of the message. Often all that is needed is for the officer to be allowed to simply vent frustration. If more is required, peer counselors are taught about the resources in their community and how to make a referral.

Several factors in law enforcement typically serve to exacerbate relationship problems. These factors include: communication style; shift work; working weekends and normal holidays; not wanting to be around individuals using drugs, which limits social contacts; attempting to "protect the spouse" from the day-to-day horrors; a gallows sense of humor; displaced anger; the "Don Juan" and the "John Wayne" syndromes; the department and partner who are often viewed as a "mistress"; and the magnitude of the situations dealt with daily.

A major problem in many relationships is communication, or more specifically, the lack of communication. This problem is intensified in law enforcement. All day the officer is in charge, issuing orders and making unilateral decisions; an authoritarian mode of communication. The officer must then leave work and attempt to change from authoritarian to egalitarian communication. There must also be a change from dealing exclusively from a cognitive perspective to one of adding affect--being in touch with feelings. This is inappropriate in police work but very appropriate in relationships. On the job, the officer is rewarded for being able to maintain emotional distance; in a relationship for being in touch with feelings.

Police officers deal with a very small segment of the population, usually limited to the worst people and people at their worst. If they only associate with other police officers--something that often happens due to shift assignments--it is very easy to become cynical and pessimistic as these skewed views of society are reinforced by other police officers. If, as is often the case, the spouse works at a job that has "normal" hours, it is very difficult for the two partners to plan activities together. Police officers typically have an abhorrence for drugs, which further serves to limit their contacts with other members of society, which in turn further isolates them.

Frequently officers, in an effort to protect their spouses from the day-to-day horrors, do not tell them about many of their activities. But a spouse may perceive something wrong when the officer comes home from dealing with a particularly heinous situation. If the officer denies that anything is wrong, the spouse is left to conclude that he/she is either being lied to or crazy for thinking there was something wrong. If the officer chooses to tell the spouse about an incident--and uses the "gallows humor" that is so necessary and so well accepted at work--the manner of presentation may be viewed as cold and callous.

Considerable emphasis is placed on communications styles and strategies, and the importance of open, honest, assertive communication is stressed during the peer counselor training. Different communication styles are articulated and demonstrated, e.g., aggressive, passive-aggressive, and assertive. Sexist as it may seem, some generalities can be made about the different ways that men and women typically communicate. Women talk about problems to get close and not necessarily to get solutions. Often a woman just wants to share her feelings about her day, and her husband, thinking he is helping, interrupts her by offering a steady flow of solutions to her problems. He has no idea why she gets upset.

Men tend to pull away and silently think about what's bothering them; women feel an instinctive need to talk about what's bothering them. The most frequently expressed complaint women have about men is that men don't listen. She wants empathy, but he thinks she wants solutions. The most frequently expressed complaint men have about women is that women are always trying to change them; instead, he wants her acceptance.

John Gray, in his book Men are From Mars, Women are From Venus (Gray, 1992) uses the metaphor that there are fundamental differences in the way men and women communicate and they value different aspects of life. In his metaphor he states that men were originally from Mars and, being action-oriented, built telescopes, looked across the skies, and saw women sitting around talking on Venus. They built rocket ships, traversed the skies, and ultimately took women to Earth. He goes on to state that if we don't lose sight of the fact that men and women originated on different planets--with different sets of values--and not try to change the other person, we will ultimately be much happier. He states that Martians [men] value power, competency, efficiency, and achievement. Their sense of self is defined through their ability to achieve results. Venusians [women] value love, communication, beauty, and relationships. Their sense of self is defined through their feelings and the quality of their relationships.

Once a theoretical basis has been given, all peer counselor trainees are given an opportunity to practice being peer counselors and counselees. They are encouraged to present real problems when they are the counselee. This interaction is supervised by the instructors. The trainees are then given feedback on their handling of the situation. In addition to practicing communication, they are given "diagnostic" questions that they might ask their counselee to help clarify the problem(s).

The following questions are not listed in any particular order, but rather are intended to give peer counselors some concept of the direction that they might take to further explore the presenting problem:

1.   **What was the precipitating event that caused you to come in or to seek counseling?**

2.   **What bothers you about the relationship; "where does it hurt?"** This is an opportunity for the peer counselor to help the counselee begin identifying and clarifying the problem(s) as he/she sees it.

3. **If your spouse were here, what would he/she say? How would he/she describe the problem? Is there any validity to what he/she says?** Often these questions can provide some valuable insight by requiring the counselee to view the problem from the other person's perspective. If the counselee doesn't know what the spouse would say, this too is an important piece of information.

4. **Have you told your spouse how you feel? If not, why not?** This question can provide clues to how the person handles problems and the extent of communication with the spouse.

5. **What do you do to contribute to the problem?** If rapport has been established, usually the counselee will begin to "own" his/her part in the problem.

6. **How long has it been going on?** Obviously the longer the duration, the worse the prognosis.

7. **Did anything happen around the time that things began going bad? baby being born? someone dying? losing a job? etc.**

8. **Do you use "I" messages when communicating with your spouse?** This is called owning your own feelings. When we speak in terms of "I" messages, it is much more difficult to be defensive and easier to hear the message. The importance of this concept is reinforced.

9. **What do you do less of now, that you used to do more of when your relationship was new, other than the obvious?** When a relationship is new there always seems to be the time to nurture it and make the other person feel special. All too frequently, we stop making this extra effort.

10. **How much quality time do you spend together?** This question requires the qualifier that both parties must describe "quality" in the same terms. Often, the answer to this question in something in the order of 10 minutes a day--on a good day. .

11. **Were things ever good in the relationship?** People get married for myriad reasons, and as absurd as it may sound, sometimes they will tell you that things were never really good in the relationship.

12. **What's keeping you in the relationship?** This question is not to imply that they should not be in the relationship, but rather to encourage them to examine the reasons why they got married in the first place and why they are staying married.

13. **What do you like about the relationship?** Often we focus on the negative and overlook the positive. Making a list of the positives and negatives is often enlightening.

CONCLUSION

Historically, "assistance" was in the form of "choir practice," which further served to exacerbate relationship problems. Within any organization, there are unofficial "peer counselors" who often offer

"solutions" that are counterproductive, and they are only working out their own unresolved problems and/or pathology. Trained peer counselors are able to make a positive intervention, resulting in a win-win situation: the officer is better able to interact with the public, which results in less complaints and more efficient handling of police-related situations. When the officer is better able to cope, he works more efficiently and with less complaints from citizens and administrators. Thus the officer is happier, the department receives less complaints, and the public gets a more efficient professional police department. When an officer experiences stress and conflict on the job, everyone suffers--the officer, the family, the department, and the community.

The mental health profession has voiced two major concerns about peer counselors: Peer counselors are not trained therapists and they will take business away from the professionals. A major aspect of the training is to emphasize that peer counselors are paraprofessionals, and signs for referral are clearly articulated. The reality is that there are "peer counselors" whether or not they are formally trained. The advantage of training is to give them some guidelines, teach listening skills, identify those situations where a referral is indicated, and identify viable referral sources within their community. The concept of peer counselors taking business away from the professional is fallacious. In fact, peer counselors create additional business for the professional. Typically, officers who go to a peer counselor would only go to a professional psychotherapist if ordered. Since a major component of the training program is to identify referral sources within the community, the peer counselor can be a valuable referral basis for the professional therapist.

Training peer counselors--officers helping officers--utilizes a valuable resource within a police department. With increasing budgetary constraints it becomes incumbent upon police management to maximize the most expensive and valuable resource that any police department has--the personnel. By assisting officers with minor problems and referring them for more serious problems, this productivity can be maintained.

REFERENCES

Fletcher, C.F. (1991). What cops know. New York: Villard Books

Gray, John (1992). Men Are From Mars, Women Are From Venus. New York: Harper Collins

Klein, R. (1989, October). Police Peer Counseling: Officers Helping Officers. FBI Law Enforcement Bulletin, pp. 1-4.

Linden, J., Klein, R. (1982). Police Peer Counseling. Unpublished manual, California State University, Long Beach, CA.

"The Silent Killer: Introduction to Stress Management," videotape by Motorola MTI Teleprograms, Inc.
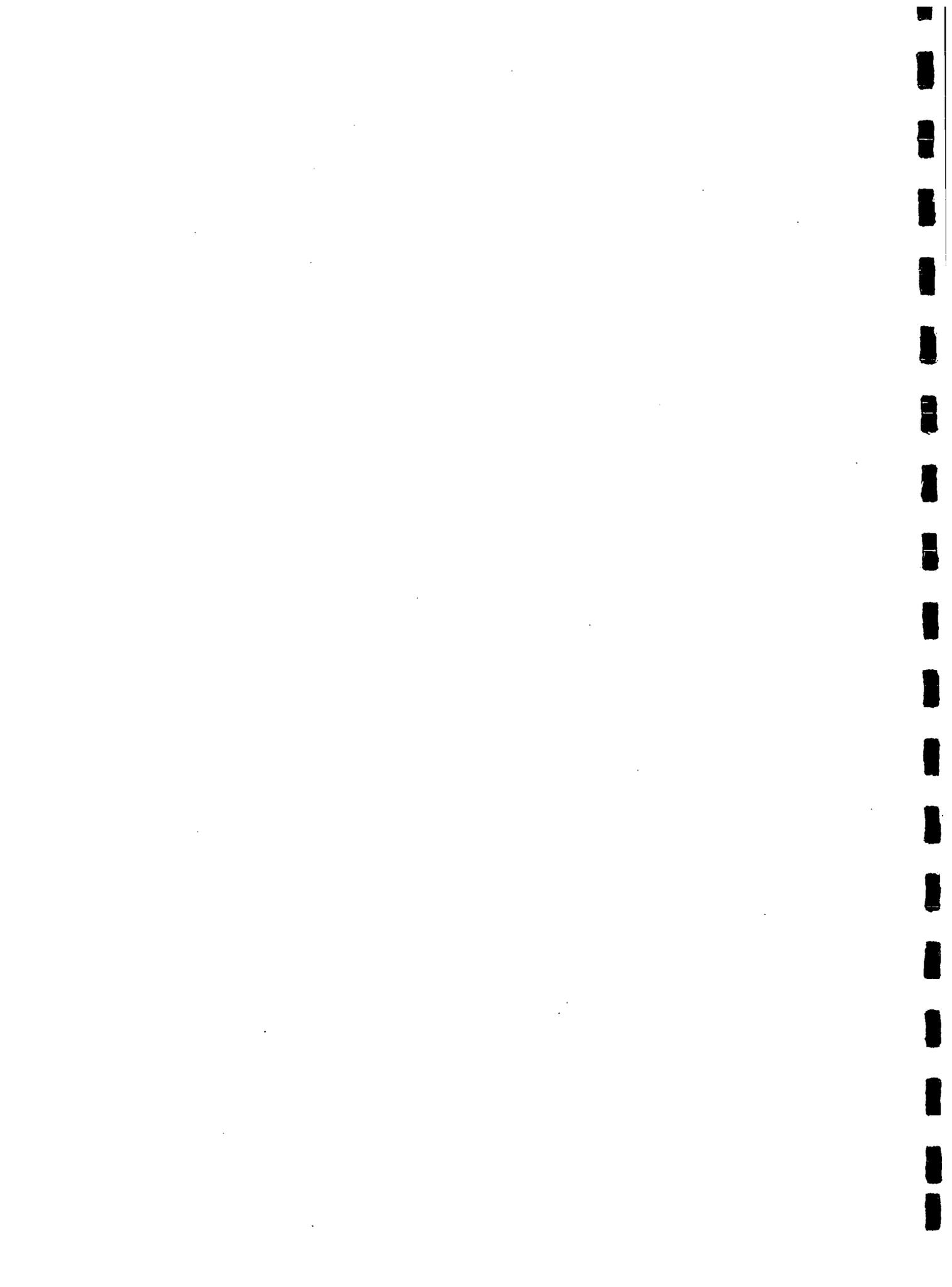
OBSERVATIONS AND RECOMMENDATIONS CONCERNING THE PREVENTION AND TREATMENT OF INTERSPOUSAL AGGRESSION IN LAW ENFORCEMENT FAMILIES

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Myths about physically aggressive marital conflicts are contrasted with recent findings concerning prevalence and etiology of interspousal aggression in law enforcement families. This information is supplemented with findings and clinical observations based on the experience of the military in establishing comprehensive treatment and prevention programs for their personnel. Implications and recommendations drawn from our largely unsuccessful efforts to implement a spouse abuse treatment program treatment for a law enforcement community are presented. The attitudinal changes, supervisory skills, and other preconditions required for the implementation of successful spouse abuse treatment and prevention programs in law enforcement settings are detailed.

Although long acknowledged as a significant problem by police psychologists and administrators, there is very little literature on the prevalence and etiology or treatment and prevention strategies for physical aggression in law enforcement marriages. Consequently, in this paper we supplement the few existing studies of law enforcement populations with the considerably larger body of knowledge based on what would appear to be a population with comparable demographic factors and work stressors--the U.S. military. The implications of our largely unsuccessful efforts to establish treatment and prevention services for civilian law enforcement personnel will be reviewed and contrasted with the far more positive experience in military settings. Finally, implications for future directions in treatment and prevention program implementation will be suggested.

As Dr. Ellen Scrivner testified at the 1991 congressional hearing, *On the Front Lines: Police Stress and Family Well-Being*, the absence of comprehensive data on the incidence and prevalence of police family problems limits the understanding of the extent of family problems and, more importantly, impedes the ability to secure support and to implement effective intervention strategies. Regarding the issue of marital conflict and physical aggression in law enforcement families, it would seem that in the absence of more factually based information, a number of myths have flourished that may actually serve to retard the development of effective supportive services. Some of these misunderstandings and some relevant findings are summarized below.

MARITAL VIOLENCE MYTHS AND FINDINGS

Prevalence

Myth: Physical aggression is relatively rare in law enforcement families. It may seem paradoxical to suggest that a problem that has been implicitly acknowledged by psychologists and administrators can also be systematically ignored. However, it has been our observation that the possibility that those officers responsible for responding to the episodes of domestic violence of others may themselves experience similar difficulties is so inconsistent with our expectations that there is a strong tendency to minimize through underestimating the extent of the phenomena.

Fact: In studies using two separate samples of law enforcement personnel and anonymous self-report surveys, we found annual rates of physical marital aggression ranging from 24%, for 891 male

officers attending a recent Fraternal Order of Police National Conference (Neidig, Russell & Seng, 1992b), to 41% of 385 male officers attending a law enforcement conference in a southwestern state (Neidig, Russell & Seng, 1992a). When these findings are compared to those of studies using somewhat comparable methodologies and definitions of aggression, violence in law enforcement marriages is found to be considerably more prevalent than that of the general population (Straus & Gelles, 1990). Law enforcement rates of physical aggression are also considerably higher than the rates obtained in comparable studies of U.S. military personnel (Pan, Neidig & O'Leary, 1993). The only other empirically derived rates for violence in law enforcement marriages found in the literature are from of a survey of 728 officers and 479 spouses (Johnson, 1991). This study indicated that approximately 40% of the officers surveyed reported that they had behaved violently toward their spouse and/or children in the last six months and that 10% of spouses reported having been physically abused by their partner.

Epidemiology

Myth: When physical aggression does occur, it is restricted to marginal personnel (the poorly trained, the young, or those who do not deserve to be members of the profession).

Fact: There is no evidence to support the position that physical aggression is restricted to the lower ranks or to poor performers. In fact, aggression was reported by all ranks, deputy through captain, represented in our studies with no statistically significant differences in rate related to rank. These findings suggest the risk of marital violence is likely to cut across all law enforcement ranks. Additionally, those officers in the sample who work excessively long hours and fail to take leave have higher rates, suggesting that marital violence may be associated with increased job dedication rather than the converse.

Relationship to Law Enforcement-Specific Factors

Myth: The factors that place personnel at risk for marital violence are unrelated to the nature of the job; and consequently, are not something that the profession can take any responsibility for or do anything about. This belief often takes the form that marital violence is caused by critical incidents in childhood (being abused or witnessing parental violence), is due to ethnicity, socioeconomic status, or other causal assumptions that if true would suggest a poor prognosis for preventive interventions. Such beliefs may serve as a defense against the troubling prospect that there is something about the nature of the profession that increases the risk for marital aggression.

Fact: We have found a significant relationship between work-related variables such as: 1) duty or assignment; 2) the shift; and 3) number of hours worked per week, and the rates of marital aggression. This suggests that marital violence in law enforcement families can be understood, in part, as a result of the demands of the profession and of specific working conditions, and that there may be assignments within law enforcement that involve risk for marital violence as a unique occupational hazard (i.e., those assigned to narcotics report rates of severe marital aggression four times the overall law enforcement average).

The findings outlined above led us to conclude that it was both responsible and practical to provide domestic violence treatment and prevention services for law enforcement personnel. The prevalence rates established that there was a need for such services that exceeded that of the general population. From a practical standpoint, the finding that the problem was not restricted to marginal personnel suggested that respective employers could benefit by attempting to prevent and/or rehabilitate

interspousal aggression rather than simply resorting to administrative actions such as termination of employment. Finally, the finding of a relationship between work factors and risk for marital violence suggests an obligation to provide officers and their families with treatment and prevention resources to offset the hazards of the profession; and that to the extent that work factors increased the risk for marital violence, it should be possible to design training programs for relevant coping skills.

MARITAL AGGRESSION TREATMENT OBSERVATIONS

The model that we relied on in developing our intervention strategies was developed by author Neidig in working with the U.S. military family advocacy programs. In 1979, the Department of Defense required each service branch to establish at each installation programs and policies to detect, treat, and prevent domestic violence. The Department held that any level of physically abusive marital behavior was unacceptable, and this standard was actively promoted through awareness programs conducted for those in command positions. A key to the success of the initiative was that treatment and prevention resources were devoted to support the policy objective. All U.S. military installations worldwide now have family advocacy committees composed of representatives of key disciplines and positions of the respective community (mental health, law enforcement, education, medicine, and the installation commander or his designee) that review every case of suspected domestic violence and formulate detailed treatment and administrative recommendations for the command. This far-reaching policy prompted massive efforts that have resulted in a number of innovative intervention strategies.

A treatment program for couples experiencing interspousal aggression that had been developed and widely implemented in military settings, The Domestic Conflict Containment Program (Neidig & Friedman, 1984), was modified for law enforcement personnel. Briefly, the program is one of skill-building, conducted in 10 two-hour sessions devoted to anger control, communication skills, increasing positive interactions, conflict resolution, and strategies for coping with highly conflictual topics such as jealousy and infidelity. Although controlled outcome studies have not been completed, preliminary attempts at evaluation of the program with military subjects (Neidig, 1986) indicated that the program has been successful in eliminating subsequent physically violent conflicts when the following conditions are achieved: 1) supervisors send a clear message that full participation in the treatment program is expected (this may be accompanied by a statement of the consequences of noncompliance); 2) both partners are committed to and involved in the treatment process; 3) the aggression has not escalated to the point where the conflict behaviors are potentially lethal or have resulted in serious injury.

Some observations drawn from our experience in implementing spouse abuse treatment and prevention programs in military settings that would seem to have relevance for law enforcement include the following:

- Individuals who are experiencing marital aggression are highly likely to minimize the extent of the aggression and to resist recommendations for treatment. It has been consistently noted that subjects rarely self-refer for the treatment of aggression; and are, in fact, likely to insist that they don't have a problem. Even when confronted with fairly compelling evidence of participation in unacceptable levels of aggression, subjects will most likely offer a range of denials and justifications. Among the more common is to attribute responsibility to external circumstances or factors (e.g., alcohol or the provocative behavior of the spouse).

- In a substantial number of cases, the violence tends to be repeated and to escalate in severity over time. Although often represented by subjects as an isolated incident, the more common pattern is that once physical aggression occurs in a relationship, it is highly likely to reoccur. And with

repetitions, the aggression tends to increase in frequency of episodes, severity of conflict behaviors, and the likelihood of injury. With sufficient repetitions, there is also a reduction in personal responsibility, remorse, and motivation for positive change, which results in a markedly poorer treatment prognosis.

- The most common pattern found in our studies of military and law enforcement samples is for both partners to be physically aggressive, as opposed to the aggression being restricted to one partner only, and for both partners to be more likely to blame the spouse for initiating the aggression than to express personal responsibility.

- Relative to the frequency and potential severity of aggressive episodes, injuries are fairly infrequent and are likely to be described by both the perpetrator and the victim as "accidental." For example, in the law enforcement sample, only 1% of male officers and 2% of female officers reported receiving an injury serious enough to require treatment. This observation is not intended to diminish the severity of the phenomena, but rather to suggest that in most cases couples do not appear to be intent on injuring each other. For these situations, the injuries are typically described as an "accident" or the unintended result of escalating marital conflict.

- Prevention programs consisting of instruction in relevant skills (anger control, stress management, conflict containment, how to build barriers between work and home, etc.) should also be offered on a nonvoluntary basis, as we have consistently noted that voluntary programs are poorly attended. Additionally, there seems to be an inverse relationship between who attends and who should attend when the programs are optional. The most efficient mode of delivery is to build such programs into the training schedule along with conventional in-service training content.

In conclusion, the above observations, based largely on military clinical samples, support the need for spouse abuse treatment programs to be mandatory and to be initiated as promptly as possible after the detection of an episode of physical aggression. Given the tendency to minimize, it is recommended that this policy should be applied even when incidents are described by the offender as a single episode of low-level aggression.

LAW ENFORCEMENT TREATMENT EXPERIENCES AND IMPLICATIONS

The importance of the above treatment program preconditions have been underscored by our experience in attempting to replicate in the law enforcement community in Southwest Arizona, the model that had proven to be successful for the military. In this community, in spite of the following efforts, only one officer self-referred for assistance during the six-month trial period: 1) the enthusiastic endorsement by the local heads of law enforcement agencies at the city, county and Federal level (FBI, Customs, Secret Service, and Border Patrol); 2) the demonstrated efficacy of the treatment program; 3) the financial and professional support of a local mental health agency; 4) extensive publicity of the availability of the program, including the fact that the services would be offered on a confidential basis; and 4) program facilitators (authors Seng and Russell) with extensive experience and credibility with the law enforcement agencies.

It should be noted that although it would seem to be reasonable to generalize from military findings and military-derived service delivery models, there are also reasons to consider that the issue of domestic violence in law enforcement may be particularly sensitive. It has been hypothesized that law enforcement specific conditions may precipitate aggression and/or emotional detachment in the family

lives of officers, and a concern that severe marital conflict may also increase the risk for engaging in excessive force on the job (Bibbins, 1986).

A related issue, illustrated by recent court cases, is that law enforcement agencies can be held liable for exacerbating or failing to control the episodes of marital violence among their personnel. For example, in a case reported by the Law Enforcement News (Clark, 1991) of a Federal lawsuit against city officials of Chicago, a police officer's wife alleged that the department's failure to discipline, supervise, and monitor officers who abuse their spouses constitutes a violation of civil rights. The wife's lawyer claimed that a "code of silence" exists among police officers that conveys to officers that "[they] may use the power of [their] office to abuse [their] families"; and that police families "don't enjoy the same level of protection from people who are committing crimes as those who are not married to police officers." This same article lists several examples when the Chicago Police Department's "apparent failure to intervene in domestic violence involving its officers" had tragic results, including four cases when local police officers killed their spouses and then themselves. There is also some evidence that law enforcement officers who are themselves involved in severe marital conflict, tend to see violence in the home as normative; and, are more likely when responding to domestic situations, to identify with male perpetrators in a manner that jeopardizes their objectivity (Stith, 1990).

LESSONS LEARNED: SUMMARY AND RECOMMENDATIONS

Obviously, a number of obstacles must be overcome and preconditions met before treatment and prevention programs can be successfully implemented in law enforcement settings. Some of the issues have to do with the awareness and understanding that personnel have about interspousal aggression and law enforcement. As long as the myths prevail that physical aggression is infrequent, restricted to marginal personnel, untreatable, or not a legitimate concern of law enforcement administrators, it is most unlikely that any substantive progress can be achieved.

Once there is an acceptance that this is a legitimate concern, administrators will need to develop policies and treatment and prevention resources to address the issue of marital aggression in law enforcement personnel. Administrators will need to accept that the pattern of escalating severity with repeated episodes and the correspondingly poor prognosis for treatment indicate that to fail to detect and refer personnel for help is not to do them a favor. They will also have to acquire the skills required to recognize individuals at risk and to confront personnel with the essential balance of firmness and support to convey the message that interspousal aggression is not acceptable, that the help required to bring the problem under control will be provided, and that full involvement in the rehabilitation process will be a requirement for continued employment. The success of the treatment program will be largely dependent on supervisors' ability to convey the complex message that standards of personal conduct will be enforced, but that the primary intent is rehabilitative rather than punitive in nature. It must be clear, however, that if the problem is not controlled, there will be serious adverse consequences.

After the prerequisite conditions and the rehabilitation programs are in place, there should be an expansion of focus to include more proactive preventive initiatives. The conditions and coping skill deficits that put officers at risk should be addressed explicitly in mandatory training incorporated into existing schooling and in-service training programs. The programs will have both a primary preventive function, increasing the resilience and adaptive capacities of officers who may be at risk who have not experienced marital aggression; and a secondary preventive function of reducing the likelihood of additional episodes and providing information concerning treatment resources and a climate whereby individuals can avail themselves of these resources (tertiary prevention).

REFERENCES

Bibbins, V. E. (1986). A quality of family and marital life of police personnel. In J. T. Reese & H.A. Goldstein, (Eds.), Psychological services for law enforcement (pp. 423-427). Washington, D.C.: U.S. Government Printing Office.

Clark, J.R. (1991, April 15). Policing's dirty little secret? Spouse abuse by police sparks concern--and a Federal lawsuit. Law Enforcement News, p. 1.

Johnson, L.B. (1991, May). Testimony to U. S. House Select Committee on Children, Youth and Families, Police stress and family well-being.

Neidig, P.H. (1986). The development and evaluation of a spouse abuse treatment program in a military setting. The Evaluation and Program Planning Journal, 9(3).

Neidig, P.H., Russell, H.E., & Seng, A.F. (1992a). Interspousal aggression in law enforcement families: A preliminary investigation. Police Studies: The International Review of Police Development, 15(1), 30-38.

Neidig, P.H., Russell, H.E., & Seng, A.F. (1992b). Interspousal aggression in law enforcement personnel attending the FOP Biennial Conference. National Fraternal Order of Police Journal. Fall/Winter, 25-28.

Neidig, P.H., & Friedman, D.H. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press.

Pan, H., Neidig, P.H., & O'Leary, K.D. (in press). Male-female and aggressor-victim differences in the factor structure of the Conflict Tactics Scale. Journal of Interpersonal Violence.

Scrivner, E. (1991, May). Testimony on behalf of The American Psychological Association to U. S. House Select Committee on Children, Youth and Families, Police stress and family well-being.

Straus, M.A. & Gelles, R.J. (1990). Physical violence in American families. New Brunswick: Transaction Publishers.

Stith, S.M. (1990). Police response to domestic violence: The influence of individual and familial factors. Violence and Victims, 5(1), 17-49.

A SELF-REFERRED COUNSELING PROGRAM FOR POSTAL INSPECTORS

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The nation's oldest Federal law enforcement agency, the Postal Inspection Service, has a reputation for looking after the needs of its Inspectors. The Inspection Service requested a pilot study be initiated within the Western Region of the United States to develop a counseling program that would be freely used by Postal Inspectors. Therapists within the program have to be familiar with law enforcement issues and have the highest respect for confidentiality. The program must be easily accessible to Inspectors, managed so that potential for fraud and abuse is minimized, and be cost effective. The program is for the Postal Inspectors, so they had a major part in its development, especially with those areas that concern issues of confidentiality. The Self-Referred Counseling Program has some elements of a traditional employee assistance program, but with major differences that make it a unique, highly effective program acceptable to Inspection Service employees. This paper evaluates the effectiveness of the Self-Referred Counseling Program following the first year of operation.

INTRODUCTION

The oldest Federal law enforcement agency, the Postal Inspection Service, had its beginnings over 250 years ago. While civil, criminal, administrative, audit, security, and Inspector General responsibilities are performed throughout the Government, the U.S. Postal Service is the only Government agency to have all these responsibilities under one organization. Inspection Service audits and investigations are designed to protect postal employees, assets, and customers; ensure efficient and economic mail delivery; and safeguard the integrity of the postal system. Postal Inspectors are also responsible for investigating crimes involving use of the mails, including mail theft, mailing of explosives and controlled substances, and mail fraud. Mail fraud includes false representation concerning mail order marketing, banking and stock fraud, insurance fraud, and Medicare fraud by medical personnel.

The Postal Inspection Service has a reputation for looking after the physical and emotional well-being of its Inspectors. For example, in 1988, it was in the forefront of Federal law enforcement agencies in developing a mandatory debriefing policy for Inspectors involved in traumatic incidents. The Office of Counsel to the Inspection Service, recognizing the preventive nature of early intervention concerning the emotional issues of Inspectors, directed the authors to develop an effective counseling program for Inspectors, with a pilot project to be initiated within the Western Region.

Although the Inspection Service was not experiencing a large number of disability claims, the basic premise for the project was that avoidance of even one claim would more than cover the costs for the entire counseling program. As an additional benefit to the Inspection Service, the counseling would reduce job-related stress and result in a more productive Inspector.

The straightforward directive for establishing the pilot program included the following elements:

1. The program would be easily accessible to all Inspectors.

2. The program would be acceptable to Inspectors who had expressed concerns about confidentiality.

3. Counseling would be the primary focus of the program. It was not to be used for job-related evaluation purposes.

4.   The providers had to be knowledgeable in the area of law enforcement, have a reputation for maintaining confidentiality, and have an effective counseling style.

5.   The Inspection Service would pay the entire professional charges for the counseling sessions.

6.   The program had to be managed to prevent inappropriate, unauthorized, and fraudulent billings for service.

The authors met with a group of Inspectors assigned to the San Francisco Division to explain the purpose of the pilot project. The Inspectors acknowledged the need for such a program, but expressed doubt that it would be used by Inspectors for fear supervisors would become aware they were receiving counseling. Some Inspectors reported hearing of instances where Inspectors had been denied requested assignments because their supervisors were aware they were, or had been, involved in personal counseling.

The Inspectors were asked to describe program elements that would be necessary for them to be comfortable using the program. Their suggestions paralleled the guidelines of the administration and formed the basis for the Self-Referred Counseling Program.

During that initial meeting, it was learned the Inspectors had not received training on stress recognition and reduction, and the implementation of such a program was recommended. The Self-Referred Counseling Program was introduced through these mandatory division training programs.

PROGRAM DESCRIPTION

Providers are licensed psychologists currently working with members of the law enforcement community; their experience and history of working with law enforcement personnel were verified. Those who survived the background process were personally interviewed by the Program Coordinator and a Postal Inspector domiciled in the same geographic area as the office of the psychologist. The local Inspector had absolute veto power over the acceptance of any provider, and, as it turned out, the Inspectors who were assigned to do the interviewing were usually those who expressed initial skepticism about the merits of the program. The primary qualification for the acceptance of a provider was the Inspector's comfort in being potentially involved in a counseling session with that provider. To offer a choice of providers, there are at least two serving each domicile, and if possible, both male and female providers are available.

As confidentiality was the major concern of the Inspectors, a paramount objective in setting up the program was to eliminate any obstacles to confidentiality that would deter its use. Administration adamantly denied any need or desire to learn who was using the program. Confidentiality was assured by removing both the referral process and the billing approval process from employees of the Inspection Service. A police psychologist who was not an employee of the Postal Inspection Service was designated Program Coordinator and deals directly with these program aspects.

The names of approved providers were sent to each domicile. If an Inspector wishes to use the program, he/she simply telephones the Coordinator, who furnishes the Inspector with a four-digit billing number. (The numbers are taken from a table of random numbers.) The Inspector then goes to the provider of choice and furnishes the billing number on the first visit. Providers send monthly counseling billings to the Coordinator, listing the four-digit numbers for the names of the Inspectors and certifying, on the billing, the treatment was provided. The Coordinator matches the billing number on the statement

with the number furnished to the Inspector, approves the billing for payment, and forwards the approved billing to the Inspection Service for payment.

Due to the strict confidentiality provisions, the program has the potential for fraud by both providers and employees of the Postal Inspection Service who have access to the program description. Therefore, procedures were developed to limit fraud potential. A personal identification number is required during the initial contact with the Coordinator. Further, if the Inspector requires more than the ten initially approved sessions, both the Inspector and provider are required to contact the Coordinator to request additional sessions. Personal data involved in counseling is not requested by the Coordinator, who asks only for an indication of progress and a target date for counseling termination. An Inspector may contact the Coordinator with questions or problems with the provider at any time. At the conclusion of treatment, the Coordinator has the option to contact the Inspector to verify the number of sessions billed by the provider.

Law enforcement personnel usually require less than ten sessions to resolve their personal issues. Therefore, a limit of ten initial sessions was established, with an additional ten sessions allowed upon approval by the Coordinator. The need for more than twenty sessions would suggest a significant issue requiring long-term treatment more appropriately addressed under the Inspector's personal health insurance.

Recognizing the transportability of problems between work and home, family members are allowed to participate in the paid counseling as long as the Inspector is present during the counseling session. Payment for sessions for individual family members is the responsibility of the Inspector.

During the mandatory stress reduction workshops, an initial confidentiality concern was presented to the Inspectors. The concern regarded the procedure to be followed if a provider found an Inspector to be dangerous to himself/herself or to others, and/or if the Inspector were determined to be unfit for duty. There was a consensus that any Inspector presenting these traits had to be identified, and thus a breech in confidentiality was warranted to prevent the possibility of harm to others. The Inspectors recommended a procedure requiring the provider to initially advise the Inspector of the safety concerns; then, according to their contract, they are mandated to advise the Coordinator. The contractual language follows:

> Due to the nature of the work of a Postal Inspector, issues of dangerousness require specific procedures due to safety and liability potential. Should this be an issue, your concern will be discussed with the Postal Inspector. The Provider will advise the Postal Inspector that the Provider must report the threat or concern to the Coordinator who will in turn notify Postal Inspection Service management. The Provider will then immediately contact the Coordinator and relate the specific elements of the concern. The Coordinator will then contact the Postal Inspector and discuss the method of reporting the concern to the Postal Inspection Service management. Following Postal Inspection Service notification, the Coordinator will advise the Provider the required notification has been made. Written documentation from the Provider to the Coordinator may be necessary. To preserve the confidentiality of the doctor/client relationship, the Provider will not furnish any client data directly to any employee of the Postal Inspection Service. The Postal Inspector is always free to contact the Coordinator.

Of course, in case of an imminent threat, the provider is free to immediately contact local law enforcement.

The mandatory reporting of child and elder abuse is also addressed by the contract and requires the provider to deal with these issues according to the state reporting procedures. As expected, within the first year, there have been no concerns with dangerousness or fitness issues.

The contract between the provider and the Inspection Service contains both program and administrative language concerning such issues as payment and confidentiality. Considerable contractual protection is provided to the Inspector in that confidentiality is "absolute." Further, the contract forbids the provider to acknowledge the Inspector is in therapy or to speak with any member of the Postal Inspection Service concerning contact with an Inspector participating in this program. The contract clearly states the Inspector is the client, not the Postal Inspection Service. In addition, the provider is prohibited from sharing or using therapy information with any other person, including consultation, in teaching or supervision, and/or in research.

Inspectors also expressed concern with the possibility of a subpoena of a provider's files and the maintenance of those files. The contract covers this concern with the statement: "In the highly unlikely event of a court subpoena signed by a judge, every effort will be made by the provider to minimize the data to be furnished, and then the information will be provided to the judge 'in camera.' Questions regarding any court demand should be referred to the Coordinator." Only the Inspector is authorized to allow the provider to release information and this release will not be influenced by any outside pressure or persuasion. Contract provisions concerning counseling file maintenance prohibit transcribing of therapy records or placing files in an area where they can be accessed by anyone other than the provider. Further, if the Inspector requests no counseling files be maintained, that request can be honored.

STRESS TRAINING PROGRAM

The stress recognition and reduction training was presented at each division office. The training was four hours long and covered basic physiological reactions initiated by the General Adaptation Syndrome, common stress reactions following traumatic incidents, and work-specific issues with resulting stressors. Stress management procedures were included as well as self-report indicators and handouts. During the training programs, the Traumatic Incident Debriefing Program and the Self-Referred Counseling Program were explained.

SELECTION OF PROVIDERS

To meet the accessibility requirement, contracts with police psychologists were initiated in every major city in the 12 states comprising the Western Region of the Postal Inspection Service. The first step in locating providers was a solicitation of names of police psychologists through state psychological associations, law enforcement agencies, and police psychologist members of the Psychological Services Section of the International Association of Chiefs of Police. A description of the program was sent to the recommended psychologists, who were invited to submit a provider application. The application form asked for information concerning education and experience, professional disciplinary issues, law enforcement work history, law enforcement references, and agreement to abide by the confidentiality aspects of the program. Following receipt of the applications, along with a current copy of the provider's state license and a verification of malpractice insurance, references were contacted and a questionnaire was sent to the state licensing board of each applicant requesting information concerning past professional disciplinary proceedings.

As expected, psychologists who work in law enforcement settings have very strong ethical values and no disciplinary actions were reported. The few psychologists eliminated at this phase of the selection process had a lack of experience as a police psychologist or questionable responses from references.

The second phase of the selection process required a face-to-face interview with an Inspector and the Coordinator, in the office of the provider. Causes for elimination at this stage included such concerns as the location of the office (e.g. located in a police station), having an office equipped with two-way mirrors used for surreptitious photography of patients, an expression that the number of authorized sessions was not adequate, and a history of providing disability evaluations on a contingency basis. The interviewing Inspectors had absolute veto of any provider and were requested to exercise that veto if they had any reservations about personally seeking counseling from the provider should the need arise.

PROGRAM EVALUATION

After the program had been in effect for one year, a preliminary evaluation was conducted to determine program effectiveness, and whether it should be continued in the current 12 states, terminated, or expanded to the other Postal Inspection divisions in the United States. The 12 western states referenced in this study contain 6 division offices employing a total of 384 Inspectors of all ranks and assignments. During the evaluation period, 32 Inspectors contacted the Coordinator, requesting counseling services, and were furnished billing numbers. However, five Inspectors did not follow through with the referral as determined by a lack of billings reflecting their referral numbers. This behavior was not unexpected considering when individuals are in crisis, they often seek assistance, but when the crisis diminishes, the motivation for counseling also diminishes. This is especially true with alcohol abusers. Overall, there was a 7% usage of the program. Only four Inspectors requested counseling sessions beyond the standard ten sessions. These requests were all approved.

Concerns presented to providers were varied and included work and supervision issues, dealing with sexual harassment and racial discrimination issues at work, family problems, and past traumatic events. All the Inspectors self-referred; however, one Inspector stated the supervisor suggested participation in the program and the Inspector concurred. Two Inspectors advised the program kept them working and from requesting disability leave. The Coordinator received no negative program reactions from the Inspectors, and the provider evaluations did not reflect any negative responses from the Inspectors they saw. To the contrary, the Inspectors using the program were highly complementary of its value.

EFFECTIVENESS OF THE PROGRAM

The evaluation of this program must include both cost-effectiveness and efficiency in dealing with the issues of the Inspectors. The most logical comparison would be to employee assistance programs (EAPs) used by other agencies.

Evaluation of the Self-Referred Counseling Program by the Inspectors was limited due to the confidentiality of the program; however, no negative comments were reported to the Coordinator. Providers were asked to evaluate the elements of the program and to compare the Self-Referred Program to EAPs in which they had experience. No significant changes were requested by the providers. A summary of their comments is contained in Appendix A.

Cost

EAPs have high overhead costs. Typically the employee does not have a choice of a provider and is limited to three agency-paid counseling sessions. Then the employee must seek another provider at his/her own expense and begin treatment anew. With the Self-Referred Counseling Program, there was an initial administrative expense to the Inspection Service to set up the program and to select providers. After the initial expense, administrative costs to maintain the program are basically nil, and the Inspection Service pays only for the actual therapy time used by the Inspectors.

A primary element under evaluation was the ability of the program to allow an Inspector to maintain productivity while receiving counseling, rather than to take a disability leave. Two Inspectors advised the Coordinator the program was an alternative to their taking disability leave. The average salary and benefits for an Inspector are approximately $85,000 per annum. Typically, disability leaves are taken for at least one year, and it is not uncommon for the Inspector not to return to work, but to resign or take a disability retirement. The total cost to the Inspection Service for payment to providers for therapy for the 27 Inspectors was $13,069.50. Had an Inspector taken a disability leave, there would have been additional medical bills associated with the disability. Based upon this data alone, the Self-Referred Counseling Program is significantly cost-effective.

In addition, research data suggest significant benefit will result from a decreased use of medical services. For example, a six-year research project with over 30,000 Federal employees documented that individuals with unresolved mental health concerns are much higher users of the medical system with resulting physical health costs 200-250% higher than those without mental health concerns.

Confidentiality

Some EAPs have poor controls on their protection of confidentiality. The programs are often directly funded by the agency and the EAP employees are directly responsible to the agency. Although confidentiality is stressed to the client, the provider, within the initial sessions, is expected to develop a treatment plan and to furnish a diagnosis and a copy of the treatment plan to the EAP administrators. Thus, an employee expecting confidentiality not only has those expectations violated, but now has an agency file containing the diagnosis and a treatment plan. Due to the training of some EAP providers, the diagnosis can be far from accurate. Therefore, diagnostic statements are prohibited with this program. The Self-Referred Counseling Program expressly prohibits any violation of confidentiality, which includes any direct communication with the Inspection Service.

Credentials of Providers

The typical EAP was originally designed to deal with employee drug and alcohol problems. Even with the most progressive EAPs, many providers are not prepared to deal with the wide variety of issues, many highly confidential, that affect law enforcement agents. Further, providers may have good clinical skills, but little law enforcement knowledge that results in the employee wasting valuable resources in educating the provider. Providers under the Self-Referred Counseling Program are all police psychologists licensed in their state of practice. They all have considerable training and experience in dealing with law enforcement personnel, have had background checks, and have been approved by Inspectors who will be using their service.

Accessibility

The size of the city where the employee is assigned often determines the availability of service with an EAP. An EAP usually does an excellent job in marketing its services to employees and typically furnishes a toll-free telephone number for employees to use to gain access to the program. Postal Inspector providers are located near every domicile in sufficient numbers to provide a choice of provider. The evaluation uncovered a possible shortcoming of the administration of Self-Referred Counseling Program in that there apparently was inadequate marketing of the program. For example, none of the Inspectors who interviewed the provider applicants was fully familiar with the program, and evaluations from providers suggest Inspectors continue to lack knowledge of the elements of the program.

Administration and Management of the Program

Some EAPs require ongoing approval for continued sessions with clients, and confidential information is shared between EAP personnel and providers who need to justify additional sessions. The responsibility for continued sessions with the Self-Referred Counseling Program rests solely with the Inspector and the provider. Requests for additional sessions do not require counseling problem content, only the assertion that the treatment is effective.

PROGRAM CONTINUATION

The Self-Referred Counseling Program continues to be well utilized by Postal Inspectors domiciled within the Western Region. As a result of a management review considering cost savings, accessibility, and program quality, the National Office of the Postal Inspection Service has approved the program expansion to include all Postal Inspection Service domiciles in the United States and Puerto Rico.

REFERENCE

Cummings, N.A., Dorken, H., Pallak, M.S., et al. (1990, April). The Impact of Psychological Intervention on Healthcare Utilization and Costs. Biodyne Institute.

APPENDIX A

U.S. POSTAL INSPECTION SERVICE
SELF-REFERRED COUNSELING PROGRAM
INITIAL PROVIDER EVALUATION
MAY 1993

1. **What relationship exists between your treatment plan and the inspector's improved work productivity?**

● Specific goal of counseling was to gain a clearer focus in life, establish an individual agenda, and stop from trying to make way in life by pleasing everyone. He became less scattered and distracted at work and became more productive.

● Inspector was in transition to a new job setting. Treatment plan included interpersonal skills, training, and cognitive perspective building.

● My referrals did not evidence decreased work production as a presenting issue.

● Treatment reduced anxiety and increased confidence, which had a direct result on helping improve work productivity.

● Treatment plan priorities reflect Inspector's significant stressors. Whether work or personal issues, work productivity is enhanced.

● The relationship was positive

● Productivity was good, issue was more preventative.

● Relationship was positive and led to improved coping ability and enhanced job effectiveness, per patient report.

● Positive, didn't feel like working until treatment.

● The Inspector felt more comfortable about a very difficult situation he had encountered at work and gained a better understanding about how to handle similar situations in the future.

● Indirect--If a Postal Inspector is less consumed with personal or personality problems, has positive confidence or assertiveness, the work will improve.

● A direct positive improvement was reported by Inspectors.

● The presenting problems can mask other more pertinent issues related to functioning at work and in other areas of patient's life. I see a treatment plan as a living responsive adaptation to different levels of work; I don't see it as a static blueprint.

2. **What relationship exists between your treatment plan and the inspector's improved home life?**

   - Inspector and spouse communicating more.

   - Treatment was unrelated directly to Inspector's home life, but the improvement led to more harmony at home.

   - There is a positive relationship between the treatment and improved home life.

   - I believe it assisted in clarifying issues and developing more direct and open communications between the Inspectors and their spouses.

   - My treatment plan for the employee worked, and he now has a better understanding of his parenting skills.

   - His home life was a cause of distress. He has separated from his wife and feels he made a wise and proper decision.

   - Considerable "home" issues was major focus of presenting complaints and subsequent treatment.

   - Inspector did not discuss home life specifically, but tension from work situation was leaking into off-duty time. Counseling helped reduce that tension.

   - Positive, Inspector was more relaxed.

   - Relationship was positive and showed generalization to personal life. Inspector was highly compliant and engaged in overlearning by teaching family members the interventions that he was learning.

   - Improvement reported by Inspectors.

3. **What significant differences do you see between the self-referred counseling program and the typical EAP? What are the advantages/disadvantages of each?**

   - Advantages of former are privacy, higher quality of service--Advantages of EAP is possibly accessibility.

   - I have always had trouble with the EAP concept. It seems to force people to start over with new treatment after 3-5 sessions.

   - This program is the best. They can refer through a coordinator, which is ideal because they are always referred to qualified professionals.

   - The self-referred program results in more motivated and committed clients; however, some may never take advantage of the service since it is not promoted in a typical EAP manner and thus they may never get help.

- Less agency input probably leads to less overall usage, but the commitment to treatment and trust in the therapy is higher than in an EAP.

- Because each therapist was interviewed by an inspector, people using the service feel like it is an extension of the law enforcement family.

- The self-referred program is more confidential.

- Self-referred works with peace officers, as they do not use EAP programs with unknown or various providers.

- Self referred is an advantage in terms of lowered concerns regarding issues of confidentiality.

- Good acceptance of program and program benefits. Confidentiality seems accepted and appreciated.

- More confidentiality.

- Advantages of self referred program are: 1) MUCH better confidentiality, 2) higher level of trust from Inspectors, 3) more efficient and cost-effective, 4) Inspector does not have to endure telling problem to EAP counselor and then repeating it to therapist. I honestly can't think of how a typical EAP could be better than current program.

- Postal Inspector knows therapist is "hand picked" and screened. In an EAP, you get the luck of the draw, often an inexperienced therapist.

- Self-referred program is an excellent design in that the person had more control and anonymity, and the program has less bureaucratic clutter.

4. **What feedback are you receiving concerning the adequacy of confidentiality of the program?**

- Patients have reported no concerns regarding confidentiality.

- Excellent feelings by Inspectors about confidentiality.

- Everything seems fine in that area.

- Received no feedback.

- Virtually none--which suggests it is adequately confidential.

- No problems.

- It has not been addressed by the Inspectors I saw; however, I am thrilled by it. I so resent the abuse of patients inflicted by insurance company inquiries. I think the program protects patients' rights.

- The Inspector felt very confident about the confidentiality.

- Very positive

- Positive, no concerns noted.

5. **Do you see any reluctance by inspectors to fully participate in the program? What are the issues and their significance?**

- I have not seen enough Inspectors to know.

- Confidentiality was only major concern.

- No reluctance on the part of those who call. I can't speak for those who need help and avoid using the service.

- Yes, as in most law enforcement, there is still a stigma about getting help. It detracts significantly from full utilization.

- The only reluctance noted is continuing therapy after they have used their benefits due to the inability to pay for treatment.

- None I am aware of at this time.

- No, it has been my experience that the program is much appreciated.

6. **Are Inspectors presenting problems that are beyond your therapeutic comfort? If so, what are the issues?**

- NO

- None noted so far.

- No, the problems have been appropriate for brief therapy.

7. **Do you see a need to have a psychiatrist at each domicile? When a referral for medication is indicated, do you have any problems with the referral?**

- No and no.

- I work with a good sensible psychiatrist.

- Yes

- No problems with a referral.

- Have not needed to refer, but don't see any problems if I needed to.

- I have not referred anyone for medication yet, and if necessary, I don't anticipate problems.

- I have psychiatric resources.

- I utilize a group of psychiatrists that I trust for medication, hospitalization, and consultation.

- Not needed, but would be useful to have a "hand picked" psychiatrist in the area.

- A psychiatrist is unnecessary. I have never had any problems with medication referrals.

- No need for a specified psychiatrist. When medication seems appropriate, I refer to MDs I trust.

8. **Are you seeing patterns of problems that have a direct, causal relationship to the workplace? If so, what suggestions for changes in the work environment would you recommend?**

- So far patients' problems are mostly intrapsychic and interpersonal rather than work related.

- There should be annual, mandatory training in stress management, interpersonal skills, and crisis avoidance/prevention.

- Racial issues were an issue.

- Personal work load. Perceived lack of support/understanding of concern of upper level management regarding plight of Inspectors.

- Yes, an emotionally unstable employee was hired and then shifted from station to station, causing problems at each location. This problem was inherited by my patient. I recommend better psychological screening of applicants and better methods to identify and terminate problem employees instead of just transferring them to cause havoc throughout the system.

- Stress management classes.

9. **Is the billing process adequate? What changes would you recommend?**

- Yes, None

- Billing procedure is fine.

- No changes to suggest.

- Wonderful system, easy and efficient--Don't change a thing.

- Excellent.

- Yes, I appreciate the timely payments.

- Billing process is wonderfully efficient. Don't change it.

- No problems. Payments are timely and procedures are simple.

10. Have you experienced any concern with the reporting procedures relating to an inspector being dangerous to self or others? Would you suggest any changes to that procedure?

- No

- None

- I have not encountered this problem, but would feel very comfortable contacting the Coordinator for supervision and guidance on how to deal with it in the best interest of the Postal Inspection Service, the patient, and public safety. This is a major advantage of having an experienced police psychologist in charge of the program.

- My only concern would be if a patient required immediate handling due to a homicidal, suicidal, or psychotic episode. The call to the Coordinator implies a time delay. I'd like to know more about emergency response criterion.

11. Please comment on the program meeting the following primary goals:

A. Cost Effectiveness:

- Literature research supports this.

- I believe the costs directly benefit productivity and reduce the potential for stress claims.

- I think it has helped reduce stress and potential costs of high stress.

- Keeping people healthy at work is always cost effective.

- Usual comments re: cost effectiveness of outpatient treatment.

- It is very cost effective.

- Prevention is always cost effective. Persons having access to this program have a better chance to prevent breakdown and disability than those with only typical EAPs.

- I don't see how it could be more cost effective.

- Positive in terms of reduced stress and improved effectiveness of Inspector.

- Appropriate and reasonable.

B. Accessibility:

- Great--Coordinator is accessible and so are the professionals on the referral list.

- The people I have seen certainly found it a program that was easily accessed.

- Excellent

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- Excellent in Los Angeles

- Seems so.

- It seems adequate.

- Accessibility is significant in terms of number of providers and in terms of location in Greater Phoenix area.

- Very accessible.

C. Reducing the potential for disability leave

- Early intervention promotes increased mental health and reduces sick and disability leave.

- Literature and research supports this.

- Probably significant in reducing leave.

- No evidence regarding this area.

- Clearly reduced the potential for disability leave.

- The program has a high potential.

- Good mental health services are essential to reduce disability leave. I think this program will provide the services to avert somatic and psychiatric complaints.

- Research and experience show that providing accessible, comprehensive outpatient therapy is effective in reducing both disability leave and visits to physicians.

- Accessibility to short-term care reduces potential disability. Inspectors had self-referred for "minor" problems that were actually more serious and potentially disabling than they realized. While short-term therapy doesn't always fully resolve these issues, clients have ample time to develop far better coping skills to deal with present and future problems.

- Significant potential for reduction of disability leave.

- The program will be as good as the providers can make it in reducing leave.

OTHER COMMENTS

- This program ought to be followed by all Federal agencies. You have one person who regulates the usage (so there is no potential for fraud) AND those professionals in the field (referral list) have the necessary experience beneficial to law enforcement. The experience creates a safe atmosphere for those using it. All benefit in this program. The Coordinator has the opportunity to screen those on the referral list so he doesn't have to worry about quality control.

- I think this is an excellent program. The only improvement I would suggest is increased benefits for those who can verify inability to pay.

- It seems many Inspectors still don't know or understand the services available.

A STRESS PREVENTION/INTERVENTION MODEL FOR
LAW ENFORCEMENT OFFICERS AND THEIR SPOUSES

John T. Super, Ph.D.

Law enforcement officers have traditionally been expected to be relatively impervious to the stresses that permeate present day living. Although many law enforcement agencies utilize very stringent and in-depth hiring processes to select the best possible candidates, many officers succumb to stress-related difficulties including marital dysfunction. Marital dysfunction may be exacerbated or initiated secondary to a law enforcement officer's professional involvement. An officer's spouse is exposed to many conditions that affect their mental well-being which are not found in other professions. Hence, marital difficulties are not uncommon within police families. The purpose of this paper is to provide an overview of a four-part stress intervention/prevention program for law enforcement officers and their spouses. Two parts, including an academy phase and a four-year retraining phase, are strategically placed and preventive in nature. Critical incident counseling and short-term marital therapy interventions are two phases that may be initiated when indicated.

INTRODUCTION

Over the last several decades, researchers and mental health professionals have frequently used the terms law enforcement and stress contiguously. Many researchers of both contemporary and pioneer status believe that stress poses a significant problem for law enforcement employees (Reese, 1982; Reiser, 1978; Scrivner, in DeAngelis 1991; Sigler, Wilson & Allen, 1991). Others believe that the stress with which police officers must contend is no greater than that experienced by other professionals (Chandler, 1990; Lester & Gallagher, 1980; Malloy & Mays, 1984; Terry, 1981;). Although there appears to be somewhat of a debate, the preponderance of data lead most researchers, clinicians, and lay persons to agree that employment in the law enforcement profession is associated with significant stress.

One of the primary reasons for the disagreement among professionals as to the degree of stress inherent in law enforcement appears to be due to various operational definitions of stress. Initially, stress was described as the body's physiologic response to an external demand. Subsequently, however, researchers have used various instruments and measures to assess levels of stress, including paper and pencil tests, verbal self-report, biofeedback, and biochemical levels. It is opined that many of the divergent results concerning the level of stress experienced by law enforcement personnel within the literature may be attributed to varying measures of stress that do not correlate well with one another. It is this author's position that law enforcement personnel do experience a high level of stress.

STRESS

There are several basic areas of policing that contribute a significant amount of stress to officers and, indirectly, to their families' lives. Some researchers, such as Borum & Philpot (1993), categorize stressors into several different variables within law enforcement. Others, such as Kroes (1985), have eloquently described law enforcement personnel as a "blue race" and indicate that they are collectively the recipients of many of the pressures and stressors of a disdained, unliked, and unwanted minority group. After a review of the literature, it appears most logical and pragmatic to divide the stress experienced by law enforcement officers into four areas: organizational, duty, cohort, and interpersonal.

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Organizational Stress

Organizational stress tends to be that which is most highly reported by officers as negatively affecting their well-being (Crank & Caldero, 1991). This type of stress may stem from upper-echelon management making decisions or setting policy that may adversely impact the officer. The receiving of reprimands or letters of concern, the provision of corrective feedback, and the assignment of new duties are also included in this area.

A second aspect of organizational stress initiates from the general job characteristics and the management style projected by the preponderance of policing agencies. The management style of most law enforcement agencies is essentially based on a paramilitary style of organization. As a result, good behavior is expected and bad behavior is punished. This has traditionally been viewed as the most efficient way to operate police organizations, as good behavior is necessary to promote fairness and to enforce the laws, while bad behavior can result in the loss of life or severe physical injury (Super, Blau, Wells & Murdock, 1993). Shift work as well as centralized decision-making can affect the officer negatively from an organizational perspective. Officers sometimes perceive that they do not have adequate control of factors that directly affect their lives and their futures. Feelings of helplessness and being out of control may ensue. Feeling out of control, in turn, results in stress for persons who are taught, from the inception of academy training, that they are expected to obtain and maintain control of various situations for personal safety and survival reasons.

Duty Stress

Duty stress refers to the stresses that are inherent in the actual work involved in law enforcement. Many persons view law enforcement as being filled with excitement. This is a myth proliferated and dramatized by television series such as *COPS, Top Cops, 911*, and *America's Most Wanted*. Although the scenes portrayed on these shows are very real, most law enforcement personnel actually experience such activity when it is intermingled and dispersed with periods of slow and boring duties. As change is considered to be a significant source of stress, the oscillation between the slow, uneventful aspects of law enforcement and sheer unadulterated excitement results in significant stress for the law enforcement officer. When an officer is involved in nonthreatening activity, anticipatory anxiety may be experienced for the next emergency response.

For the purpose of organization, duty stress shall also include external stresses associated with law enforcement, such as negative press commentary and the perceived leniency of the judicial system. Many researchers have categorized this type of stress as external to the organization. During the 1990s however, these stresses have increased greatly and have become an inherent part of law enforcement officers' jobs. Subsequently, these areas shall be categorized as duty stresses.

Cohort Stress

Cohort stress involves the push and pull between the officers tending to home life and situations that require their attention and participation involving law enforcement. Quite often officers, particularly new recruits, are drawn to engage in activities involving other law enforcement personnel, while neglecting family and other personal responsibilities. This can result in a great deal of tension, and interpersonal and personal stress for the officers, their spouses, and their families. Colleagues may frequently expect an officer to engage in "fraternal" activities. If an officer chooses not to affiliate strongly with fellow officers, he/she may be perceived as distant and undependable.

Interpersonal Stress

The fourth category of stress deals with similar issues, but involves conflict created with non-law-enforcement contacts of the officer. This includes spouses who may be jealous of the officers for their new and close relationship with other officers. Spouses, or significant others, may feel neglected and abandoned, which, in turn, fosters resentment that puts the law enforcement officers at odds with significant people in their lives. Hence, officers tend to become cynical secondary to demands of the job and family (Evans, Coman & Stanley, 1992; Kroes, 1985).

FOUR-STAGE MODEL

Counseling is a much-wanted service among law enforcement personnel. Rios, Parisher, and Reilley (1978) indicate that family counseling is among the most requested psychological services that can be provided by law enforcement agencies; 82 percent of the agencies they surveyed selected family and personal counseling as the primary service that could be provided by mental health professionals. Very few law enforcement agencies have acted on this information. Many agencies, particularly small rural ones, are not providing mental health services for their employees.

The purpose of this paper is to introduce a model for stress prevention/intervention for police families. The model is composed of four parts, with two parts being strategically placed and two being implemented as needed. The parts include: academy class training, crisis intervention, four-year follow-ups, and individual/marital counseling.

Academy Class Training

Classroom. The first stage of intervention is initiated early in the officers' professional development, while they are in academy placement or soon thereafter. During this time, spousal equivalents of law enforcement academy recruits are invited to attend a training session in a non-law-enforcement setting. The importance of a neutral location can not be overemphasized. In the author's experience, a neutral location increases the number of program participants.

Spousal equivalents are informed as to what hurdles, potholes, and benefits they may experience secondary to having a close relationship with a law enforcement officer. This can be done by comparing and contrasting police families with other families. The following listing is not promulgated to be exhaustive; certainly, however, it provides a core of some of the more common problems experienced by spouses of law enforcement officers.

1) Public View--Stenmark, DePiano, Wackwitz, Cannon, and Walfish (1982) investigated how officers are viewed publicly. Officers are frequently viewed as authoritarian and as spoilers of good times. As a result, many friends begin to cease interacting with law enforcement officers and their families, which results in restricted social engagements. This aspect intensifies the close-knit, fraternal nature of law enforcement organizations, which draws the officer more fully into activities with fellow officers. This, in turn, increases the families' perceived isolation.

2) Shift work--Shift work tends to be a significant concern for many persons. A serious complaint voiced by spouses of persons who are required to work shifts is a lack of ability to plan ahead. Meals, vacations, and get togethers are postponed or invitations are declined due to rotating shift work.

3) Overtime--Overtime and second jobs result in less interaction between the officers and their families, which can increase isolation and tension between family members. Due to the fraternal nature of policing, participation in overtime is frequently expected by the agency and by fellow officers. This places an increased strain on the officers who feel compelled to place overtime work ahead of scheduled family outings.

4) Emergencies--Emergency calls while not on duty, lack of privacy, and danger are significant items that may affect the police officer. Officers, particularly those living within their means in working-class neighborhoods, may be awakened from sleep or be called from the supper table to address neighborhood crimes and squabbles. Officers who refuse are likely to be perceived as insensitive and neglectful of duty. This fosters poor community relations, which can negatively impact a young aspiring officer's career.

5) Unrealistic Department Expectations--Scheduling changes with short notice are not uncommon in law enforcement. Other unrealistic expectations include the belief that the officer must take the job home with him. Hageman (1978) investigated what percentage of time various groups of individuals perceived a police officer should take the job home with them. Survey data indicated that 19.7% of officers, 47.8% of administrators, 7.2% of spouses and 57% of the public believed that an officer should be an officer 24 hours per day. The discrepancy between public/administrators perceptions and that of spouses engenders a stage for conflict.

6) Communication--Many couples decrease healthy interpersonal communication after they become fully acclimated to their partners. Officers may not share intimate details of their day with spouses under the guise of protecting their family from the realities of the world. Reiser (1978) suggests that this has more to do with control issues than issues of protection. This author concurs. Maynard and Maynard (1980, 1982) have outlined a course in couples communication training for law enforcement officers and their spouses, which has been well received by many agencies.

7) Common Goals--Couples may not be working towards agreed upon goals. This promotes disagreements and misunderstandings. Goals of each partner and their expectations of one another may be explored to determine if the spouses have discordant aspirations and expectations.

After pitfalls and hurdles are discussed, signs of potential difficulty can be outlined and explored. These signs may include: withdrawal, increased criticalness, exaggerated or loss of sense of humor, passive/aggressiveness, increased suspiciousness, increased irritability, and depression or burnout. The existence of any of these symptoms individually does not necessarily indicate the officer is succumbing to the effects of stress. As more of these items begin to manifest, representing a change from the officer's usual mode of behavior and responsiveness, the likelihood for increased stress and marital discord is also elevated.

Prevention is the next issue to be discussed during the classroom portion of the training. A primary purpose of this part is for spouses to learn as much about the job as possible. Several aspects can be addressed. Again, this overview is not comprehensive, and the list may be modified or extended to meet the express needs of the agency.

1) Procrastination--Officers and spouses should address issues as they arise. When couples or individuals address separate issues collectively, the issues appear to loom much larger than they are in reality. It is quite easy to become overwhelmed when looking at several issues concurrently.

2) Health/Wellness--The officers and their spouses or significant others will be well served by maintaining a strong health and wellness program. This may include membership at a gym, club, or resort that offers various aerobic and anaerobic type activities.

3) Respites--It is vitally important for the families/ couples to plan vacations and mini-vacations. Frequently, officers become inundated with cases and begin to overestimate their law enforcement prowess. They begin to believe that the agency cannot function at nearly the same level of efficiency in their absence. This leads to increased levels of frustration for the spouses and may eventually result in burnout for the officers (Freudenberger, 1982). The officer and significant other should take at least one week of straight vacation and four three-day vacations during the year. A "secret vacation," with details known only to the couple, tends to be highly rewarding and enjoyable for both spouses.

4) Finances--Another issue that frequently haunts officers is the lack of long-term financial planning. Many officers begin at salaries of approximately $20,000. For the first time, many of these persons are making more than $10,000 a year. Many young officers behave as though they are making "$20,000--almost over a million dollars a year." As a result, they are inclined to overextend themselves financially and must face long-term consequences secondary to short-term hedonism.

5) Communication--Some families become emotionally distant from law enforcement family members, particularly when the officer becomes increasingly more acclimated into the role of a police officer. This results in distancing and triangulation. Triangulation occurs when the officer begins to view the department as satisfying one facet of his/her needs and the spouse as satisfying another area. When the two sources come into conflict, the officer is drawn towards both. When this occurs, breakdown in communication soon follows. It is recommended that a family counsel be engaged to facilitate and foster communication between spouses and family members. In a family counsel, each spouse is given a set amount of time to discuss any personal issue, without interruption. Each spouse takes a turn to express feelings on various issues and concerns without fear of criticism, reprisal, or interruption. This technique is used to decrease the distance that exists between the spouses as a result of triangulation.

6) Disposable Income--It is recommended that the officer and spouse have individual assets at their disposal. Financial wherewithal by each spouse has generally correlated negatively with physical violence and aggression in past research. A split tithing plan is recommended. This plan involves spouses setting aside ten percent of their collective take-home pay and placing 50% of this amount in each of their individual accounts. These funds can be used for personal items. This provides a financial security blanket that increases each person's sense of independence, empowerment, and control.

7) Individual Interests--Each spouse is likely to benefit from developing personal interests. During pursuit of those interests, they can learn and experience individual growth and contribute new and different information and facets to the relationship.

8) Non-Law-Enforcement Acquaintances--To the greatest extent possible, non-law enforcement contacts and friends should be maintained. This helps decrease perceived isolation by spouses.

9) Home Equity--It is therapeutic if responsibilities around the home are routinized, prioritized, and fairly distributed. This is likely to decrease the propensity for law enforcement officers and their families to feel overwhelmed and impotent to deal with life's daily grinds.

10) Finally, an interactive period is implemented. Spouses have the opportunity to ask questions of the mental health professionals and of inveterate officers. The group can choose a time limit for this question-and-answer period.

Field. Spouses should learn about the law enforcement officer's job and the tools used regularly while on duty. In this case, it is believed that familiarity decreases apprehension and fearfulness. In the second section of part one, the spouse learns how to handle, load, fire and clean the officer's sidearm. Spouses should also attend a ride along program and receive demonstrations as to the appropriate use of the officers' equipment, including radio, nightstick/ASP, body armor, and handcuffs. This can best be facilitated by joint presentations with seasoned training officers.

Crisis Intervention

This level is implemented as needed. More frequently than most other professionals, law enforcement officers are placed in positions that involve a high degree of responsibility for the death of or serious injury to fellow human beings. Officers' defenses may not provide adequate protection from trauma, and they may be rendered less effective in their ability to maintain focus, to perform their sworn duties, and to minister to their families' needs. Labile outbursts are likely to be experienced more frequently by the officer secondary to critical incidents.

Spouses are inclined to feel more insulated from the outside world and believe that they lack control of their present and future lives. After law enforcement officers receive post trauma counseling, spouses may also attend a group to discuss, validate, and normalize their beliefs and feelings. It is vitally important during this phase to maintain focus. Most law enforcement officers would decline encouraging their spouses, or significant others, to attend such groups. Officers tend to be fearful that such groups "turn into gossip sessions" and information may be shared that could damage or fracture their families or relationships. Hence, if the group is to be sanctioned by the officers, the officers must be reassured that there is a specific focus and rationale for the group meeting. It is recommended that the group be conducted similarly to the description of critical incident stress debriefing as outlined by Mitchell and Bray (1990). A condensed six-point outline of the group process follows:

1) Introductions--All persons shall be referred to by first name. The purpose of the group is discussed as helping the spouses adapt and understand issues they may experience in reaction to changes in their spouses. Confidentiality and its limited parameters are discussed. This phase closely parallels Mitchell's first stage in critical incident stress debriefing.

2) Cognition--The next step involves thoughts and thinking. As opposed to discussing their thoughts of the actual incident, however, spouses discuss their thoughts regarding the reaction of their law enforcement spouses. Personal changes noted in the officers as a result of the traumatic incident can also be discussed. This has a calming effect on spouses as they learn that others are experiencing similar changes in their partners.

3) Feelings/Reactions--After exploring their cognitions, feelings and reactions to these thoughts are generated by group participants and discussed. This brings the spouses in touch with unpleasant feelings and sets the stage for addressing those feelings.

4) Coping Techniques--The fourth step involves exploring healthy and unhealthy coping techniques frequently utilized by law enforcement officers. Spouses are usually unaware of the officers' perspectives and believe that the officers are pulling away from them as opposed to

using the defense mechanisms of denial or repression to avoid unpleasant feelings and thoughts. Effective coping mechanisms that may be implemented by spouses are then presented.

5) Symptoms/Expectancies--The fifth area includes discussing the common symptoms that the law enforcement officers may be experiencing, and emphasizing that they are likely to be temporary. Spouses' feelings and symptoms may also be discussed and that these, in time, are also likely to decrease.

6) Intervention/Prevention--The sixth stage emphasizes prevention and intervention. During this stage, many of the prevention and intervention activities discussed in the academy class phase are reiterated. For some of the spouses, this may be the first time that they are exposed to the various stress prevention/intervention techniques and methods.

Retraining

The third stage of intervention/prevention occurs every four years. This is the second strategically placed phase. A four-year period was determined appropriate, as most agencies require that continuing education units are to be accrued during this period. Officers are to be awarded continuing education units if they and their spouses attend such training. It is also indicated that this part be offered every four years as a result of the preponderance of officers experiencing most difficulties with stress-related problems between six and fifteen years of duty (Burke, 1989). Burke surveyed 522 officers and found that those officers with six to fifteen years of tenure perceived their work setting as being the most negative. They experienced the greatest role conflict, the greatest work stress, the lowest job satisfaction, the highest level of emotional exhaustion, and the highest level of family conflict when compared to officers with more than 15 years or less than 6 of experience. A four-year retraining period appears to be a cost-efficient way to address issues discussed by Burke. These findings suggest a curvilinear relationship between levels of stress and job longevity.

During this stage, issues regarding domestic violence should be looked at in depth. An experiential approach is recommended. That is, officers complete various checklists and forms that indicate their personal stressors and stress levels and their propensity to engage physical altercations with significant others. Then aspects of stress are thoroughly explored, including the causes, definitions, and long-term effects. Finally, preventative measures that can circumvent marital discord are explored. Benefits and pitfalls of being law enforcement officers and how they relate to family discord and fracturing should be reevaluated. Reaffirmation of services provided by the psychology staff or EAP personnel can be provided.

Personal/Marital Counseling

The last stage involves individual and marital counseling. Boundaries and limitations of therapy should be clearly drawn. Many officers begin to lose interest after approximately 10-15 sessions. As a result, a 6- to 12-session parameter is recommended. Generally, counseling should involve both an educational and a problem-solving component. Cognitive/behavioral approaches and empowering strategies will lend well to the officers' mentality of problem-solving and scientific investigation. An alternative approach involves a marital analysis--an in-depth evaluation of the strengths and weaknesses of each spouse that can be compared and contrasted. Such analyses have resulted in clearer pictures of the reasons couples remain attracted to one another and issues that can form a chasm between them.

Many interesting therapeutic techniques for law enforcement officers are discussed by Borum and Philpot (1993).

CONCLUSION

Although there appears to be a clear need for counseling services for law enforcement officers and their families, growth in such services is not imminent. When the possibility for providing these services does exist, it is important to use effective techniques to afford the officer and his/her family the best opportunity for personal growth and satisfaction. Prevention is clearly a key. National accreditation standards make no mention of family and individual counseling for officers except as may be done during training and transitional periods to help the officer acclimate to new roles and activities. Although family services are needed, service growth is not likely to be realized unless the potential benefits are presented systemically to agency managers and administrators.

REFERENCES

Borum, R., & Philpot, C. (In press). Therapy with law enforcement couples: Clinical management of the "high-risk." American Journal of Family Therapy, 21(2).

Burke, R. J. (1989). Career stages, satisfaction, and well being among police officers. Psychological Reports, 65(1), 3-12.

Chandler, J. T. (1990). Modern police psychology for law enforcement and human behavior professionals. Springfield, IL: Charles C Thomas.

Crank, J. P., & Caldero, J. (1991). The production of occupational stress in medium sized police agencies: A survey of line officers in tight municipal departments. Journal of Criminal Justice, 19(4), 339-348.

DeAngelis, T. (1991, July). Police stress takes its toll on family life. APA Monitor, p. 38-39.

Evans, B. J., Coman, G. J., & Stanley, R. O. (1992). The police personality: Type "A" behavior and trait anxiety. Journal of Criminal Justice, 20(5), 429-441.

Freudenberger, H. J. (1982). Burnout and job dissatisfaction: Impact on the family. In J. C. Hansen & S. H. Cramer (Eds.), Prospective on work and the family, (pp. 95-105). Rockville, Md.: Aspen Publication.

Hageman, M. J. (1978). Occupational stress in marital relationships. Journal of Police Science and Administration, 6(4), 402-412.

Kroes, W. H. (1985). Societies Victim - The Policeman: An analysis of job stress in policing. (2nd Edition). Springfield, IL: Charles C Thomas.

Lester, D., & Gallagher, J. (1980). Stress in police officers and department store managers. Psychological Reports, 46(3), 882.

Malloy, T. E. & Mays, G. L., (1984). The police stress hypothesis--A critical evaluation. Criminal Justice and Behavior, 11(2), 197.

Maynard, P. E. & Maynard, N. E. (1980). Preventing police family stress through couples communication training. Police Chief, 47(2), 30-31, 66.

Maynard, P. E., & Maynard, N. E. (1982). Stress in police families: Some policy implications. Journal of Police Science and Administration, 10(3), 302-314.

Mitchell, J. & Bray, G. (1990). Emergency services stress: guidelines for preserving the health and careers of emergency services personnel. Englewood Cliffs, NJ: Prentice Hall.

Reese, J. T. (1982). Family therapy in law enforcement: A new approach to an old problem. FBI Law Enforcement Bulletin, 51(9), 7-11.

Reiser, M. (1978). The problems of police officers' wives. Police Chief, 45(4), 38-42.

Rios, B., Parisher, D., & Reilley, R. R. (1978). Need for psychological services as perceived by urban police departments. <u>Psychological Reports,</u> <u>43</u>(1), 126.

Sigler, R. T., Wilson, C. N., & Allen, Z. (1991). Police stress and teacher stress at work and at home. <u>Journal of Criminal Justice,</u> <u>19</u>(4), 361-370.

Stenmark, D. E., DePiano, L. C., Wackwitz, J. H., Cannon, C. D., & Walfish, S. (1982). Wives of police officers: Issues related to family-job satisfaction and job longevity. <u>Journal of Police Science and Administration,</u> <u>10</u>(2), 229-234.

Super, J.T., Blau, T.H., Wells, C.B., & Murdock, N. (1993). Using psychological tests to discriminate between "Best" and "Least Best" correctional officers. <u>Journal of Criminal Justice,</u> <u>21</u>(2), 143-150.

Terry, W. C., III. (1981). Police stress - Empirical evidence. <u>Journal of Police Science and Administration,</u> <u>9</u>(1), 61-75.

PROFESSIONAL ISSUES
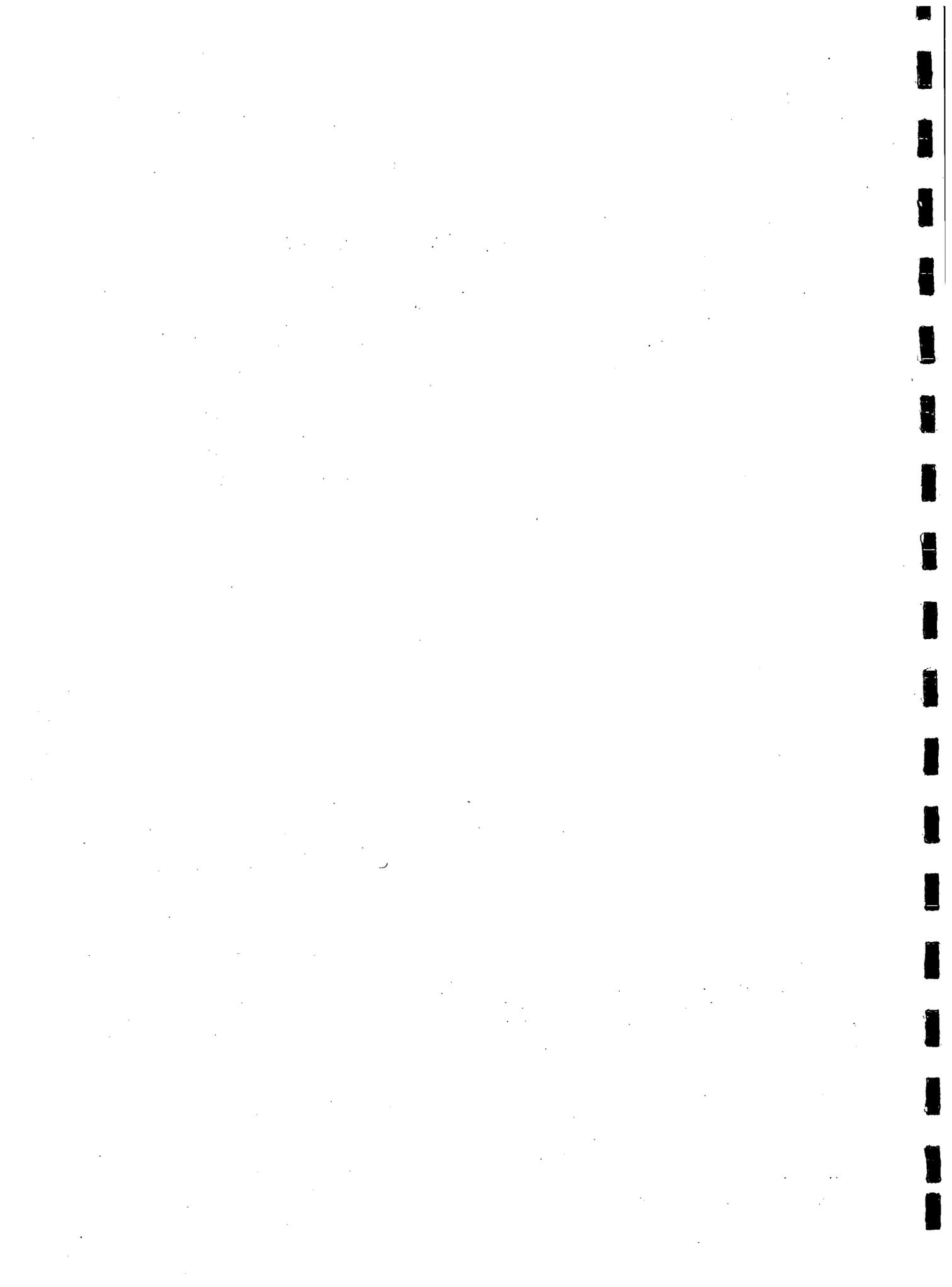
COMPASSION FATIGUE AMONG LAW ENFORCEMENT THERAPISTS

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Law enforcement professionals frequently deny emotional upset resulting from stress on the job. So do law enforcement therapists. This paper argues that there is an isomorphic or parallel effect between the stressful experiences and reactions of both professions. The article first notes that Compassion Stress and Compassion Fatigue are more informal ways of discussing Secondary Traumatic Stress (STS) and Disorder (STSD). The latter concepts are contrasted with Primary or Post-traumatic Stress Disorder (PTSD). The historical and theoretical foundations of STSD are discussed, dating back to the earliest medical writings. STS is contrasted with other types of concepts, including burnout, and selected research is reviewed that is especially relevant to law enforcement therapists. The final section focuses on avoiding and treating STSD or Compassion Fatigue.

Sometimes I think I deserve a badge after having to listen to so many burned out cops during the past 10 years--I eat and sleep their worst experiences. Who listens to me?

--"Dr. Smith" EAP police counselor

When I began to have similar kinds of dreams and nightmares as Chuck (veteran law enforcement officer) it was obvious that I was worrying about him too much.

--"Jennifer" Chuck's wife of 15 years

Although I did not admit it to anyone--my partner, my wife--I kept dreaming of the little kid's eyes.

--"Sgt. Bob" aftereffects of an emergency rescue

Law enforcement therapists and others concerned about the mental health needs of these public servants are more vulnerable to a special type of job-related stress: Compassion stress or fatigue. This is more technically known as "Secondary Post-traumatic Stress Disorder." Although the majority of papers in this book focus on the officers and their families, this one focuses on those who are responsible for helping them; who listen to their pain and often absorb it themselves.

PTSD is an adjustment disorder that may develop as a result of exposure to an extraordinarily stressful event or series of events (Figley, 1985b). It is characterized by a set of symptoms that are noted in the <u>Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition(Revised)</u> (DSM-IIIR), published by the American Psychiatric Association (1987). These events could be one of a wide variety of traumatic stressors "...outside the range of usual human experience and that would be markedly distressing to almost anyone..." (APA, 1987, 309.89A) associated with war, rape, the Holocaust, natural disasters, accidents, and an unexpected death of a loved one. The symptoms may include, but not be limited to experiencing recurrent nightmares, intrusive thoughts, or flashbacks of the traumatic event; phobic reactions, generalized apathy, hypervigilance, guilt, depression, and various symptoms of increased arousal. The symptoms--all or a few of them--must last at least a month to qualify clinically as a stress disorder. Some PTSD clients experience bouts of amnesia surrounding the traumatizing experience. After an acute phase that includes exhibiting traumatic stress reactions, such as anxiety symptoms, PTSD clients also display symptoms of depression, substance abuse, somatic symptoms, and, for some,

antisocial or sociopathic tendencies. Others experience symptoms immediately following the event. Then most or all of the symptoms disappear only to reappear months, years, and even decades later.

Most develop PTSD as a result of "being in harm's way." They were exposed to the traumatic event directly. Yet those who were not in harm's way are also vulnerable to PTSD, or more precisely secondary PTSD. *Secondary* PTSD (STSD) is an adjustment disorder that may develop as a result of exposure to an extraordinarily stressful event or series of events through the experiences of those directly exposed to these stressors (e.g., "...serious threat or harm to one's children, spouse, or other close relatives and friends..." (APA, 1987: 309.89A) and also includes professionals exposed in the line of duty to traumatized people. These professionals include emergency medical, fire, and safety personnel, child protection workers, disaster relief workers, and mental health professionals, including family therapists. Compassion fatigue, or STSD, is characterized by the same set of symptoms that are noted in Table 1. The symptoms and course of the disorder is often identical to PTSD, as noted above. The difference between PTSD and STSD is that the latter is more directly tied to the adjustment and recovery of the traumatized person or clients: As they improve the supporter experiencing STSD improves.

Case Study

A police psychologist, Bob, who worked in a department in a large city, after 15 years of counseling cops and their families following critical incidence, suddenly resigned his job and moved several hundred miles away to live with his sister and her teen-age sons. Over the course of his career he had counseled hundreds of officers and spouses. He had attended numerous funerals, accompanied many clients on patrol, trained in a wide variety of police skills, and was widely accepted and liked within the department. Yet, suddenly, without warning, Bob gave it all up and moved away. His statement:

> I just snapped. I was sick of the violence, the misery, the hopelessness, the growing gulf between cops and the citizens they are sworn to protect. I was sick of the humor, the stupid BS paperwork; the cutbacks. But mostly my life was being invaded--my psyche was being infested with the hell of my clients. I had to run, to get out before it was too late. With the help of my sister and a colleague I got back on my feet.

After two months Bob returned to his job. Within the next six months he left the department and set up an independent practice of which only a portion involved law enforcement counseling work. He has remained in this position for four years now and is quite satisfied. What he had suffered was Compassion Fatigue or STSD.

PURPOSE OF THIS CHAPTER

Bob was lucky. He was able to take his own advice, to take advantage of his years of training and experience and reduce the stressors in his life and increase access to his interpersonal resources.

Many law enforcement therapists with STSD (Compassion Fatigue) eventually abandon their profession and seek administrative positions or leave the mental health fields entirely in an effort to seek relief (Figley, 1992d). Most law enforcement therapists are well aware of what the author noted a decade ago as secondary traumatic stress (Figley, 1983, 1992b, 1992c), the systemic characteristics of emotion: How joy, pain, irritability detected in one family member can "spread" and "infect" others in the family, even the family dog.

Research on secondary traumatic stress reactions has revealed, for example, the transgenerational effects of the Holocaust on survivor children and spouses; the psychological trauma experienced by friends and family of victims of violent crime, former hostages, POWs and war veterans. Just as family therapists become part of the family system, they too may be at risk of being traumatized by the stressors affecting the clients.

The purpose of this paper is to alert therapists to the emotional pitfalls of working with traumatized law enforcement personnel, including but not limited to contracting Compassion Fatigue themselves. The first part of the chapter reviews the conceptual importance of and differences among of Secondary Traumatic Stress or Compassion Stress *Reaction*, secondary PTSD, burnout, and other unwanted consequences of psychotherapy work.

The second section reviews the special circumstances of law enforcement therapists. And the final section focuses on intervention: both treating and preventing secondary traumatic stress and other stress disorders among therapists.

HISTORICAL AND THEORETICAL FOUNDATIONS

Why and how therapists respond to client's traumas is isomorphic to how family members respond to other family members. Among the first efforts to recognize the role of the transmission of traumatic material from one family member to another was the classic study of World War II war veteran families by Hill (1949). Most observers consider Hill to have originated the concept of family stress. He was the first to suggest that the system of the family is greatly affected by crisis events such as war and postwar reunion. This sociological orientation emerged into what was later to be called the ABCX model of family crisis (Hill, 1949, 1958). The formula holds that *A* (the stressor event) interacting with *B* (the family's resources for dealing with the crisis), interacting with *C* (how the family defines the event), produces *X* (the crisis). The emphasis here is on the pre-crisis variables that account for why some families cope well in contrast to other families.

Traumatology, the study of traumatic stress, has literally been invented in the last decade. Even though the origin of the study of human reactions to traumatic events can be traced to the earliest medical writings in Kunus Pyprus published in 1900 BC in Egypt (Veith, 1965; Trimble, 1981; Figley, 1989a), the justification for a field of study and treatment emerged only recently (Donovan, 1991; Figley, 1988).

A field devoted exclusively to the study and treatment of traumatized people is a culmination of many factors. One factor was much greater awareness of the number and extraordinary impact on people of various traumatic events. Many identify the publication of the American Psychiatric Association's Third Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 as a major milestone. The DSM-III included the diagnosis of Post-Traumatic Stress Disorder. For the first time, the common symptoms experienced by a wide variety of traumatized persons were now viewed as a psychiatric disorder; one that could be accurately diagnosed and treated. Though a subsequent revision of the DSM-III modified the symptom criteria somewhat (APA, 1987), the popularity with professionals working with traumatized people (including lawyers, therapists, emergency professionals, and researchers) grew, as did the accumulation of empirical research that validated the disorder.

Over the last twenty years the author has studied many types of traumatic events and the immediate and long-term consequences not only for those directly affected by the events (cf, Figley, 1978), but also those indirectly affected as a result of knowing, living with, loving, or working with these "victims" (e.g., Figley & Sprenkle, 1978; Figley, 1989a, 1989b). The new field of traumatology has

made significant breakthroughs recently in understanding this process and is the focus of several recent papers presented in Amsterdam at the first world conference on traumatology (Figley, 1992d; Hobfoll, 1992). Yet many family therapists may not be aware that the same principles that would predict that a spouse or child of a traumatized person are at risk of being traumatized also apply to them.

As with the current DSM criteria of a traumatic event, the most recent draft of DSM4 includes a description of PTSD that notes both secondary effects of traumatic experiences as well as the direct personal experience of a highly stressful event that involves actual harm or perceived threat of death or injury (Davidson & Foa, 1992). The secondary aspects identify those who may develop PTSD as a result of either witnessing or learning about a traumatic event experienced by a family member or other close associate; learning about a sudden, unexpected death of a family member or a close associate, whether that death was due to violence or natural causes; or learning that one's child or adolescent has a disease that is perceived as life-threatening. A therapist certainly qualifies as a "close associate."

CONTRASTS BETWEEN STS AND OTHER CONCEPTS

Secondary traumatic stress or Compassion Stress has been called different names over the years, and most often is associated with the "cost of caring" (Figley, 1982) for others in emotional pain. Among the few dozen references in this general area, this phenomenon is called secondary traumatic stress (Figley, 1982, 1983, 1985a, 1989a), vicarious traumatization (McCann and Pearlman, 1990), secondary survivor (Remer & Elliot, 1988a; 1988b), "emotional contagion," defined as an affective process in which "an individual observing another person experiences emotional responses parallel to that person's actual or anticipated emotions" (Miller, Stiff & Ellis, 1988, p. 254) and rape-related family crisis (Erickson, 1989; White & Rollins, 1981), "proximity" effects on female partners of war veterans (Verbosky & Ryan, 1988); generational effects of trauma (Danieli, 1985), the need for family "detoxification" from war-related traumatic stress (Rosenheck & Thomson, 1986). Finally, some view difficulties with client problems as one of simple countertransference and has been discussed within the context of PTSD treatment (Danieli, 1988; Maroda, 1991). However, the concept is encased in an elaborate theoretical context that is difficult to measure and traumatic issues from all others in the client-therapist transactions.

BURNOUT VERSUS STS

Some view the problems faced by workers with job stress as simply burnout. A 1993 literature search of the *Psychological Abstracts* listed over 1100 articles and over 100 books since the term was coined by Freudenberger (1980) and carefully explicated by Maslach (1976). According to Pines and Aronson (1988, p. 9), burnout out is "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations." The most widely utilized measure of burnout is the Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981). It measures three aspects: Emotional exhaustion (e.g., "I feel emotionally drained from my work"), depersonalization (e.g., I worry that the job is hardening me emotionally"), and reduced personal accomplishment (e.g., I feel I'm positively influencing other people's lives through my work"). More recently, Pines and Aronson (1988) developed the Burnout Measure (BM), which measures physical exhaustion (e.g., "feeling tired or rundown), emotional exhaustion (e.g., feeling depressed, hopeless), and mental exhaustion (e.g., feeling disillusionment, resentment toward people). Emotional exhaustion appears to be the key factor in common between the two measures of burnout.

In contrast to burnout, which emerges gradually and is a result of emotional exhaustion, STS can emerge suddenly without much warning. In addition to a faster onset of symptoms, Figley (in press) has noted that with STS, in contrast to burnout, there is a sense of helplessness and confusion, there is a sense of isolation from supporters, the symptoms are often disconnected from real causes, and yet there is a faster rate of recovery from symptoms. The Self-test for Psychotherapists was designed to help therapists differentiate between burnout and STS and will be discussed later.

STS may be defined as the natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized person.

REVIEW OF THE TREATMENT LITERATURE

The following review illustrates the frequency with which trauma-induced, work-related stress (i.e., STS) has been studied and confirmed to be important. Reports of promising treatment programs that focus on work-related STS are reviewed.

Military

Perhaps the group traumatized in the line of duty who have received the most attention in the literature has been veterans, especially Vietnam war veterans (Figley, 1978). This might be due, in part, to the fact that an entire Federal medical system, the Department of Veterans Affairs (DVA), is partly responsible for their care and encourages its staff to report on research and treatment efforts. Publications from DVA professionals alone account for a majority of contributions to the literature.

Practice approaches and effectiveness vary considerably (Sonnenberg, Blank and Talbott, 1985; Kelly, 1985). Other approaches include a multiphasic treatment based on the individual progress of each client (Brende & Parson, 1987), a program to address and correct the compulsion to seek out life-threatening situations or "combat addiction" (Solursh, 1989); a comprehensive approach for treatment in various contexts, individual, group, and family (Scaturo & Hardoby, 1988).

In contrast, some programs focus more narrowly, such as those that adopt cognitive/ behavioral approaches with direct exposure (Boudewyns, Hyer, Woods, Harrison, & McCranie, 1990; implosion methods (Lyons and Keane, 1989); various drug treatments (Friedman, 1988; group psychotherapy (Reaves & Maxwell, 1987); hospital-based treatment (Rosenheck, 1984). Other promising approaches provide new twists. These include, for example, focusing on ethnicity (Penk & Allen, 1991) dual diagnosis of substance abuse and PTSD (Kuhne, Nohnber, & Baraga, 1986; Schnitt & Nocks, 1984; Moyer, 1988; and differentiating secondary versus primary PTSD (Catherall, 1989; Figley, 1993; in press).

Emergency Personnel

In addition to those traumatized in the line of military duty, others have been traumatized attempting to save lives. Some reports of effective treatment approaches have focused exclusively on medical personnel, such as Joinson (1992), who was the first to actually use the term "compassion fatigue" to describe this phenomenon. Most, however, focus on other types of emergency personnel, police, fire fighters, flight crews.

There are growing reports of successful treatment of emergency workers. These include, for example, fire fighters (McCammon, Durhan, Allison, & Williamson, 1988) and police officers (Gersons, 1989). Perhaps the most widely adopted approach was developed initially by Jeffery Mitchell (Mitchell, 1988; Mitchell & Resnick) in his efforts to work with fire fighters. His "critical incident stress debriefing" has been adopted both nationally and internationally to help groups of emergency personnel work through and process troublesome duty-related events. These debriefings typically involve a group meeting of emergency workers immediately following the critical incident (e.g., a dangerous event involving many personnel). The focus of the meeting is both to educate workers about STS and encourage group discussion regarding how the event affected each person personally (Mitchell & Everly, 1993).

Psychotherapists

Mental health therapists are also vulnerable to STS because of their role in providing direct services to people in crisis. Figley (1992e; in press) recently noted that STS can often be confused with burnout. Duty-related traumatic stress (or a form of Secondary Traumatic Stress and Stress Disorder) has always been a component of job burnout but has only recently received sufficient attention. McCann and Pearlman (1990) suggest that "vicarious traumatization" is an accumulation of memories of clients' traumatic material that affects and is affected by the therapist's perspective of the world. They propose a team-oriented approach to both preventing and treating this special kind of stress. This approach is not unlike other approaches to burnout prevention and treatment (Pines & Aronson, 1988).

SPECIAL VULNERABILITY OF LAW ENFORCEMENT THERAPISTS

Law enforcement personnel are exposed to the least desirable and most horrendous aspects of society. Law enforcement therapists are exposed indirectly to these stressors; yet, because of the special nature of their work, they may be exposed to significantly more of these stressors than any one officer client.

Unresolved trauma of the law enforcement therapists may be activated by reports of similar trauma in clients. A study (Segal & Figley, 1988), for example, found that 80% of an undergraduate sample had already experienced some type of traumatic event.

Clients of law enforcement therapists have most difficulty in dealing with the trauma of children. Law enforcement officers frequently must deal with injured, wounded, or upset children (cf, Reese, Horn, & Dunning, 1991); and because the stories of children are most difficult to handle, officer/clients seek relief from law enforcement therapists.

EMPATHY IS A MAJOR RESOURCE FOR THERAPISTS

Given the likelihood of law enforcement officers to experience highly stressful events and, in turn, traumatize the therapists they turned to for help, why do some therapists have difficulties in coping while others have few, if any, difficulties?

Empathy appears to be a key factor in the **induction** of traumatic material from the primary to the secondary "victim" (Figley, in press). Thus, the process of empathizing with a traumatized person helps us understand the person's experience of being traumatized; but in the process we may be

traumatized as well, as illustrated by the case of Bob and clients. We have made major strides in documenting the role of empathy and our research continues.[1]

EMERGENCY AID FOR SECONDARY PTSD

According to those of us who have trained and counseled therapists who have succumbed to secondary PTSD and associated difficulties (cf., Figley, 1992a, 1992b, 1992c), there are seven essential elements to treatment. Only time and additional research will confirm their importance, of course. An easy way to remember is to think of the acronym *RESPECT*. Each letter represents a key word for the seven fundamental elements: (1) *Respect* the therapists who suffer from secondary PTSD for both their courage in admitting it and their dedication to others that has contributed to their predicament; (2) *educate* them about the reactions and the causes and consequences of their compassion; (3) *stabilize* them so that you can enable them to become more functional for themselves, their supporters, and their clients; (4) *pamper* them and get them to do likewise so that their life becomes more filled with fun and joy; (5) *empower* them by enabling them to discover and take credit for relief of their fatigue and the solutions to their professional dilemmas; (6) *calm* them by helping them concentrate on hope and the road to recovery; and (7) *transfer* them to another person or support group for more lasting attention that will insure that they can avoid fatigue in the future.

AVOIDING SECONDARY TRAUMATIC STRESS DISORDERS

We hope that our research will uncover the important ways of avoiding and recovering from secondary PTSD (or secondary traumatic stress or burnout). From what we know so far, there are four fundamental ways for law enforcement therapists to protect themselves against secondary PTSD.

First, learn about it. Become familiar with burnout, traumatic stress, and work-related stress generally. Ideally, this should start in graduate school, especially for those who plan to work with the traumatized populations. Continuing education programs--irrespective of the topic--should include information about the stress of practicing therapy and provide education about how to cope. Professional organizations that foster this kind of education are noted later. Education about the stress of family therapy practice should begin in graduate training. These programs should incorporate lessons on burnout and Compassion Fatigue as part of the overall orientation to the field and practice of psychotherapy.

Second, therapists should monitor their reactions to traumatized clients. Obviously, if any of the above observations applies to them, they should be especially cautious about secondary PTSD. At the Florida State University Family Therapy Clinic we have developed a quick, easy, and confidential method by which therapists can check their vulnerability to secondary PTSD. It is called The Self-Test for Psychotherapists (Figley, 1993; in press) and is composed of 40 items with Likert-type answer options. Scoring instructions allow the test taker to compute her or his score which suggests the degree of risk of either being traumatized or burned out. The test is printed at the end of this chapter. I would appreciate your sending me your completed form in order to help improve the test.

Third, therapists need to develop and maintain membership in supportive networks. This includes but is not limited to a group composed of other therapists (e.g., peer consultation) who can meet regularly to talk about clients, and, most importantly, their personal impact on the therapist's life. Faculty

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[1]Contact the author if you would like more information about the on-going study in the Psychosocial Stress Research Program at Florida State University.

supervisors should be extremely aware of the emotional impact of psychotherapy work on the student therapist; how individual clients and their stories, experiences and reactions can be extremely provocative. A portion of each supervisory session, for example, should be devoted to the personal impact and feelings of the therapist. This will provide not only a useful learning experience that will improve the quality of psychotherapy, it will normalize the provocative nature of practicing psychotherapy. The opportunities for personal processing should continue throughout the career of the psychotherapist through peer consultation and supervision.

Fourth, therapists must focus on self-renewal, self care, and sources of personal pleasure. Those concerned about others are drawn to the helping professions, especially family therapy. It is necessary to recognize that therapists can best help others and continue to do so by recognizing the therapists' own requirements that make possible their motivation to help others.

Fifth, therapists who are able to enjoy a long career, generally free of secondary PTSD, recognize the importance of setting realistic goals, limits, and boundaries in their work. They come to realize that life can be unfair and ugly at times, that clients with real and important therapy needs have existed, exist now, and will exist long after the therapists have retired; that there is just so much any person can do to help; and, to be able to continue their career, therapists must leave their work at the office in order to seek and secure sufficient renewal to be more effective tomorrow. Easier said than done. It requires the perspective of others to follow these tenants.

IMPLICATIONS FOR EDUCATION LAW ENFORCEMENT THERAPISTS

Though we need to know much, much more about secondary PTSD--who gets it when and under what circumstances; how it can be treated and prevented--we know a great deal already. We know enough to realize that secondary PTSD is an occupational hazard of caring service providers--be they family, friends, or law enforcement therapists. Recognizing this, we as family therapy educators have a special obligation to our students and trainees to prepare them for these hazards. We can start by incorporating stress, burnout, and secondary PTSD into our curriculum and especially our supervision in practica. We can utilize the relatively protected environment of our educational centers and the clients that seek help there as opportunities for discussing these issues. Some fundamental principles for preventing secondary PTSD might be useful as noted above. In addition, training programs could (1) institute policies that require processing all clinical material that appears to be upsetting to either the therapist or a team member (including a supervisor); (2) recognize that upsetting clinical material is and should be discussed confidentially with confidants (spouse/partner) who must agree to follow proscribed ethical procedures[2]; and (3) experiment with various methods for avoiding secondary PTSD while, at the same time, not sacrificing clinical effectiveness.

CONCLUSION

The study and treatment of traumatized people dates back to the earliest medical reports of hysteria. Effective methods of screening those especially vulnerable to developing PTSD, as well as methods of detecting, treating, and preventing PTSD among vulnerable individuals are well documented. Yet only recently are we discovering that the very people responsible for the care of traumatized people may be traumatized in the process.

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[2]Similarly, it is wise to establish procedures for helping confidants of the therapist who, in turn, become upset by this information.

The purpose of this chapter was to alert psychotherapists to the emotional pitfalls of working with traumatized people. The first section focused on the concept of STSD and Compassion Fatigue in relation to other concepts as they apply to the practice of psychotherapy generally. The middle section noted the special vulnerably to Compassion Fatigue among law enforcement therapists. And the final section focus on what to do about all of this.

Bob, our law enforcement therapist discussed earlier, is well on his way to recovery from his traumatic experiences in the practice of psychotherapy. He was fortunate. He had a strong and helpful therapist and supervisor, the opportunity to make contact with other psychotherapists exposed to similar types of clients, and the resilience of a trauma survivor.

Some psychotherapists, just like some police officers, probation workers, and child protection counselors, are not aware of the pain they are enduring as a result of their work. Many assume that it is a part of their work stress and learn to endure it more effectively. Others give up and leave their profession to younger, more hardy professionals. Either option is unacceptable. Most often those who are most vulnerable to experiencing Compassion Fatigue are those who are most empathic, caring, sensitive, and, therefore, more able to gain the trust and cooperation of the traumatized client. We cannot afford to lose these sensitive therapists.

REFERENCES

American Psychiatric Association. (1980). Diagnostic and Statistical Manual of Mental Disorders. 3rd Edition. Washington, DC: Author.

American Psychiatric Association. (1987). Diagnostic and Statistical Manual of Mental Disorders. 3rd Edition (Revised). Washington, DC: Author.

Boudewyns, P. A., Hyer, L., Woods, M. G., Harrison, W. R., & McCranie, E. (1990). PTSD among Vietnam veterans: An early look at treatment outcome using direct therapeutic exposure. Journal of Traumatic Stress, 3(3), 359-368.

Brende, J. O. & Parson, E. R. (1987). Multiphasic treatment of the Vietnam veteran. Psychotherapy in Private Practice., 5(2), 51-62.

Catherall, D. R. (1989). Differentiating intervention strategies for primary and secondary trauma in PTSD: The example of Vietnam veterans. Journal of Traumatic Stress, 2(3), 289-304.

Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimization: A lesson from Holocaust survivors and their children. In C. R. Figley (Ed.) Trauma and its wake: The study and treatment of post-traumatic stress disorder. New York: Brunner/Mazel.

Danieli, Y. (1988). Confronting the unimaginable: Psychotherapists' reactions to victims of the Nazi Holocaust. In J. P. Wilson, Z. Harel, and B. Kahana (Eds) Human adaptation to extreme stress: From the Holocaust to Vietnam (pp. 212-237). New York: Plenum.

Davidson, J. and Foa, E. (1992, October 8). Memorandum to DSM-IV Anxiety Disorders Workgroup and PTSD Sub-Workgroup Members. Durham: Duke University Medical School (unpublished).

Donovan, D. (1991). [1990 IN TEXT] Traumatology: A field whose time has come. Journal of Traumatic Stress, 4, 433-436.

Erickson, C. A. (1989). Rape and the family. In C. R. Figley (Ed.), Treating traumatized families, (pp. 257-290). New York: Brunner/Mazel.

Figley, C. R. (1978). Stress disorders among Vietnam veterans: Theory, research, and treatment. New York: Brunner/Mazel.

Figley, C. R. (1982, February). Traumatization and comfort: Close relationships may be hazardous to your health. Keynote presentation at a conference, "Families and Close Relationships: Individuals in Social Interaction," Texas Tech University, Lubbock, Texas.

Figley, C. R. (1983). Catastrophes: An overview of family reactions. In C. R. Figley and H. I. McCubbin (Eds.), Stress and the family: Volume II: Coping with catastrophe (pp.3-20). New York: Brunner/Mazel.

Figley, C. R. (1985a). The role of the family: Both haven and headache. In M. Lystad (ed.) Role Stressors and supports for emergency workers (pp. 84-94). U.S. Government Printing Office (DHH Publication No(Adm) 85-1408).

Figley, C. R. (1985b). From victim to survivor: Social responsibility in the wake of catastrophe. In C.R. Figley (Ed.) Trauma and its wake: The study and treatment of PTSD (pp.398-415). New York: Brunner/Mazel.

Figley, C. R. (1988). Toward a field of traumatic stress. Journal of Traumatic Stress, 1(1), 3-16.

Figley, C. R. (1989a). Helping traumatized families. San Francisco: Jossey-Bass.

Figley, C. R. (1989b) (ed). Treating Stress in Families. New York: Brunner/Mazel.

Figley, C. R. (1992a, March). Posttraumatic stress disorder, Part I: Empirically based conceptualization and symptom profile. Violence Update, 2(7), 1, 8-11.

Figley, C. R. (1992b, May). Posttraumatic stress disorder, Part II: Relationship with Various Traumatic Events. Violence Update, 2(9), 1, 8-11.

Figley, C. R. (1992c, June). Post-traumatic stress disorder, Part III: Relationship with Various Traumatic Events, Continued. Violence Update, 2(10), 1, 8-11.

Figley, C. R. (1992d, November). Posttraumatic stress disorder, Part IV: Generic treatment approaches. 3(3), 1, 4, 7-8.

Figley, C. R. (1992e, June). Secondary traumatic stress disorder: Theory, research, and treatment. Paper presented at the First World Conference of the International Society for Traumatic Stress Studies, Amsterdam.

Figley, C. R. (1993, January). Compassion stress: Toward its measurement and management. Family Therapy News, (pp. 1-2).

Figley, C. R. (Ed.) (in press). Secondary traumatic stress disorder, Volume I: Theory and Research. New York: Brunner/Mazel.

Figley, C. R. and Sprenkle, D. W. (1978). Delayed stress response syndrome: Family therapy indications. Journal of Marriage and Family Counseling, 4(1), 53-60.

Freudenberger, H. (1980). Burnout. New York: Bantam.

Friedman, M.J. (1988). Toward rational pharmacotherapy for posttraumatic stress disorder: An interim report. American Journal of Psychiatry, 145(3), 281-285.

Gersons, B. P. R. (1989). Patterns of PTSD among police officers following shooting incidents: A two-dimensional model and treatment implications. Journal of Traumatic Stress, 2(3), 247-258.

Hill, R. (1949). Families Under Stress. New York: Harper & Row.

Hill, R. (1958). Generic features of families under stress. Social Casework, 49, 139-150.

Hobfoll, S. (1992). Conservation of resources and loss. Paper presented at the First World Conference of the International Society for Traumatic Stress Studies, Amsterdam, June.

Joinson, C. (1992). Coping with compassion fatigue. Nursing, 22(4), 116-122.

Kelly, W. E. (Ed.).(1985). Post-traumatic stress disorder and the war veteran patient. Nw York: Brunner/Mazel.

Kuhne, A., Nohnber, W. and Baraga, E. (1986). Efficacy of chemical dependency treatment as a function of combat in Vietnam. Journal of Substance Abuse Treatment, 3(3), 191-194.

Lyons, J. A. and Keane, T. M. (1989). Implosive therapy for the treatment of combat-related PTSD., Journal of Traumatic Stress, 2(2), 137-152.

Maroda, K. J. (1991). The power of countertransference. New York: Wiley and Sons.

Maslach, C. (1976). Burned out. Human Behavior, 5, 16-22.

Maslach, C. and Jackson, S. E. (1981). The measurement of burnout. Journal of Occupational Behavior, 2, 99-113.

McCammon, S., Durham, T. W., Allison, E. J., and Williamson,J. E. (1988). Emergency workers' cognitive appraisal and coping with traumatic events. Journal of Traumatic Stress, 1(3), 353-372.

McCann, L. and Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress, 3(1), 131-149.

Miller, K. I., Stiff, J. B., & Ellis, B. H. (1988). Communication and empathy as precursors to burnout among human service workers. Communication Monographs. 55:9.

Mitchell, J. (1988). Critical Incident Debriefing: A Handbook. Bowie, Maryland: Press.

Mitchell, J. & Everly, G. (1993). Critical incident stress debriefing. Ellicott City, MD: Chevron.

Mitchell, J.T. & Resnick, H.L.P. Emergency response to crisis. Bowie, MD: Brady Publishing.

Moyer, M. A. (1988). Achieving successful chemical dependency recovery in veteran survivors of traumatic stress. Alcoholism Treatment Quarterly, 4(4), 19-34.

Penk, W.E. & Allen, I.M. (1991). Clinical assessment of Post-Traumatic Stress Disorder (PTSD) among American minorities who served in Vietnam. Journal of Traumatic Stress, 4(1), 41-66.

Pines, A. M. and Aronson, E. (1988). Career burnout: Causes and cures. New York : Free Press.

Reaves, M. E. and Maxwell, M. J. (1987). The evolution of a therapy group for Vietnam veterans on a general psychiatry unit. Journal of Contemporary Psychotherapy, 17(1), 22-23.

Reese, J. T., Horn, J. M., and Dunning, C. (Eds) (1991). Critical incidents in policing. Washington, DC: US Department of Justice, Federal Bureau of Investigation.

Remer, R. & Elliot, J. (1988a). Characteristics of secondary victims of sexual assault. <u>International Journal of Family Psychiatry</u>, <u>9</u>(4), 373-387.

Remer, R. & Elliot, J. (1988b). Management of secondary victims of sexual assault. <u>International Journal of Family Psychiatry</u>, <u>9</u>(4), 389-401.

Rosenheck, R. (1984). Hospital based treatment of malignant Post Vietnam Stress Syndrome. <u>Psychiatric Quarterly</u>, <u>56</u>(4), 259-269.

Rosenheck, R. & Thomson, J. (1986). "Detoxification" of Vietnam war trauma: A combined family-individual approach. <u>Family Process</u>, <u>25</u>, 559-570.

Scaturo, D. J. & Hardoby, W. J. (1988). Psychotherapy with traumatized Vietnam combatants: An overview of individual, group, and family treatment modalities. <u>Military Medicine</u>, <u>153</u>(5), 262-269.

Schnitt, J. M. & Nocks, J. J. (1984). Alcoholism treatment of Vietnam veterans with PTSD. <u>Journal of Substance Abuse Treatment</u>, <u>1</u>(3), 179-189.

Segal, S. A. & Figley, C. R. (1988). The prevalence of highly stressful events in a college population, a letter to the editor. <u>Hospital and Community Psychiatry</u>, <u>39</u>, 998.

Solursh, L. P. (1989). Combat addiction: Overview of implications in symptom maintenance and treatment planning. <u>Journal of Traumatic Stress</u>, <u>2</u>(4), 451-462.

Sonnenberg, S. M., Blank, A. S., Talbot, J. A. (Eds.) (1985). <u>The trauma of war stress and recovery in Vietnam veterans</u>. Washington, DC: American Psychiatric Press.

Trimble, M. R. (1981). <u>Post-traumatic neurosis: From Railway Spine to the Whiplash</u>. New York: Wiley.

Veith, I. (1965). <u>Hysteria: The History of a Disease</u>. Chicago: University of Chicago Press.

Verbosky, S. J., & Ryan, D. A. (1988). Female partners of Vietnam veterans: Stress by proximity. <u>Issues in Mental Health Nursing</u>, <u>9</u>, 95-104.

White, P. N. & Rollins, J. C. (1981). Rape: A family crisis. <u>Family Relations</u>, <u>30</u>: 103-109.

TABLE 1
SUGGESTED DISTINCTIONS BETWEEN THE DIAGNOSTIC CRITERIA FOR PRIMARY AND SECONDARY TRAUMATIC STRESS DISORDER

PRIMARY	SECONDARY
A. Stressor	**A. Stressor**
Experienced an event outside the range of usual human experiences that would be markedly distressing to almost anyone:	Experienced an event outside the range of usual human experiences that would be markedly distressing to almost anyone:
1. Serious threat to self 2. Sudden destruction of one's environ	1. Serious threat to traumatized person (TP) 2. Sudden destruction of TP's environ
B. Reexperiencing Trauma Event	**B. Reexperiencing Trauma Event**
1. Recollection of event 2. Dreams of event 3. Sudden reexperiencing of event 4. Distress of reminders of event	1. Recollections of event/TP 2. Dreams of event/TP 3. Sudden reexperiencing of event/TP 4. Reminders of TP/event distressing
C. Avoidance/Numbing of Reminders	**C. Avoidance/Numbing of Reminders of Event**
1. Efforts to avoid thoughts/feelings 2. Efforts to avoid activities/situations 3. Psychogenic amnesia 4. Diminished interest in significant activities 5. Detachment/estrangements from others 6. Diminished affect 7. Sense of foreshortened future	1. Efforts to avoid thoughts/feelings 2. Efforts to avoid activities/situations 3. Psychogenic amnesia 4. Diminished interest in significant activities 5. Detachment/estrangements from others 6. Diminished affect 7. Sense of foreshortened future
D. Persistent Arousal	**D. Persistent Arousal**
1. Difficulty falling/staying asleep 2. Irritability or outbursts of anger 3. Difficulty concentrating 4. Hypervigilance for self 5. Exaggerated startle response 6. Physiologic reactivity to cues	1. Difficulty falling/staying asleep 2. Irritability or outbursts of anger 3. Difficulty concentrating 4. Hypervigilance for TP 5. Exaggerated startle response 6. Physiologic reactivity to cues

Symptoms **under one month duration** are considered normal, acute, crisis-related reactions. Those not manifesting until six months or more following the event are delayed PTSD or STSD.

SIN EATERS

James Janik, Psy.D.

When helping professionals debrief emergency response personnel following a substantial disaster or particularly distressing circumstances, these professionals sometimes overextend themselves and experience "compassion fatigue." In the worst circumstances emergency response personnel after extremely gruesome circumstances, can (over time) even lead to the acquisition of "secondary PTSD." This paper offers a model for understanding this process based on an ancient Welsh custom. The model postulates that ideas, memories, fantasies, and images associated with human suffering have the capacity to acquire toxic qualities that can disrupt the psychic equilibrium of both debriefers and mental health professionals.

PROBLEM

Emergency response personnel that are served by police psychologists specializing in trauma care often have intense experiences in the course of their work. For example, firefighters witness massive destruction of property, the carnage of plane and train crashes, and horrific victimization from fires and automobile crashes. Police officers see the results of random shootings, serial murders, rapes, domestic violence, and incest. Correctional psychologists who serve inmate populations hear the reports of criminals both of their heinous and irrational violence perpetrated on others and being the victims of violence themselves. In my own experience, for example, the first psychiatric patient I interviewed at the Cook County Department of Corrections complained of dysphoria, secondary to his incarceration. During the interview, he described being frequently raped by an older brother as he grew up. But then he boasted of having (previously) killed three children under the age of 5, and graphically described the rape and murder (just before his arrest) of a 6-year-old girl whose only crime was to stray too far from adult supervision. The effect was chilling and left me with anxious ruminations about the adequacy of supervision with my own 6-year-old daughter.

The clients of therapists who specialize in trauma responses wish to unload their worst experiences on these therapists, who they hope can help detoxify their painful memories. Whether the experiences were recent or in the distant past, these emergency response personnel often use the benefits of such ego defense mechanisms as denial, isolation, emotional construction, and withdrawal to manage recurring distress from the experiences. These personnel often have to be encouraged, reassured, and supported by therapists or debriefers to "open up." This is especially the case in tragedies that involve innocent or "by-standing" families and children who reminded the emergency response personnel of their own and their loved ones' vulnerability to sudden, unanticipated danger. It sometimes takes significant effort on the therapist's part to convince these action-oriented workers that verbalizing their traumatic experiences can help objectify, describe, and control the effect it has on their inner experiences. If the debriefer is weary, overwhelmed or defensively distant from the client, then best efforts may not be exerted to get reluctant clients to experience images they defensively try to put out of their mind.

From the therapist's perspective, healing strategies require a therapist's sharing a client's troubling emotions ideas, memories, fantasies, and images. Yet sometimes, the graphic descriptions and severe emotional catharsis still can be overwhelming for the client and frightening, if not repulsive, to the therapist. Yet, the therapist dares not communicate the wish to "turn away" from the horror of the client's experience: the client might withdraw even further and despair that even a trained professional cannot be of assistance. Thus, the therapist continues, day after day, client after client, to accumulate in his/her own experience these distasteful--even disgusting--visualizations.

Students and new therapists who see emergency response personnel frequently become aware of an impulse to flee, to protect themselves from being overwhelmed by the gruesome images of their clients. They find the residue of the second-hand images troubling and difficult to manage. Some may even find that this negative residual accumulates along with that of other clients (e.g., victims of sexual and physical abuse, victims of psychopathology). Together this can fester in a self-perpetuating cycle of cynicism and burnout. In the worst cases, the situation can exacerbate into second-hand PTSD. Human philosophies have long maintained that "wrong-thinking" can have a negative effect on individuals, especially on those in development (such as inexperienced therapists). I would go further and maintain that some ideas can be toxic - even poisonous - to the processes and assumptions that all of us use to bind up or manage our anxiety about our future in the world. Customary defense mechanisms are usually able to metabolize the toxic aspects of these ideas in low doses. But in high or frequent doses, I argue that even second-hand toxic images, memories and ideas can stimulate the use of chronic defenses that buffer the therapist's first-hand experience of a client, and can prevent the therapist from "being there" for the client.

I am unaware of any quick or easy cure for this situation. Many therapists report having strong feelings stimulated during sessions with clients, but few are trained as to how to manage them, and many are embarrassed to even admit their existence to colleagues. Therapists in the situation described are often advised to seek psychotherapy themselves. There, the experiences of their clients can be detoxified and put in cognitive and emotional perspective. Ideally, these toxic images lose their corrosive powers on helping professions as they are "worked through" in successive layers of psychotherapists. Ideally, each therapist can then act on successfully as a "crucible" for the unacceptable thoughts and experiences of clients that cannot be expressed elsewhere. In less than ideal situations, these toxic images, memories and experiences can flood and overwhelm the therapist; at these times their toxicity will be passed on from clients and accumulated in debriefers. In order to understand this process further, I offer as a metaphor a social role that was institutionalized in Welsh villages during the dark ages.

THE METAPHOR

During the dark ages, pestilence, disease, and famine were visited unpredictably upon the European populous. To give their people a sense of control and understanding about the unseen and unknown forces that were causing such havoc, individual cultures developed wild beliefs, superstitions, and religious systems to explain the world, to give them hope in the face of adversity, and to bind their anxiety about what would occur tomorrow. This is not significantly different from some current fantasies, myths, and assumptions that we hold today; e.g. that the world is a just place, people get what they deserve, hard work will be rewarded, our children are our future, etc. During these times, individuals with disabilities or handicaps who could not fend for themselves either had to live on others' charity or die. Over the years, the price paid for accepting charity (namely infantilization, manipulation, and guilt-slinging), made this choice less obvious than it might initially appear. A need developed on the part of both the disabled individual and society to have those receiving charity fulfill a social role and to complete an obligation that allowed them to earn their sustenance. The role of "Sin-Eaters" evolved.

The role of a Sin-Eater in a Welsh village was to consume a meal offered by the family of a deceased villager. The food was believed to represent and to have absorbed the sins committed by that villager during his life on earth. Presumably, those who were more successful had committed more sins; thus they offered a larger banquet. Acceptance of the food by the Sin-Eater and its consumption released the deceased from obligatory punishment in the next life and freed them for their heavenly reward. The Sin-Eater would ordinarily consume only a small portion of the food and take the rest home for his family or for himself later. Thus, the Sin-Eaters and their families were able to survive and live a life of relative

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respect within the community. There was, however, a price paid by the Sin-Eaters. Likely to prevent the able-bodied from simply living off the fruit of others' labor, the Welsh believed that the Sin-Eater accumulated all the sins of all the deceased whom he served. Thus, a Sin-Eater could accumulate the sins of an entire generation of villagers within their lifetime. Further, the individuals who "magically" cleansed others by dealing in the currency of others' secret sins, were viewed with suspicion. Villagers would avoid contact with them and even avert their eyes if they came into the village on business. Sin-Eaters were often banished to the outskirts of the village and the villager's daily experience.

A problem arose, however, when the Sin-Eater died. Should the Sin-Eater not be relieved of the accumulated burden of sins, they would be punished not only for their own sins, but also for the sins of all of the deceased they had taken upon themselves. Few individuals were willing to take on such an awful burden, so it often fell upon a family member, usually the oldest son, to take over this burden. Thus, this new Sin-Eater would eat the usually meager funeral banquet of the deceased Sin-Eater and take upon himself the sins of an entire generation of villagers. The reader can see that this created a sort of theological "pyramid game" in which early players benefit but later players have to pay an enormous price. They experienced both the honor and degradation of fulfilling a formal social role of scapegoat or detoxifier that helped the community raise its own self-esteem and sense of competency. After many generations of Sin-Eaters, the burden of accepting the sins (which were toxic and corrosive to one's own soul) became extremely heavy and frightening. It took tremendous faith in the future for successive Sin-Eaters to be willing to act as vessels for these accumulating sins, to tolerate the social suspicion of being so tainted, and to tolerate the corrosion to one's self-esteem for having such a "blackened soul." Pity the unfortunate Sin-Eater who could not find the reassurance and consolation that at the end of their life, their burden would not be lifted by someone else, but would instead remain entirely upon them alone.

SUMMARY

The metaphor of the Sin-Eater applies to the psychotherapist, police officer, social worker, or emergency response personnel who carry the toxic and corrosive ideas, images, memories, and experiences of their traumatized emergency response clients. In a "worst case scenario," these poisonous ideas conflict with the reassuring assumptions about the world with which we all console ourselves and derive hope for a better tomorrow. They can accumulate and burden these social helpers. They can corrode both their self-esteem and their contact with the world and their clients. Cynicism, burn-out, rigidity, and social withdrawal can result if these experiences are not detoxified, processed, and understood within a larger cognitive, emotional, and societal perspective.

The benefit of a metaphor is to generate understanding about a phenomenon, not to describe it accurately or completely. For example the Sin-Eater metaphor cannot describe the potential within psychotherapy to diminish the toxicity of traumatic experiences so that their power is not simply accumulated and passed on to the therapist's therapist. When "helping the helper" and "debriefing the debriefers," a superordinate debriefer doesn't simply lift the burden. It also supports a debriefer's sense of competency and reassures that their potential to help others will continue--perhaps even increase--in the future. Debriefers have become the victims of their own success, since expectations are very high for their performance. A superordinate debriefer could help considerably in preventing debriefers from driving themselves to a point where they effectively avoid offering such services, or worse, drop out of the profession altogether. In emergencies, when a debriefer is working alone to debrief large numbers of individuals, there is a role for a superordinate debriefer therapist to check in and help both in an acute situation and the in its aftermath.

The Sin-Eater metaphor is offered to assist debriefers in understanding the phenomenology of their role and to help them tolerate the intense experiences they may find overwhelming or corroding. A few therapists to whom I have offered this metaphor have objected to it, claiming that they are more than simply "livers, filtering society's toxins"; they in fact heal and restore. This is true, but I remind such therapists of the vulnerability that accompanies "helping the helpers," and try to help them appreciate the need to restore themselves. Perhaps therapists should recall the words of the fictional character Indiana Jones who said, "It's not the years that make the difference in a person, it's the mileage."

THE CHAPLAIN'S ROLE IN THE LAW ENFORCEMENT FAMILY

Burton L. Kincaid, Th.M

The police chaplain has gone from the reactive relationship of "Don't call us, we will call you," to the proactive relationship of "Spend time with us," and "Let's work together." This paper relates the role of the chaplain as a friend, support person, confidant and pastor. We will be looking at the positive aspects of an available, visible, adaptable and credible chaplain. There are many areas in which the chaplain may serve, such as spiritual advising, death notification, or officiating at weddings and funerals. The chaplain also provides counseling for alcohol abuse, domestic problems, divorce, potential suicide, and family members affected by suicide, post-shooting trauma, the terminally ill, disasters, etc. This paper deals with how the chaplain can be a positive influence in the law enforcement family.

The police chaplain has a unique and vital role in the law enforcement family. Upon appointment, Michigan State Police chaplains are presented with a certificate that reads:

Know all men by these presents that (name) is appointed a member of the Chaplains Corps of the Michigan Department of State Police for the avowed purpose of helping officers maintain a respect for human dignity based upon the Brotherhood of man and the Fatherhood of God. To help build a firm moral foundation and provide spiritual incentive and admonitions that will strengthen the self-esteem of all officers, and to be available for counseling department personnel at times of tragedy and emergency within the limits of his time, place and ability (MSP).

The chaplain is not just a clergyman, but also a law enforcement officer who shares the triumphs, tragedies, and emotions of those with whom he serves.

In the beginning stages of many police department chaplain programs, the chaplains were told, "Don't call us, we'll call you." Many police departments now are realizing the importance of a proactive relationship, and are saying instead, "Let's get acquainted, spend time together, become friends, and work together."

Joseph Wambaugh (1987) said, "Civilians have seldom understood the real danger inherent in police work. It has never been particularly hazardous to the body, not since Sir Robert Peel first organized his corps of 'bobbies.' This line of work has always been a threat to the spirit" (p. 292). In order to fully understand and meet the spiritual and emotional needs of his fellow officers, according to Gary Benjestorf (1991), the chaplain needs to be more than just an on-call civilian clergyman. The law enforcement community needs to be as much a part of his congregation as his local church. The chaplain's role begins far before he receives an emergency call. The relationships he has already established through ride-alongs, meetings over coffee, briefings, and attendance at official functions and special events (weddings, graduations, sporting events, etc.) will determine his success or failure in meeting the needs of his fellow officers. Officers are more likely to look towards the chaplain for advice if he is also a friend and companion, both on and off duty. This is especially essential in cases where the officer might hesitate to seek other professional counseling or assistance for various and personal reasons.

Harvey A. Goldstein (1988) states that:

Police Departments traditionally are the least tolerant of individual differences and weaknesses, devalue compassion and are least invested in reducing the stigma of mental illness within their ranks. Administrative acknowledgement that emotional problems need to be expressed and dealt with, without fear of repercussion, is a message of institutional caring and concern, as well as responsibility for human factor problems. This includes the seemingly endless personal and interpersonal problems that result from the continued contact with the high stress work environment (p. 175).

In the 1970s in Flint, Michigan, a police officer shot at another officer in a dispute over who was going to drive the patrol car. This further increased the tension and stress within both the police department and the city. One result of this incident was the formation of the Flint Police Chaplain Corps, in which I had the privilege of being a charter member. This was an entirely new and rewarding area of ministry for me. As the chaplaincy program grew and matured in Flint, so did my appreciation and understanding of the responsibilities and pressures of the law enforcement family. This helped to develop my ability to minister to the emotional and spiritual needs of the officers and their families.

My early experiences in the Flint City Police Department led me to a realization of the tremendous necessity for police chaplains and instilled within me a deep desire and calling to minister to these needs. This calling has led me toward service in the Clio/Vienna Police Department, to the Gladwin City and Gladwin County Sheriff Departments, and finally on to the Michigan Department of State Police Chaplain corps where I continue to serve.

The past years have been a rewarding adventure in helping officers and families through many highly stressful, emotional, and tough situations in life. I, too, have grown and matured through our experiences together. I have developed a sincere appreciation for the daily challenges an officer faces, and the personality characteristics he/she continually portrays; that he/she is sensitive, honest, caring, decisive, of high moral standing, devoted to duty, personable, detached, tempered, and slow to anger (Stratton, 1984). Paul Harvey (1981) wrote in "What are Policemen Made of?":

A policeman is a composite of what all men are, a mingling of saint and sinner, dust and deity.

Gulled statistics wave the fan over the stinkers, underscore instances of dishonesty and brutality because they are 'new.' What they really mean is that they are exceptional, unusual, not commonplace.

Buried under the froth is the fact: Less than one-half of one percent of policemen misfit the uniform. That's a better average than you'd find among clergymen!

What is he made of? He, of all men, is at once the most needed and the most unwanted. He's a strangely nameless creature who is 'sir' to his face and 'fuzz' behind his back.

He must be such a diplomat that he can settle differences between individuals so that each will think he won. But . . . if the policeman is neat, he's conceited; if he's careless, he's a bum. If he's pleasant, he's flirting; if he's not, he's a grouch.

He must make an instant decision which would require months for a lawyer. But . . .

If he hurries, he's careless; if he's deliberate, he's lazy. He must be first to an accident and infallible with a diagnosis. He must be able to start breathing, stop bleeding, tie splints and, above all, be sure the victim goes home without a limp; or expect to be sued.

The police officer must know every gun, draw on the run, and hit where it doesn't hurt. He must be able to whip two men twice his size and half his age without damaging his uniform and without being 'brutal.' If you hit him, he's a coward; if he hits you, he's a bully.

The policeman must know everything--and not tell. He must know where all the sin is and not partake.

A policeman must, from a single strand of hair, be able to describe the crime, the weapon and the criminal--and tell you where the criminal is hiding. But . . .

If he catches the criminal, he's lucky; if he doesn't, a dullard. The policeman must chase a bum to a dead-end, stake out ten nights to tag one witness who saw it happen--but refused to remember.

The policeman must be a minister, a social worker, a diplomat, a tough guy and a gentleman.

And, of course, he'd have to be a genius . . . For he'll have to feed a family on a policeman's salary.

Due to these many and varied experiences, I have endeavored to be a spiritual advisor, confidant, pastor, and (at times perhaps more importantly) a friend to officers and families with needs.

As I have stated, the relationships a chaplain establishes with his fellow officers are important. An officer will not fully trust or turn to a semi-stranger when in times of greatest need. Before seeking out a chaplain, an officer must be able to put a face with the name and must have confidence in the chaplain as a well respected spiritual friend who is going to be there even if the rest of the world has lost faith in and turned its back on the officer. Roger G. Wittrup (1986) says,

> There is also a time in which the religious questions begin to emerge, even for those who have not attended church since childhood . . . I found often a great deal of help from chaplains assigned to police departments, who often are the police officers' friends as well as a pastor, who can be of great help in regard to these questions (p. 406).

Ride-alongs provide a prime opportunity for a chaplain to get to know his fellow officers. Whereas most officers are hesitant to visit the chaplain's office for fear of what their peers might think or say, they usually welcome the opportunity for a companion in the patrol car. This can often lead to an officer opening up and sharing his needs, concerns, and interests. This is a result of the assurance of confidentiality a chaplain instills. As friendships form, the opportunity for ministry with department personnel and their families increases. This type of relationship is mutually rewarding, through acceptance, fulfillment, and fellowship together.

The chaplain is a team player who has a key role in assisting department personnel in working together. Charles R. Fisher (1986) states that law enforcement officers "tend to be upward mobile

individuals who are competitive, and who have an average to above-average difficulty in dealing with delayed gratification. They, like many of us, tend to live up to the saying that 'the basic difference between men and boys is the cost of their toys'" (p. 113). Another has stated that "He who dies with the most toys, wins." This places added strain on budgets and increases the stress in both the home and job environments. As Dr. James Reese (1983) puts it, "Stress is the wear and tear of daily living." A chaplain can assist department personnel in balancing the requirements of their jobs with their personal needs and in relieving some of the stress that accompanies their profession. Helping them deal with their problems and needs creates a more healthy home and work environment.

To be effective, a chaplain must also be a leader. A chaplain must place the officer and his family's personal needs, and physical and spiritual well-being, above his own. He must be willing to go wherever his fellow officers go in the line of duty and to place his own life at whatever risk the other officers may face. He must be available at any hour to assist officers in venting their frustrations, help diffuse their anger, and provide a stabilizing influence in stressful situations.

The chaplain can perform a variety of roles. His duties may include delivering death notifications or officiating at weddings, funerals, memorial services, and retirement celebrations. He can also provide counseling for substance or alcohol abuse, domestic problems, divorce, violence, abuse, suicide prevention, and post-shooting trauma. A chaplain may just be a friend and confidant for those who need one, or an advisor to comfort and prepare the terminally ill.

In summary, a chaplain is a PASTOR to police officers and their families. He is available, visible, adaptable, and credible; quick to listen and slow to speak. He continually motivates himself by asking, "What would God do in this situation?" He then lives and acts accordingly. A chaplain is a reflection of the nation's motto, "e pluribus unum"--one out of many--as chaplains of many faiths work together with the common purpose of service to the law enforcement family.

The chaplaincy is truly an adventure for God as we commit our lives to making this world a better place. My love for God, my country, and my fellow officers and their families has continued to motivate me to do as a sign in a Norwegian Fire Department states: "Do what you can, where you are, with what you have, while you have time."

BIBLIOGRAPHY

Benjestorf, G. L., (1991). The chaplain's role in critical incident response: An overview. In J.T. Reese, J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing (pp. 17-20). Washington, DC: FBI.

Fisher, C., (1986). Some techniques and external programs useful in police psychological services. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 111-114). Washington, DC: U.S. Government Printing Office.

Goldstein, H. A. (1988). Police psychology: Influencing organizational character. In J.T. Reese & J.M. Horn (Eds.), Police psychology: Operational assistance (pp. 173-180). Washington, DC: FBI.

Harvey, P. (1981, Spring). What are policemen made of? Stress Magazine.

Michigan State Police Certificate of Appointment, February, 1989.

Reese, J.T. (1983, November). Michigan Police Chaplains Seminar. Detroit, Michigan.

Stratton, J.G. (1984). Police passages. California: Glennon Publishing.

Wambaugh, J. (1987). Echoes in the darkness.

Wittrup, R. (1986). Police shooting--an opportunity for growth or loss of self. In J.T. Reese & H.A. Goldstein (Eds.), Psychological services for law enforcement (pp. 405-408). Washington DC: U.S. Government Printing Office.

SUGGESTED READING

Besner, H. F. & Robinson, S. J. (1982). Understanding & Solving Your Police Marriage Problems. Springfield, IL: Charles C Thomas.

Bringegar, J. L. (1985). Breaking free from violence. New York: Gardner.

Horton, A. L., & Williamson, J. A. (1988). Abuse & religion--when praying isn't enough. Massachusetts: D. C. Heath & Company.

Kennedy, E. (1976). On becoming a counselor. New York: Seabury Press.

Kroes, W. H., & Hurrell, J. J. (Eds.). (1975). Job stress & the police officer. Washington, DC: U.S. Department of Health, Education & Welfare.

Reese, J.T. (1987). A history of police psychological services. Washington DC: U.S. Department of Justice.
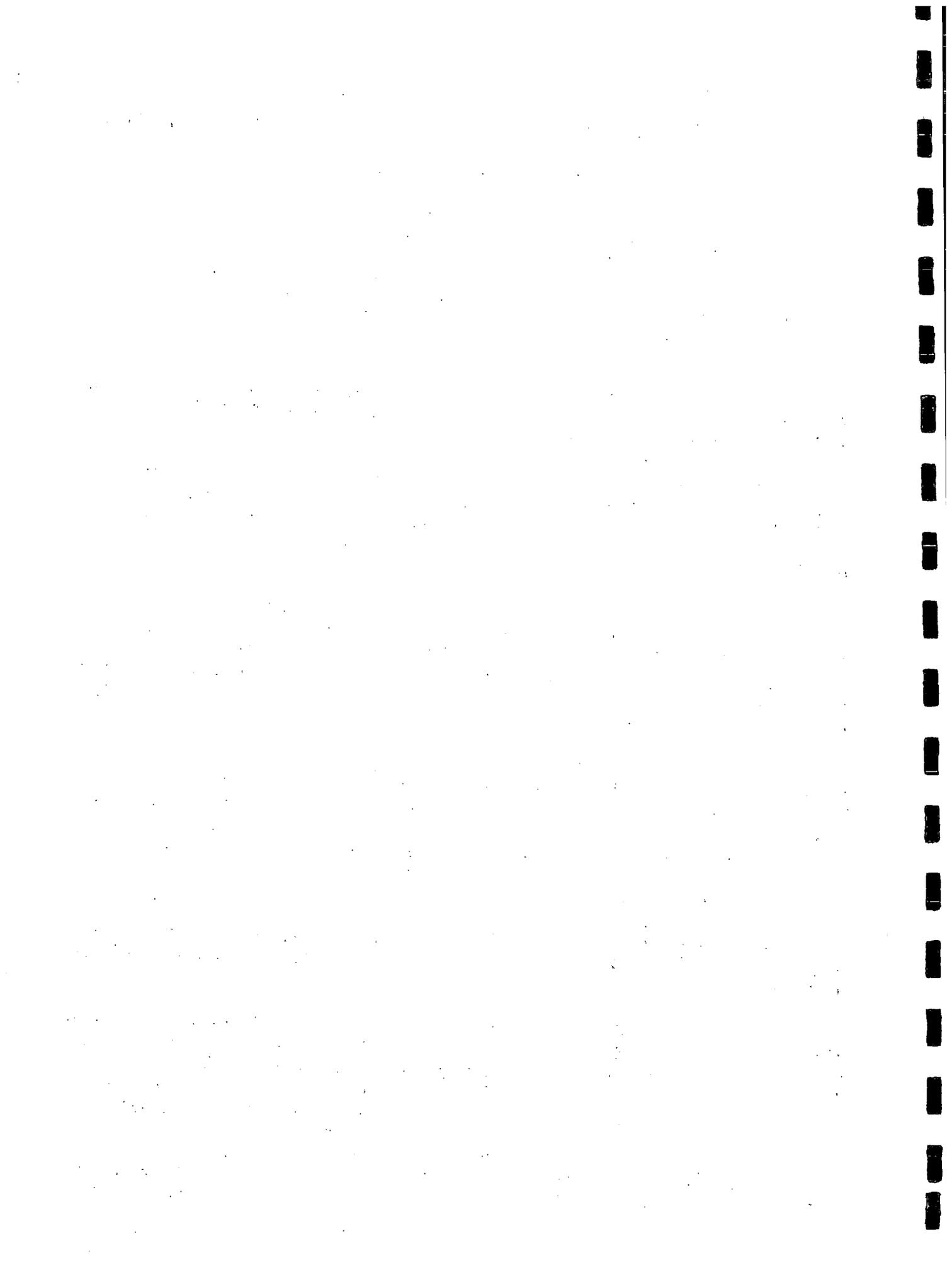
THE RISK FOR UNETHICAL PRACTICE WHEN WORKING WITH POLICE FAMILIES

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Psychologists may face certain ethical dilemmas when working with law enforcement officers and their families. Specific sections of the new APA Ethical Principles of Psychologists and Code of Conduct are examined with respect to these issues. Please note that while the author is a member of the APA Ethics Committee, the ideas expressed in this paper do not necessarily reflect those of the American Psychological Association.

Providing psychological services for individuals in our complex society carries a number of risks for unethical practice. Providing such services for families multiplies the risk, and offering treatment to police families requires caution and attention to specific ethical standards.

Psychologists become involved with police families in a variety of ways. Some see such families occasionally as part of a more general practice. Other psychologists deal almost exclusively with law enforcement families, contracting as consultants with a number of small departments; while others are full-time employees of large departments and serve many functions within a single state or metropolitan organization.

Each of these relationships poses special risks for unethical practice. For example, an independent practitioner may not see enough police families to develop the necessary expertise to understand the unique problems such families face. A contractor with many small departments over a wide area faces the challenge of keeping up with cases and dealing with emergencies many miles from home. The psychologist on the payroll of a large department runs the special risk of dual relationships and challenges to his or her objectivity.

D'Agostino (1986) addressed some of the ethical issues germane to police psychological services, referring to the version of the American Psychological Association ethics code in use at the time (APA, 1981). A major revision of the Ethical Principles was begun in 1986, and in December of 1992 the new Ethical Principles of Psychologists and Code of Conduct (APA, 1992) took effect. The following standards in the new Code should be considered when working with law enforcement families.

1.15 Misuse of Psychologists' Influence

Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

As noted by D'Agostino (1986), ethical decision making can be shaped by the nature of police organizations, which are largely authoritarian in structure and revolve around control and power; as such it is easy to become caught up in struggles among various factions in the department. It takes a good deal of patience and tenacity for a psychologist to show police administrators that he or she can provide a valuable service to the department and deserves their trust and endorsement. Psychologists then must keep the support of powerful members of the police organization in order to function. Such support can have strings attached ever so quietly, and psychologists must constantly guard against subtle shaping of their judgments and actions by those in power. Administrators might genuinely appeal for consideration of the greater good of the department when they ask a psychologist to misuse influence in a family

situation. The psychologist should be prepared for such social and political pressure, discuss it with department administrators as a possible problem before it occurs, and develop in advance a clear but diplomatic plan to prevent such pressure from forcing the psychologist to behave unethically. Waiting until the pressure is on to plan is unwise.

1.17 Multiple Relationships

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists much always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when preexisting relationships would create a risk of such harm.

(c) If a psychologist finds that, due to unforseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

Not only do psychologists need to impress command staff that they have a service to offer law enforcement officers and their families, they must impress the officers as well. Developing social relationships is critical to this process. Psychologists attend training retreats, official departmental parties and social events with officers and their families, and often develop a network of friendships among officers, who then provide support and introduction to other officers who may be less inclined to accept the psychologist. The nature of the relationships are social, but somewhat distant at this point.

As noted by Courtney (1986), a psychologist who rides with an officer then develops a more private relationship with him or her in the security of the cruiser; in a sense, the car becomes an "office" on wheels. At such times the officer might relax and discuss sensitive family matters, and perhaps ask the psychologist for perspective and advice. Finally, the officer and his or her family might be seen by the psychologist for treatment in an official and confidential setting. During or after such treatment the psychologist might again be involved with the family in the regular departmental socialization, again wearing a different "hat."

Multiple relationships thus become the norm in some departments. Balancing the need to maintain multiple relationships with their inherent risks is tricky. One has to keep the big picture in mind, assuming that any social relationship might later turn into a clinical one. Further, at the outset of treatment, one should discuss with the officer and/or the family that social contacts with the therapist are likely in the future, so each client might express his or her thoughts and feelings about such future contacts.

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1.21 Third-Party Requests for Services

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party...

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.

A primary question concerns who is the constituent of the psychologist. Is it the officer, the officer's family, the administration of the police department, or society at large?

Perhaps the most commonly discussed ethical matter involves the potential for conflict when a psychologist both evaluates and treats an officer. Police officers tend not to be forthcoming about their inner thoughts and feelings. But, when an officer is seen with his or her family, the clinician gains rapid insight as to the officer's nature and problems. Having this knowledge, what if the department requests an objective evaluation of that officer's qualification for promotion or special assignment, or even more important his or her fitness for duty? Should one both treat and evaluate an officer?

Treating and evaluating is not per se unethical, although it might be in some circumstances. First, it is wise to anticipate such a conflict in advance, and inform all officers and their families at the beginning of treatment that one of the psychologist's roles might be to provide to the department an evaluation of the officer for some purpose; this will allow greater informed consent to treatment. It is important that clients understand how personal material might be used, and how their rights to confidentiality might be compromised (see also 5.01, Discussing the Limits of Confidentiality, below). To the extent feasible, the psychologist should inform the department (third party) of any conflict that might arise out of a request to evaluate a particular officer, so an independent evaluation could be arranged.

If a clinician's role begins to change once therapy is in progress, it is important to keep all parties informed. As noted above, departmental pressure can present the psychologist with the dilemma "you know this officer best, what is your opinion of the officer's fitness for duty?" In fact, the psychologist might know the officer best, and the temptation to help the department may be great.

The psychologist must determine whether he or she can be objective when evaluating an officer who is in treatment, or whose family is in therapy with the psychologist. This is a judgment call, but should be examined clearly. If the evaluation is completed, one should be able to explain how objectivity was protected to a peer review or ethics committee.

2.02 Competence and Appropriate Use of Assessments and Interventions

(a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide.

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This calls attention to two major issues. First to be determined is whether one is qualified by training and experience to work in such a specialized setting (Linton, 1993). Since standards in police psychology are still in development, one should be cautious when using traditional techniques on a law enforcement population, depending upon the literature and experienced colleagues for guidance. New techniques abound (and are marketed heavily), and caution is advised when using them with officers and their families.

Second, the psychologist must understand how professional interpretations might be used or misused by the department or others. Psychologists should communicate clearly with minimal jargon, focus upon the referral issue, refrain from discussing any unrelated private information about the client(s), and state the limits of certainty of their judgments and recommendations (see also 2.04, Use of Assessment in General and With Special Populations).

4.03 Couple and Family Relationships

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as a husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained.

Although this standard applies to work with all couples and families, it is particularly crucial when treating those associated with law enforcement. In a sense, the police department is a family system. Because and officer is exposed to a high degree of scrutiny by the department and the public, reports of an officer's problem behavior are quickly sent through the police family system. At times the police family is aware of problems the officer's own family does not know. On the other hand, the officer's family might know secrets the police family does not.

When an officer is acutely troubled and referred for immediate treatment, family members can become involved in the process and might attend sessions with the officer. If the referral is administrative, there may be the expectation the psychologist will report back to the department about the nature of the problems seen in the officer, and how they affect the officer's performance.

The officer needs to know how much of what the therapist has learned formally or informally from the department will be shared with the family. Family members need to understand whether they are officially considered to be clients, and what each can expect from the therapist. They should be informed as to how their input might be used in administrative proceedings concerning the officer, and the degree to which what they reveal might be communicated to others.

5.01 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations when applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

This speaks specifically to a discussion of confidentiality with all parties at the beginning of couples or family therapy. An important first consideration is whether the officer or the officer's family have a legal right to confidentiality. If they have that right, then all rules of confidentiality apply; if they do not, then there should be an informed consent procedure to give notice of the limitation.

Perhaps the most high profile problem confronted by clinicians treating police officers is determination of an officer's potential for dangerousness to self or others. Officers carry deadly weapons and are trained in their use. An officer can inflict immense harm, and if information is received that such harm is imminent, the clinician is required to act to protect intended victims. Officers and their families should understand in advance that confidentiality might be breached in such a case.

Other problems can be avoided as well. It is common for couples to come into therapy to save or improve a relationship. A single chart is made for the couple, and everything discussed goes into that file. One partner may not come for a while, so the other comes alone. Material discussed during these individual sessions is included in the couple's file.

Unfortunately, families involved with public safety as a profession tend to have high rates of substance abuse, relationship maladjustment and divorce (Linton, Kommor & Webb, 1993; Mitchell & Bray, 1990). When divorce proceedings begin, one partner may consent to have his or her attorney request a copy of the therapy file, since damaging material about the other partner may be recorded there. The second partner may not consent to this release, but with both names on the file, the signed consent from the first is likely to suffice. The therapist might try to selectively omit any negative material regarding the nonconsenting partner not directly related to the marriage, but withholding parts of a file from the court places the therapist at risk. Once personal information in a file is made public in divorce court, it might be used to damage an officer's career (as it could that of the spouse).

So at the outset of treatment, or as soon as possible thereafter, the therapist should discuss the various ways confidential material in the file might be used; such a discussion protects the interests of clients and the therapist. Some therapists keep separate charts on each partner in marriage counseling, so one partner can request release only of his or her chart. This gives greater control to the therapist, and greater assurance of confidentiality to both clients.

Informing clients as to the limits of confidentiality seems axiomatic. However, a recent survey measured therapists' beliefs and practices regarding informed consent issues including confidentiality (Somberg, Stone & Claiborn, 1993). Their findings suggested wide variability of informed consent procedures among therapists. While many respondents regularly inform clients, some felt informing clients of the limits of confidentiality was unnecessary because the patient already knows or is not interested, and others stated informed consent might have a negative impact on the therapeutic relationship. Assuming no need to inform police families would be a gross error in judgment, leaving a clinician open to legal and ethical charges.

Psychologists working with law enforcement personnel are bound first to conform to relevant laws. They should then be guided by the Ethics Code, consultation with experienced associates, and clinical judgment when addressing the problems of police officers and their families.

REFERENCES

American Psychological Association. (1981). Ethical principles of psychologists. <u>American Psychologist,</u> <u>36</u>, 633-638.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. <u>American Psychologist, 47</u>, 1597-1611.

Courtney, D. (1986). Riding-observing-listening: a natural link between psychologists and police officers. In J.T. Reese and H.A. Goldstein (Eds.) <u>Psychological services for law enforcement</u> (pp. 237-240). Washington, DC: US Government Printing Office.

D'Agostino, C. (1986). Police psychological services: ethical issues. In J.T. Reese and H.A. Goldstein (Eds.) <u>Psychological services for law enforcement</u> (pp. 241-247). Washington, DC: US Government Printing Office.

Linton, J.C. (1993). Current ethical issues in hospital settings. <u>Register Report, 19</u>, January.

Linton, J.C., Kommor, M.J. & Webb, C.H. (1993). Helping the helpers: the development of a critical incident stress management team through university/community cooperation. <u>Annals of Emergency Medicine, 22</u>, 663-668.

Mitchell, J.T. & Bray, G. (1990). <u>Emergency services stress</u>. Englewood Cliffs, NJ: Prentice Hall.

Somberg, D.R., Stone, G.L., & Claiborn, C.D. (1993). Informed consent: therapists' beliefs and practices. <u>Professional Psychology: Research and Practice, 24</u>, 2, 153-159.