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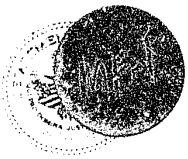

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Coping With Police Stress

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Coping With Police Stress

by
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Issues and Practices in Criminal Justice is a publication series of the National Institute of Justice. Designed for the criminal justice professional, each *Issues and Practices* report presents the program options and management issues in a topic area, based on a review of research and evaluation findings, operational experience, and expert opinion in the subject. The intent is to provide criminal justice managers and administrators with the information to make informed choices in planning, implementing and improving programs and practice.

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I. INTRODUCTION

> You change when you become a cop--you become tough and hard and cynical. You have to condition yourself to be that way in order to survive this job. And sometimes, without realizing it, you act that way all the time, even with your wife and kids. But it's something you have to do, because if you start getting emotionally involved with what happens at work, you'll wind up in Bellevue [psychiatric hospital].[1]

There is a growing recognition among police administrators that the officers under their command are not superhuman--that they are affected by their daily exposure to human indecency and pain; that dealing with a suspicious and sometimes hostile public does take its toll on them; and that the shift changes, the long periods of boredom, and the ever-present danger that are part of police work do cause serious job stress.[2] Indeed, police work has been identified as one of the most stressful of all occupations.[3]

Job stress is a serious threat to the well-being of both individual officers and police departments as a whole. Unrelieved stress can result in high blood pressure, cardiovascular disease, chronic headaches, and gastric ulcers. It can lead to severe depression, alcohol and drug abuse, aggression, and suicide. Stress affects officers' alertness, their physical stamina, and their ability to work effectively. These consequences of stress can place an enormous financial burden on police departments. Excessive absenteeism, disability and premature retirement compensation, and high replacement costs for disabled officers all direct resources away from effective crime prevention and law enforcement

activities. Police administrators have increasingly acknowledged that they cannot afford to ignore stress symptoms until officers break down, an infraction is committed, administrative action is required, or an officer can no longer function on the job.

Overview of the Report

This Issues and Practices document focuses on programmatic approaches developed by police departments to cope with police stress. Police stress services fall into two broad categories: (1) clinical intervention services, such as psychological counseling and crisis intervention, designed to assist officers in coping with personal or job-related stress; and (2) preventive services, including training and educational programs designed to instill an understanding of the common stressors confronting police officers, effective coping strategies, and available resources for assisting officers in dealing with stress.[4] This document identifies issues that should be addressed by practitioners and administrators in the law enforcement field who are interested in either initiating stress programs or reexamining and modifying existing programs. Wherever possible, the report highlights the strengths and weaknesses, the advantages and disadvantages, of various program structures, operations, and policies. These discussions are aimed at helping readers to make more informed choices about designing and modifying programs based on the particular needs and features of their own departments.

Contents

The remainder of Chapter 1 contains a brief overview of the literature on police stress, including common stressors in police work and their effects, and concludes with a summary of the methods used in conducting this study. Chapter 2 examines the basic steps involved in designing a program and gaining necessary support throughout the department. The importance of developing explicit confidentiality guidelines as part of the planning effort is emphasized. Various options for program organization and administration are the focus of Chapter 3: delivery of direct services by the program itself or by referral to outside community agencies; location of the program, both organizationally and physically; the number and types of program staff; and

program costs and funding sources. Chapter 4 deals with the clinical services that are delivered by stress programs, including the types of clients who receive these services, how clients are referred to the program, and how the availability of program services is publicized. The development of stress training programs at the recruit, in-service, and supervisory levels is examined in Chapter 5. Chapter 6 provides guidelines for monitoring and evaluating police stress programs. Finally, Chapter 7 summarizes our major findings and recommendations.

What is Stress?

Stress can be broadly defined as "the body's non-specific response to any demand placed on it."[5] While the word "stress" has acquired negative connotations, many researchers and theorists argue that stress can be either positive or negative. For example, the stress posed by a sporting event or a final examination can challenge a person to excel in performance and can even be a source of pleasure.[6] In this document, however, the term "stress" refers to conditions which have a negative, rather than a positive, effect on an individual. "Police stress" refers to negative stress that is related to an individual's job as a police officer.

Dr. Hans Selye, in his now-classic work, The Stress of Life, proposed a "general adaptation syndrome" to describe the incapacitating effects of negative stress.[7] The syndrome involves three distinct stages observed in individuals who are exposed to a wide variety of environmental threats or "stressors":

Stage 1. alarm reaction, characterized by less than normal resistance to the stressors and a more abundant secretion of stress hormones;

Stage 2. resistance, during which the level of resistance to the stressors increases and bodily defense mechanisms are activated; and

Stage 3. exhaustion, when bodily resources are depleted and the person cannot maintain an adequate defense against the stressors.

Selye argued that an unrelieved effort to cope with stressors and return to normal bodily functioning can lead to "diseases of adaptation," such as coronary heart disease, ulcers, high blood pressure, headaches, and gastric disorders.

Stressors in Police Work

Studies to identify specific sources of stress in police work have relied heavily on clinical observations and the perceptions of police officers and other professionals exposed to the daily routine of police work. Based on these studies, a number of authors have compiled lists of "police stressors."[8]

A general classification scheme of police stressors, drawn from the work of these authors, includes the following four categories: (1) stressors inherent in police work; (2) stressors stemming from the policies and practices of the police department itself; (3) external stressors stemming from the criminal justice system and society at large; and (4) internal stressors confronting individual officers.

Stressors Inherent in Police Work

Many sources of police stress arise from the nature of police work itself. For example, Kroes noted the toll taken on police productivity by monthly shift rotations and the resulting alterations to body rhythms.[9] The change from day to "swing" or "graveyard" shifts not only requires biological adjustment, but also complicates an officer's personal life. Role conflict is another stressor that often accompanies police work. Conflicts can easily arise between serving the public, enforcing the law, acting in accordance with one's own values and ethical standards, and serving as spouse, parent, and friend. Other stressors inherent in policing include:

- the constant threat to officers' health and safety;
- boredom, alternating with the need for sudden alertness and mobilized energy;
- responsibility for protecting others' lives;

- continual exposure to people in pain or distress;
- the need to control emotions, even when provoked to anger;
- the presence of a gun, sometimes even during off-duty hours; and
- the fragmented nature of police work, with only rare opportunities to follow a case to conclusion or obtain feedback or follow-up information.

Stressors Stemming from the Police Department Itself

This class of stressors includes administrative policies and procedures, coupled with officers' infrequent input in those policies. Many department policies may be dictated by insufficient police resources, such as poor equipment or the use of one-officer patrol cars. Internal investigation practices, including scrutiny of officers' behavior during off-duty hours and overly harsh penalities for minor infractions, are also identified as sources of stress. As noted by Russell and Beigle, officers sometimes see themselves as having fewer rights than the criminals they apprehend.[10] Other frequently-cited stressors in this category are poor supervision, lack of administrative support for patrol officers, lack of rewards for good job performance, insufficient training, inadequate career development opportunities, and excessive paperwork.

Stressors Stemming From the Criminal Justice System and Society at Large

Several stressors from the criminal justice system and society at large have also been identified. Lack of consideration by the courts in scheduling police officers for court appearances is an often-cited source of stress for officers. Court appearances often interfere with officers' work assignments, their personal time, and even their sleeping schedules. Turf battles and lack of cooperation among individual law enforcement agencies, court decisions that curtail individual officers' discretion or restrict the role of law enforcement, the perceived leniency of the courts, and the premature release of offenders on bail or parole are also frequently-cited stressors. From the community at

large, sources of stress include a lack of public support and negative attitudes toward police, distorted and unfavorable media accounts of incidents involving police, and the inaccessibility and perceived ineffectiveness of social services and rehabilitation agencies to which police must refer individuals.

Individual Stressors

As one would expect, it is more difficult to generalize about internal stressors confronting individual officers than it is to generalize about the preceding three categories. Internal stressors--such as worries about competency to handle assignments, fears about dangerous assignments, and feelings of helplessness--are influenced by an individual's personality and past history. Specifically, whether a given event is a stressor for an individual depends on that person's subjective interpretation of the event.[11] Furthermore, stress tolerance levels also vary a great deal from one individual to the next.

Additional Stressors Faced by Female and Minority Officers

While many of the discriminatory barriers that precluded women and members of minority groups from entering police work have been eliminated during the past several years, female and minority police officers must still contend with significant stressors over and above those experienced by other officers. For example, some authors have suggested that these officers are more likely to face disapproval from fellow officers, friends, and family members for their decision to enter policing.[12] The ability of female officers to handle the physical and emotional rigors of street work is often questioned by supervisors, peers, and the public. As a result, the need to "prove themselves" to male officers and a public that is predisposed to doubt their competence can be a major source of stress for female officers.[13] A recent study by O'Brien concluded that minorities and women recruits suffer from a lack of informal tutoring or mentoring. Female officers stated that this was compounded by the absence of "role models" within the organization who could assist them in understanding how the system works and establishing a more positive atmosphere for the new recruits.[14]

Effects of Stress on Police Officers

While most research in the field of police stress has concentrated on identifying police "stressors" and their relative frequency of occurrence, some studies have attempted to document the incidence and prevalence of stress-related disorders among police officers, including physical disorders, emotional and personal problems, and impaired work performance.

The Physical Effects of Police Stress

Jacobi, reporting on his psychiatric experience with 50 disabled police officers in Los Angeles, stated that "psychological stress [can produce] a whole gamut of psychophysiological disturbances that, if intense and chronic enough, can lead to demonstrable organic disease of varying severity."[15] Jacobi lists a wide range of disorders, including backaches, muscle cramps, headaches, asthma, hyperventilation, high blood pressure, heartburn, ulcers, and thyroid disorders. The majority of studies that address the relationship of police work to physical disorders have focused on heart disease and digestive disorders. In one of the first such studies, Guralnick,[16] relying on 1950 census data, reported high rates of coronary heart disease mortality among police officers, sheriffs, and marshals when compared to other occupations. In a 1973 study of deputies assigned to patrol, Grencik found that 15 percent of the officers had cholesterol levels that doubled their risk of coronary heart disease; triglycerides were elevated in 27 percent of the cases. Some 56 percent of the officers were from six to 20 pounds overweight, while 28 percent were more than 21 pounds overweight. In all, over 27 percent of the officers evaluated had medium-high or high risk of coronary heart disease.[17]

Richard, Fell, and Wallace examined death certificates and case files from general hospitals and mental health centers in order to compare police with other occupational groups in Tennessee from 1972 to 1974.[18] They found that police were admitted to general hospitals at significantly higher rates. Almost two-thirds of these admissions were for disorders of the digestive or circulatory systems, compared to approximately 48 percent for all occupations combined.

A 1972 study by Kroes, Margolis, and Hurrell, based on interviews with 100 male Cincinnati police officers, included general questions

about the respondents' health status.[19] The authors compared these responses to data from a 1960 to 1962 nationwide health survey by the Bureau of Census. These comparisons suggest that police officers experience headaches and ulcers more frequently than the general population of U.S. males. Regarding cigarette smoking, which also has well-known negative health consequences, the authors found that a greater percentage of officers smoke than the general population of U.S. males, and they also smoke more frequently.

These findings suggest strongly that police work is related to relatively high rates of serious physical disorders. Unfortunately, there is a paucity of comparative data to suggest precisely how much more likely police are to develop serious medical disorders than other occupational groups. There is also a lack of data to compare different types of police departments with regard to officers' physical disorders. While no study to date demonstrates a causal relationship between job stressors and specific health problems, the direction and strength of association between these factors suggests a link that should be investigated further.

Stress and Emotional Problems Among Police Officers

The few systematic studies that attempt to relate stress and emotional problems experienced by police officers have looked primarily at rates of suicide, divorce, and alcoholism. An additional focus has been the psychological distress of officers involved in shooting incidents.

Suicide. Kroes contends that police suicides are underreported.[20] Since the victim's colleagues are typically the first persons to arrive at a suicide scene, he asserts, the incident may be reported as an "accidental death" to shield the officer's family or to protect their right to insurance benefits. Nevertheless, Davidson and Veno report Smith's finding that, in the state of Wyoming, the 1960 to 1968 suicide rate for police was almost twice the rate for physicians, the second highest group.[21] Fell, Richard, and Wallace examined Tennessee medical records and found that police ranked third among all occupations in suicide rate.[22]

Some investigators argue that there is considerable discrepancy between myth and fact when considering the prevalence of police suicide.[23] Indeed, the available literature on police suicide rates does not always confirm the assertion that police are a high risk population. Dash and Reiser, for example, found the suicide rate for police in Los

Angeles during the period 1970 to 1976 was well below the average rate for the County of Los Angeles.[24]

Divorce. Most investigators who have examined the effects of job-related stress on officers' home lives have reported unusually high rates of divorce among police. For example, in 1976 Stratton stated that:

> Law enforcement marriages, as a group, have one of the highest divorce rates in the country. While there is a general trend in society toward less stable marriages, law enforcement marriages have stresses inherent in them which can create specialized difficulties that don't exist in other marriages.[25]

Later, however, Stratton concluded that the incidence of divorce among police officers has been overestimated.[26] Davidson and Veno, in a critical review of research in this area, also argue that divorce rates for police may actually be no higher than for most professional occupations.[27] These researchers cite several weaknesses of studies purporting to show high divorce rates for police officers, including a lack of adequate control groups and failure to consider a multitude of factors influencing divorce rates, such as age at marriage and number of children.

Nevertheless, interview surveys have shown that police stress does influence the quality of family life. Kroes, Hurrell, and Margolis, for example, found that a majority of married officers report that their work has an adverse effect on their home lives in that, among other things, being police officers inhibits non-police friendships, makes them less able to plan social events, and generates a negative public image for the family.[28] In addition, they are more likely to take job pressures home, and their spouses worry about their safety.

Alcoholism. Hurrell and Kroes have suggested that those in policing are especially vulnerable to alcoholism.[29] They contend that some police administrators have reported informally that as many as 25 percent of the officers in their departments have alcohol abuse problems. It should be noted, however, that other police administrators believe that the influence of alcoholism in their departments is much lower. Systematic studies are lacking to confirm the widely held belief

that police suffer unusually high rates of alcoholism. Although research has established a relationship between high job stress and excessive drinking,[30] evidence for high rates of alcoholism among police remains indirect.

Post-shooting trauma. Officers and clinicians interviewed for this report described involvement in a shooting incident as the most dangerous and traumatic experience that officers can face during their police careers. Even in the absence of physical injury, the psychological stress caused by such experiences can be profound. Frequently-cited reactions include guilt, anxiety, fear, nightmares, flashbacks, social withdrawal, insomnia, and impaired memory and concentration. The officers involved in shooting incidents, as well as their families, supervisors, and fellow officers, are generally unprepared to cope with the traumatic aftermath of such incidents. Presently, however, there are no systematic studies that examine the short- and long-term effects of shooting experiences on police officers.[31] Strategies to help officers involved in shooting incidents have been developed, and are described in later sections of this report. But additional research is clearly needed to examine the phenomenon of post-shooting trauma.

The Effects of Stress on Police Officer Work Performance

Physical and psychological reactions to long-term stress can affect work performance. Kroes, for example, has noted that stress among police results in inefficient job performance and poor morale.[32] Rubin and Cruse discovered that many officers are "looking for action" as a shift progresses, leading them to self-initiate citizen contacts or to conduct horseplay in the streets. Others grow more fatigued as their shift continues and sleep on duty.[33] The causes and frequency of absenteeism among police also would be a useful source of data on the effects of stress on officer work performance.

Davidson and Veno caution readers with respect to the interpretation of existing studies on the relationship of police stress to work performance. They cite small samples, lack of control groups, and the use of subjective, self-report data as reasons for their caution. Davidson and Veno also note that the literature on the effects of stressors on

police performance tends to be inconsistent. Some studies have shown, for example, that police are more efficient and self-assertive when exposed to stressors for a relatively short time.[34]

Police Supervisors and Administrators

Stress as it relates to police supervisors and administrators should be considered in two different ways: (1) What are the stress-related problems and consequences for officers in these higher-ranking positions? (2) What is their role in contributing to the stress-related difficulties of officers under their command, detecting stress-related symptoms, and assisting officers with stress-related problems by providing advice, support, and referrals? This second point will be discussed in subsequent chapters.

A 1974 study by Kroes, Hurrell, and Margolis sought to identify job stressors for police administrators by interviewing 30 lieutenants and captains from the Cincinnati Police Department.[36] Respondents cited many of the same stressors identified by patrol officers: department policies and procedures, lack of support from higher echelon administrators, lack of equipment and manpower, community relations, and court scheduling and leniency toward defendants.[36] Additional stressors stemmed from the respondents' supervisory role:

> It seems apparent that a great deal of the administrator's psychological job stress stems from the fact that he is the "man in the middle." He is directly responsible both to the community and the police administration for his actions and the conduct and efficiency of his subordinates.[37]

As so-called "middle managers," police supervisors face demands from both above and from below. Clearly, they share many of the stress-related problems experienced by managers and administrators in other occupations.[38]

Traditional Handling of Stress-related Problems by Police Departments

Despite the pioneering efforts of some researchers, there are few studies that establish conclusively the true severity of stress-related

disorders experienced by police officers. Yet, this fact must not obscure the practical reality that the job performance of many police officers is impaired because of stress. During the course of this study, police administrators and stress program staff explained that two strategies were applied to stress problems prior to the development of formal stress programs: either ignoring the problem officer or assigning him to a benign desk job. Occasionally, the recalcitrant alcoholic police officer would be dismissed quietly from the department, with virtually no effort expended to provide him assistance.

Formal attempts to deal with problem officers began in the late 1950s and early 1960s. Many of these early efforts were initiated by police officers who were recovering alcoholics and members of Alcoholics Anonymous. These program founders, seeking to preserve their own sobriety and to encourage others by their example, held virtually "closed" (police only) AA meetings, often with the tacit approval of top command staff. The advent of the "employee assistance" program movement in the early 1970s stimulated many of these groups to expand their services to address a broader range of officers' problems. Such groups were the foundation for formal police department responses to stress.

Methodology

This study began with a review of the literature related to police stress. The literature base included documents on theoretical approaches to stress, stress reactions, and stress issues specific to police work. A small body of literature describing individual departments' police stress programs was also examined.

Next, a number of telephone contacts were made with practitioners and researchers in the field of police stress. Members of our project advisory board were selected from among these individuals to represent a range of perspectives, experience, and program orientations. Information and advice were sought from these advisory board members throughout the course of the study.

Sixteen police stress programs throughout the U.S. were selected for phone contact using a purposive sampling method from a list of 75 police jurisdictions identified as having stress programs. (Appendix A contains a list of the surveyed departments.) The respondent from each

program was queried about program history, setting, funding, staff, operations, record-keeping, and evaluation.

Based on the information obtained from these telephone contacts, eight police stress programs were selected for on-site study. These programs were chosen to represent a wide range of program approaches, characteristics, and services:

- The Personal Services Unit of the Albuquerque (New Mexico) Police Department is operated by a police chaplain and a police officer who provide pastoral and peer counseling to officers and their families. These counselors conduct aggressive outreach to problem officers. Services include crisis intervention, short- and long-term counseling, and alcohol counseling.

- The Police Stress Program of the Boston (Massachusetts) Police Department, one of the first programs in the U.S., pioneered the peer counseling approach to police stress. The program was originally aimed at officers with alcohol problems, but later expanded to address a wide range of stress-related difficulties. Services include short-term counseling, regularly scheduled group "rap" sessions, long-term family and spouse follow-up, and referrals to the program's consulting psychologist and outside community agencies. "Layoff counseling" and services designed for female and minority officers are also offered. In addition, stress training has been delivered to recruits, in-service officers, officers' spouses, and supervisors in the department.

- The Psychological Services Unit of the Los Angeles County (California) Sheriff's Department, the largest stress program in our study, is staffed by four clinical psychologists, five student interns, and one alcohol counselor. Services consist primarily of short- and long-term counseling. Staff are also actively involved in the design and delivery of stress-related training for both recruit and administrative/management personnel. On-

going peer counseling groups are available for officers with alcohol problems, officers involved in shootings or with serious injuries, and officers' widows. Programs for officers' spouses and officers approaching retirement are also offered.

- The Police Stress Management Program of the Miami (Florida) Police Department is conducted by a consortium of clinical psychologists who provide short-term counseling and recruit and in-service stress management training to the department on a contract basis. Dealing primarily with interpersonal problems associated with both marriage and family, the program operates independently from the police department's administrative hierarchy.

- The Employee Assistance Program of the New York City Police Department, through a network of personnel services units, provides a wide variety of prevention, early intervention, treatment, and administrative services for troubled officers. Within the department's Personnel Bureau, the Health Services Division provides medical, psychological, counseling, and pastoral services through four major units. The Medical Services Unit provides medical care and supervision for illness and injury. The Psychological Services Unit provides evaluative and short-term counseling services for employees with psychological and emotional difficulties. The Counseling Services Unit offers evaluation and peer counseling to officers with alcohol, gambling, or marital problems. The Chaplain's Unit provides pastoral counseling for all officers. Additionally, the Early Intervention Program monitors declining work performance and attempts to help officers before their difficulties get out of hand. Outside the Personnel Bureau, reporting directly to the Police Commissioner, the Employee Relations Section (among other duties) addresses officers' needs in serious hardship cases that occasionally surface. A worksite hypertension screening

and treatment program operates within the department's Patrol Services Bureau. Finally, the Police Academy addresses stress issues in the department's recruit training program.

- The Stress Counseling and Management Program of the Rochester (New York) Police Department is operated by the department's Training Division in collaboration with mental health professionals at the Department of Community Psychiatry of the University of Rochester Medical School. The program concentrates many of its resources on training programs aimed at all sworn personnel, from recruits to supervisory and high-ranking command staff. A small group of peer counselors provides crisis intervention and assessment services for marital and alcohol problems and initiates referrals to university-based and community social services agencies.

- The Stress Unit of the San Francisco (California) Police Department, a peer counseling program, was designed under the guidance of the San Francisco Police Chaplain and with the combined cooperation of the San Francisco Police Officers' Association and the Chief of Police. The unit provides counseling and support to officers who have alcohol or drug problems, have been involved in shootings or other traumatic incidents, or who are experiencing a variety of other stress-related problems. Unit personnel are invited to address recruit training classes.

- The Behavioral Sciences Unit of the Tucson (Arizona) Police Department is operated through the Personnel Division by a peer counselor in conjunction with a psychologist. Counseling services are delivered for a variety of problems, including post-shooting trauma, marital and family difficulties, and alcohol and drug

abuse. The unit also delivers a course to all officers on post-shooting trauma and offers post-shooting support to officers' spouses.

Two- to three-day site visits were conducted at each of these programs.[39] In order to gain a comprehensive understanding of each department's approach to dealing with stress, the history of the program, program procedures, and the nature of support for the program, a number of persons were interviewed: stress program personnel; the chief, commissioner, or other top command staff of the department; the director of personnel; the director of training; and representatives of the officers' union or patrol officers' association. When possible, the site visit team also attended recruit and in-service training sessions dealing with stress. In addition, the site team conducted brief informal interviews with a number of line officers in each department to gain information about their awareness of the stress program's existence and the perceived effectiveness of program services.

Information obtained from the many individuals who were interviewed in each study department constitutes the basis for most of the material presented in the remaining chapters of this document. Two limitations of the study are noted below and should be kept in mind throughout the report.

First, despite the authors' attempts to obtain a relatively balanced view of the visited stress programs, the gathered information was weighted in a positive direction. Department administrators, as well as program staff and supporters, were able to discuss program strengths and accomplishments in more detail and with greater candor than they were able to discuss program weaknesses.

Second, in all of the departments visited, stress program staff emphasized that the confidentiality of program/client interactions must be strictly maintained and that officers must be aware of this policy regarding confidentiality in order to feel comfortable about using the program. As a result, program staff are often reluctant to record <u>any</u> information about the recipients of program services. Clearly, this lack of record-keeping prohibits accurate cross-program comparisons on such

basic characteristics as caseload and cost per case. For this reason, formal evaluation of the effectiveness of program services is also impossible.

These two factors do limit the authors' ability to assess each program's effectiveness in providing quality services, becoming accepted by rank and file officers, and operating in a cost-efficient manner. However, the information presented in the following chapters still provides a useful framework for persons interested in starting or modifying police stress programs.

FOOTNOTES

1. Christina Maslach and Susan E. Jackson, "Burned-Out Cops and Their Families," Psychology Today 12 (May 1979): 59.

2. John G. Stratton, "Police Stress: An Overview," The Police Chief (April 1978): 58.

3. Joseph J. Hurrell, Jr., and William H. Kroes, "Stress Awareness," in U.S. Department of Health, Education, and Welfare, National Institute for Occupational Safety and Health, Job Stress and the Police Officer: Identifying Stress Reduction Techniques, eds. William H. Kroes and Joseph J. Hurrell, Jr. (Washington, D.C.: Government Printing Office, 1975), pp. 234-246; William H. Kroes, Bruce L. Margolis, and Joseph J. Hurrell, Jr., "Job Stress in Policemen," Journal of Police Science and Administration 2 (June 1974): 145-155; Hans Selye, "The Stress of Police Work," Police Stress 1 (Fall 1978): 7.

4. Some police departments have adopted other procedures to deal with officers' stress-related problems. For example, several departments have developed screening procedures to preselect officers who may be less vulnerable to stress. In addition, many police departments cooperate with the municipal government to help determine disability benefits for impaired officers. Some of the disabling conditions that qualify officers for these benefits are stress-related. This document does not address these kind of procedures.

5. Hans Selye, Stress Without Distress (Philadelphia: Lippincott, 1974); John G. Stratton, "Police Stress: An Overview," The Police Chief (April 1978): 58-62.

6. Stratton, "Police Stress: An Overview."

7. Hans Selye, The Stress of Life, (New York: McGraw-Hill Book Company, 1956).

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13. M. Bass, "Stress--A Woman Officer's View," Police Stress 5 (February 1982): 30-33; J.G. Wexler and D.D. Logan, "Sources of Stress Among Women Police Officers," Journal of Police Science and Administration 11 (March 1983): 46-53.

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15. Jerome H. Jacobi, "Reducing Police Stress: A Psychiatrist's Point of View," in Kroes and Hurrell, Job Stress and the Police Officer, p. 86.

16. L. Guralnik, "Mortality by Occupation and Cause of Death Among Men 20-64 Years of Age, 1950," United States Public Health Service Vital Statistics--Special Reports, 3(1963): 53.

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23. Joseph M. Fabriacatore and Jerry Dash, "Suicide, Divorce, and Psychological Health Among Police Officers," Essence 1 (1977): 225-229.

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28. Kroes, Margolis, and Hurrell, "Job Stress in Policemen," p. 151.

29. Hurrell and Kroes, "Stress Awareness," in Kroes and Hurrell, Job Stress and the Police Officer, p. 241.

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II. PROGRAM PLANNING

Careful planning is needed to transform a general idea, such as the provision of counseling services to officers with stress-related problems, into an effective stress program tailored to the needs and characteristics of a particular police department. Drawing upon the early experiences of the eight programs visited for this report, this chapter sets forth a number of basic issues that should be considered during the developmental stage of police stress programs:

- What precipitating factors lead individuals to push for a stress program in their department?

- Who is responsible for planning the program? How will the perspectives of these particular individuals influence the type of program that is developed and its reception throughout the department?

- What are some of the major activities undertaken during the program planning stage to help planners determine the type of program best suited to their own department?

- How does the name of a police stress program affect attitudes about the program and officers' willingness to seek services?

- How can the stress program protect client confidentiality and address officers' fears that their involvement with the program may lead to unfavorable personnel actions?

- What strategies can planners take to maximize acceptance and support for the program by top command staff in the department, supervisory officers, the union or officers' association, and rank and file officers?

While stress program planners in each police department face a unique set of design issues and implementation problems, the following discussion addresses those general planning issues that apply to any department.

Precipitating Factors

A look at the history of existing stress programs reveals a number of different events or factors that first sparked program development. "Precipitating factors" for program development include the inadequacy of previous department strategies for dealing with stress-related problems, the availability of funding, and legal requirements that departments maintain psychologically adjusted police officers who can perform their jobs properly.

In Boston and San Francisco, dissatisfaction with the departments' prior methods of handling alcohol-related problems motivated line officers to plan programs of their own. In both of these departments, the stress programs were preceded by alcohol counselors who worked with troubled officers who had come to the attention of the chief or other supervisory officers, generally as part of official disciplinary proceedings. The dissatisfied officers wanted to develop a program that could address a broader range of problems, intervene before problems became severe, and offer assistance to officers' family members as well as the officers themselves.

In the Rochester Police Department and the Los Angeles County Sheriff's Department, funds available for stress programming provided the impetus for planning a program. In Rochester, program planners obtained a grant in 1977 from the Law Enforcement Assistance

Administration, and in Los Angeles, the sheriff received county funds in 1974 to hire a clinical psychologist.

When asked about the factors that led to the development of their stress program, individuals in a number of departments mentioned concern over civil liability issues. Recent legal decisions have held police organizations responsible for employee behavior and the psychological fitness of officers. Under the heading of "negligent retention," for example, police agencies and supervisors can be held liable for the actions of their employees if they had indications that the employees were not functioning adequately, but did not take any action to provide assistance.[1] One author cited settlements ranging from $220,000 to $3 million awarded to aggrieved citizens subjected to inappropriate police actions.[2] Even in departments that have never faced these charges, this potential civil liability provides a strong incentive to institute a program that offers clinical services to employees experiencing stress-related difficulties.

Responsibility for the Planning Effort

In each study department, the bulk of stress program planning was accomplished by individuals who represent a particular group or perspective, such as department command staff, the officers' union, line officers, or a specific unit in the department (e.g., personnel, training, planning). As one would expect, the positions of those who plan the program have an enormous impact on the type of program that is developed and its reception throughout the department. For example, the Boston and San Francisco programs, which were planned primarily by patrol officers, are staffed by peer counselors.

In Albuquerque, the chief, the deputy chief, the department chaplain, and the chief administrative officer of the city were responsible for planning the department's Personal Services Unit. In the Los Angeles County Sheriff's Department, the sheriff initiated early program planning. In both departments, some officers were suspicious that the nature of individual officers' problems and the subject of their meetings with program staff would be reported to department management.

Programs affiliated with command staff typically require a longer period of program operation before officers "trust" the program. Officers must see that personnel are not being penalized in any way as a

result of seeking program services or discussing their problems openly with program staff. One program director reported that he avoided any contact with members of the department's internal affairs unit during program planning for fear that officers would automatically associate the stress program with disciplinary action.

The involvement of groups or individuals outside of the police department in planning the stress program can also affect officers' attitudes about the program. Professional clinicians at the University of Rochester's Department of Community Psychiatry were asked to assist in planning the Rochester Stress Counseling Unit. A group of Rochester police officers also expressed interest in helping to plan the unit. When the views of the clinicians prevailed over the officers' objections and determined the shape of the program, the line officers reported feeling resentful that the program had been "taken away" from them. As one of these officers stated, "We thought that this was going to be our program, and we felt overruled and second-guessed by an outsider."

This experience in Rochester does not suggest that only one group should be involved in the program planning process. When more than one group is involved in stress program planning, however, these groups should attempt to collaborate from the outset. This early collaboration may prevent the development of two separate sets of program ideas that must be reconciled and the negative attitudes that can result when one group's ideas are "overruled."

The Planning Stage

Many different activities are typically undertaken during program planning. This section briefly reviews three major steps of program planning: needs assessment, determining major program goals and objectives, and drawing upon available sources of information and advice about police stress programs.

Needs Assessment

A needs assessment can be used to identify the nature of stress-related problems experienced by members of the department and the specific types of services that can be delivered to address these problems. Such an assessment will normally involve interviews with top command staff, supervisory personnel, union officials, and line officers.

In some departments, however, line officers may prefer to provide information on an anonymously completed questionnaire.

While none of the police departments visited in conjunction with this report conducted a formal needs assessment, the Rochester department did conduct an informal assessment to inform the design of its stress training program. As part of this assessment, program planners from the University of Rochester attended roll calls and went on patrol ride-alongs to gain a better sense of the stressors faced by officers on a day-to-day basis. Prior to the development of the supervisor training program, planners polled the sergeants in various units in the department to ask about the problems they experienced in their jobs and the manner in which their own supervisors caused them to experience job stress.

Although program planners may feel that the need for a stress program is obvious, some needs assessment activities should be undertaken to reveal the specific needs and gaps in services that officers perceive as most important so that the program can be designed accordingly. This needs assessment should include questions about the primary causes of stress in officers' lives, the frequency of stress experiences, and the services that are needed most to help officers to cope with these stressors. One program planner reported that internal affairs units can be a good source of information on stress issues. For example, data on types of citizen complaints and other problems, given without officers' names, can be helpful in developing either clinical services or training courses. In addition, officers can be asked for their ideas on the design and implementation of the program. For example, they can be asked:

- Should the program be staffed by professional clinicians or by fellow officers trained in peer counseling?

- Should services be provided by someone who is an employee of the police department or by outside agencies and individuals?

- Should the program be located inside police headquarters or in a separate location?

In addition to providing program planners with information about officers' needs, obtaining the input of line officers during planning can help to generate support for the program once it is implemented.

Another component of the needs assessment is an examination of present methods employed by the department to handle stress-related problems. In some of the visited departments, officers reported that there were virtually no services available. In other departments, police chaplains or alcohol counselors were already available for officers experiencing problems. Specifically, information should be gathered on:

- Content and effectiveness of recruit, in-service, and management training devoted to police stress and alcoholism issues.

- Methods used by top command staff and supervisors to detect officers who are experiencing stress-related problems. The type of job performance information kept in personnel records should be known.

- Methods used to handle officers who are experiencing personal problems or whose job performance has declined. In some departments, such methods will be limited to granting leaves of absence and normal disciplinary procedures.

- Stress/alcoholism services presently available in the department. In the past, a particular officer may have provided such services on an informal basis without official sanction from top command staff. Also, even without a full-fledged stress program, a department might already sponsor other activities that could be incorporated into the new program (e.g., physical fitness program, spouse support group, in-house AA). The extent to which such services are actually utilized and their effectiveness should be examined.

- Outside agencies to which officers are referred for health services, clinical services (crisis intervention, short- and long-term counseling), and alcoholism treatment. Any written agreements between the department and those agencies and methods used by the department to monitor the progress of enrolled officers should be reviewed. Assessments by both top command staff and the officers who have used those services would help identify which agencies should continue to be used by the new stress program.

Services should be coordinated between the stress program and other service providers in the department. Lack of coordination can result in (1) the new stress program duplicating existing services, and (2) "turf" battles, with two or more programs within the same department competing for clients and funding. In San Francisco, for example, the officers who began planning the Stress Unit approached the department's volunteer chaplain early in the program planning stage. The chaplain accompanied the officers when they requested funding for the unit from the chief, and he continues to provide Stress Unit staff with useful information and advice.

In sum, the needs assessment should include an examination of (1) the needs and preferences of officers in the department with regard to stress program services, and (2) related services that are already being provided by the department and other agencies in the community, so that the stress program can be integrated with these existing services.

Police Stress Program Goals

While most stress programs have not articulated specific performance goals and objectives to guide their development, they do have broad program goals. These can be divided into three categories:

- individual goals--to provide assistance and "help" to troubled officers;

- organizational goals--to maintain or improve the overall quality, effectiveness, and efficiency of department operations; and

- community goals--to provide citizens with a high quality of police service and to protect them from psychologically impaired officers.

All of our study programs would endorse these goals, but they differ significantly in the relative emphasis they give them, which has important consequences for program structure and operations.

The peer counseling program in the San Francisco Police Department acknowledges, for example, that its primary objective is "to help the troubled cop on the street." From this perspective, the police department itself is viewed as a secondary beneficiary of Stress Unit services. Program practitioners in San Francisco argue that this "client" perspective demonstrates loyalty to the line officer and promotes trust and confidence, which is essential for an effective program.

The Behavioral Sciences Unit of the Tucson Police Department, on the other hand, is quite explicit about the dual goals of its stress management program. Program officials contend that their primary goal is "to assist the police chief to accomplish his community mission of protection and service." At the same time, these officials acknowledge that the stress program has "rehabilitation" goals for individuals who obtain program services. By helping individual officers relieve stress, avoid absenteeism, and improve job performance, the program also accomplishes its community mission.

Unlike the other study programs, the Rochester program has established "organizational readiness for stress programming" as its paramount goal. Accordingly, program staff have concentrated on training police department personnel at every level of department operations, from top command staff, supervisory personnel, and administrative employees to the line officers on patrol. The training is aimed at educating these individuals about sources of stress, the need for a stress program, and the value of stress reduction techniques. As stated by the program director, the Rochester Police Department emphasizes long-term gains through training and education, wherein all staff can reflect on how they are stressed, how they handle stress, and how their own behavior creates stress in other officers and even in the community at large.

Police department officials who are contemplating various program design options must recognize that these broad classes of program goals are not always compatible. Program planners must weigh the relative advantages and disadvantages of concentrating their activities on rehabilitation, administration/productivity, community service, and employee education goals. Ultimately, the arrangement of program activities must be determined in light of prevailing department attitudes about the value of stress programming and the likelihood that line officers will actually use program services once they are instituted. If the department's command staff and program administrators cannot agree on the relative emphasis to be given these goals, the potential for conflict, and even for the demise of the program, is great.

Available Sources of Information

The stress programs visited for this study drew upon a number of information sources in developing their programs. While planners of each program consulted books, articles, and reports on the topic of police stress, until fairly recently, few of these written materials provided detailed information on existing stress programs that could be instructive to program planners. As a result, pioneering stress programs were originally developed in isolation; program planners knew of no other existing programs to draw upon. Obviously, stress programs that were developed more recently could draw upon other programs that were already in existence. For example, the San Francisco Stress Unit was modeled after the Boston Police Stress Program. During program planning, the San Francisco Police Officers' Association provided funding for the director of the Boston program to visit San Francisco and provide assistance in program design and implementation.

Individuals outside of the police field can also be valuable resources during program planning. These individuals include practitioners in employee assistance programs in government agencies or other private businesses, local mental health professionals, and researchers in local universities. The Albuquerque, Rochester, and San Francisco programs have all sought assistance of some kind from universities. For example, a local university participated in a physical fitness study of police officers in Albuquerque. Professionals in community psychiatry

at the University of Rochester collaborated with police personnel in all aspects of developing and conducting stress management training programs for the Rochester Police Department.

Name of the Stress Program

Choosing a name for a department's stress program is a key decision, but its importance is sometimes overlooked. In several of the departments we visited, program staff noted that the labels given to stress programs and their services greatly affect officers' attitudes about the programs and their willingness to use program services.

Some stress program practitioners have purposely avoided labels that denote counseling and clinical treatment which, they believe strongly, would prevent officer use. The director of the Boston Police Stress Program contends that the word "stress" is non-threatening and "in vogue," whereas names such as "psychological services" is threatening to officers. In Tucson, the name "Behavioral Sciences Unit" was chosen because it is not a readily identifiable mental health term. The name "Personal Services Unit" was selected for the Albuquerque Police Department because it sounded "soft and receptive" rather than "hard and clinical." The free counseling sessions offered to Miami officers by the Police Stress Management Program are called the "advanced stress control program" and not identified as "therapy."

In contrast, the director of the Los Angeles County Sheriff's Psychological Services Unit does not believe that the "psychological services" label inhibits officer use of the unit. Indeed, it may be that less stigma is associated with psychological counseling in the Los Angeles area than in many other communities.

Protection of Confidentiality

The major barrier to officer support and use of a police stress program is the fear that information about officer participation in the program will be communicated to the officer's superiors or subpoenaed in court, and that this information will then be used to "hurt" the officer's career. Unfavorable personnel actions that might be expected to result from the department's awareness of an officer's stress-related problems include reassignment to a less desirable job, failure to be granted promotions, and even job loss. "Confidentiality," in the context

of police stress programs refers to the ability of officers to obtain counseling or other program services in private. If officers believe that the confidentiality of their involvement with the stress program will not be protected, they will avoid contact with the program. It is therefore critical that program planners consider carefully the way that officers' fears about confidentiality can be overcome.

Developing Written Confidentiality Guidelines

In talking with line officers and union representatives in each study department, it became clear that many officers are reluctant to seek program services because they are simply unaware of how confidentiality is protected by the program. This lack of awareness is generally due to the program's failure to develop formal guidelines for protecting confidentiality or to publicize these guidelines throughout the department. Therefore, two general recommendations can be set forth about the procedures for stress program planners to use in addressing the confidentiality issue:

- Each program should develop written confidentiality guidelines that detail the procedures and conditions under which confidentiality will be protected.

- Copies of these written guidelines should be distributed to every officer in the department.

The Stress Counseling Project in Rochester incorporated both of these steps in program planning. The project director was aware of officers' fears that the stress program could become an administrative tool to discipline or dismiss personnel. Therefore, the director felt it was imperative to establish a policy plan containing guidelines for the confidentiality of both project records and conversations between the project's peer counselors and the project director. To develop their guidelines, the project director obtained input from various city administrative personnel, the police physician, and top administrative personnel in the police department. To gain input from the Locust Club, the Rochester police bargaining agent, the project director attended a club meeting to introduce the project. Officers' fears about confidentiality were paramount. At that point, representatives of the club became

involved in drafting the Stress Counseling Project's policy plan. After several months, a draft policy plan was accepted by the project director and representatives of both department management and the Locust Club. The project director presented this policy plan at a Locust Club meeting, where it was accepted by formal vote. (This policy plan is reproduced in Appendix B.)

Confidentiality guidelines should contain a description of (1) the types of written program records that will be maintained and the manner in which these records will be used; (2) circumstances under which exceptions to strict confidentiality will be made; and (3) special procedures that will be employed regarding release of information about officers who are mandated by their supervisors or the department to participate in the stress program.

Maintaining Program Records

Personnel in some police stress programs insist that these programs must maintain no written records on client participation or treatment because of officers' "paranoia" about this information being obtained by other members of the department, being subpoenaed in court, or otherwise being used against them. However, it is recommended that, at a minimum, all stress programs maintain anonymous records containing basic case information, such as types of clients, problems addressed, and types of services delivered. (See Chapter 6, Program Monitoring and Evaluation, for a detailed description of the kinds of information that can be recorded.)

This information is valuable for two major reasons. First, the information can be used to monitor program operations, evaluate the effectiveness of the program, and then modify the program to improve service delivery. Second, this basic case information can be used to justify the existence and continued funding of the stress program. In Tucson, the future of the Behavioral Sciences Unit was temporarily threatened at one point because its lack of records rendered it unaccountable to the department. There was no way for the department to determine whether one officer or 100 officers had used the program over the last year. Particularly in times of fiscal constraint, a program's ability to document level of use is critical.

Each program must also decide how individual case records will be maintained for each client. Such records, including both intake information and informal case notes, can benefit both the counselor and client, especially if some period of time passes between counseling sessions or a client returns with a different problem later on. Program planners should check the relevant state statutes concerning confidentiality of client-counselor communications and records before deciding whether such records will be kept. In some states, the privacy of these records may be protected only if the counselor is a licensed therapist. In other states, the law may apply to peer counselors as well.

The specific kinds of case information recorded by the stress program should be detailed in the program's written confidentiality guidelines. If standard intake forms or other data collection forms are used to record this information, copies can simply be included as part of the guidelines.

Exceptions to Strict Confidentiality

There are certain circumstances under which stress program staff cannot adhere to absolute confidentiality, and these circumstances should also be detailed as part of the written confidentiality guidelines. Professional ethics, such as those of the American Psychological Association, stipulate that a client's rights to confidentiality are waived if the client is believed to be a danger to himself or to others. All stress programs report that, in cases where a client is believed to be suicidal or homicidal, confidentiality is waived and the appropriate persons are notified. In addition, some programs consider a client's admission to committing a felony crime as grounds for waiving confidentiality. In their view, a counselor who is aware of such information can become an accessory to the crime for failing to relay that information. The extent of this liability risk does vary from state to state.

Release of Information in Mandatory Client Referrals

Beyond the exceptions to confidentiality just outlined, some programs may need to release information about client participation or treatment when clients are ordered to participate in the stress program by the department. Mandatory referrals may be made by a supervisor if an officer appears to have stress-related problems that interfere with job performance. In cases of officer misconduct, or in cases where an

officer's fitness for duty must be determined, these referrals may also be made in lieu of offical department disciplinary action. With mandatory referrals, the department or supervisor typically requires feedback from the program to determine whether the officer has complied with the order to the stress program or is fit to return to service.

Some program practitioners feel that mandatory referrals should not be handled by the same program that handles voluntary, client-initiated cases. The director of the Psychological Services Unit of the Los Angeles County Sheriff's Department, for example, believes that a program that accepts mandatory referrals and reports back to the department will no longer be trusted by officers who might seek the unit's services on a voluntary basis. He believes that these officers would fear an exchange of information between the unit and department supervisors for other cases handled by the unit as well. For this reason, the Psychological Services Unit handles only voluntary, client-initiated cases. Reports for psychological evaluations, fitness-for-duty reports, or mandatory counseling are referred to the county's occupational health department.

While mandatory referrals may be ideally handled by a unit that is separate from the stress program, most stress programs must handle both voluntary and mandatory referrals because of the increased resources required to separate these two types of cases. When programs do handle both voluntary and mandatory referrals, it is recommended that:

- confidentiality guidelines set forth in detail both (a) the type of information that will be reported to the department by the program for mandatory cases, and (b) the manner in which this information will be communicated;

- confidentiality guidelines emphasize differences in the handling of mandatory and voluntary cases; and

- one or more stress program staff members be designated to handle only mandatory referrals, while the other staff member(s) be assigned to handle only voluntary cases.

Dr. Harold E. Russell, the staff psychologist in the Tucson Police Department, distinguishes between two types of mandatory referrals: those designed to help the officer, and those associated with disciplinary action. He notes that, "The majority of 'supervisory referrals' are more or less 'mandatory,' but no 'disciplinary action' is contemplated or involved. The supervisor is referring the officer to help him." Russell and Beigel explain the confidentiality guidelines that are applied by the Tucson Behavioral Sciences Unit (BSU) to three different types of cases:[3]

- Voluntary, client-initiated cases. Confidentiality is broken only if (1) the counselor believes the officer poses a danger to himself or others, or (2) the counselor is told that a felony was committed. If one of these situations does occur, the officer is told exactly what information the counselor will reveal, and will be given an opportunity to modify the counselor's proposal if he disagrees.

- Supervisor-referred cases. The officer/client is told that interviews with the counselor are confidential, but that some feedback will be required by the supervisor. This feedback may simply involve informing the supervisor that the officer is attending counseling sessions. The officer is told that any information given to the supervisor will be with the officer's permission.

- Cases referred by internal affairs. These cases are handled by only one BSU staff member, a clinical psychologist. The officer is told upon his first contact with the psychologist that the interview is not confidential, and will result in an evaluation or report (e.g., evaluation on fitness for duty) to the department. The officer is told that he will be informed about the substance of the report even if it is unfavorable.

In Dallas, officers can also request evaluations of themselves by the department's Psychological Services Unit for the express purpose of making their personal difficulties known. The program director reports

that this is done infrequently, but is helpful in cases where the officer wants superiors to understand what is affecting job performance. In such cases, the psychologist becomes an advocate for the officer.

Other programs may set forth very different procedures for release of information. For example, supervisors who refer officers to the San Francisco Stress Unit are told not to expect any type of written or verbal report on the officer's participation. Instead, they are asked to look for noticeable improvement in the officer's job performance. Whatever policy is established for release of information, it is important that all provisions be spelled out explicitly and understood by all parties concerned.

Generating Support for the Stress Program

In all of the study departments, program personnel emphasized the importance of program marketing strategies aimed at generating support from various groups within the police organization. Each program reported some initial opposition or skepticism surrounding the program and, in some departments, support from certain groups has never been attained. Various reasons are given for this opposition. Some department administrators may feel that the department should not be expected to devote resources to helping officers with their "personal problems." Others may feel that a stress program would not be effective in assisting officers to cope with stress. Opposition may stem from "macho" attitudes that police officers cannot demonstrate weaknesses or seek help. As mentioned earlier, officers may oppose a stress program because they believe it will be used by department management to identify officers with problems and take unfavorable action against them. Program planners experience tremendous frustration when program opposition based on any of these reasons cannot be overcome.

Based on the experiences of existing programs, general strategies for gaining program support can be set forth. Program support is needed from top command staff, supervisory officers, the union or patrol officers' association, and line patrol officers. Because the specific concerns, perspectives, and possible reasons for lack of program support are typically different for each of these groups, marketing strategies aimed at each group are discussed separately in the remainder of this section.

Two strategies for maximizing program support can be applied to all of these groups, however:

- Involvement in program planning. The benefits of involving members of the department in two aspects of program plannning, the needs assessment and the development of confidentiality guidelines, were mentioned above. In addition to providing useful planning information, widespread involvement in program planning also demonstrates that the stress program will be responsive to police officers' needs and interests, thereby generating support.

- Delivery of training on general stress issues and program operations. Program staff may be invited to give brief presentations during regular department in-service training sessions, to describe program services and introduce program staff at roll call, or to conduct intensive, week-long training on all aspects of stress management. (The development and content of stress training programs are discussed in Chapter 5 of this report.) In several departments, officers of all ranks and positions reported that they became more supportive of the program as a result of these training sessions.

Command Staff Support

The establishment of a successful police stress program is contingent upon support from the chief and other high-ranking officers and administrators in the department. Management and command staff support are critical for a variety of reasons. Practically speaking, command staff must recognize the need for stress program services and be willing to commit the necessary department staff and resources for creating and operating the program. The attitude of department management towards the stress program is equally critical. A stress program with dedicated personnel and all the "right" program elements can nonetheless fail if officers believe that command staff will cause confidentiality to be violated, or that command staff support for the program is only "lip service" for the benefit of officers and the public.

Focus on productivity. In addition to obvious humanitarian concerns, efforts to generate command staff support should focus on a stress program's organizational objectives and the manner in which the program can improve officer productivity. As explained in Chapter 1, stress can reduce officers' productivity on the job and may render them unable to perform their jobs at all. An experienced police officer represents a major investment by the department--the cost of training new officers is substantial, and newly trained officers offer no substitute for officers with years of field experience. Clearly, command staff will value a stress program if they believe it can rehabilitate those officers whose effectiveness has been diminished by stress-related problems.

In Miami, it was reported that upper management was not convinced at first that stress-related problems were reducing the productivity of officers who would otherwise be highly effective, or that a stress program could increase productivity. Command staff were convinced, however, when department supervisors who supported the program could cite specific officers who illustrated the severity of in the department's stress problem. In particular, the case of a former "officer of the month" who became a disciplinary problem due to job burnout and stress was especially compelling.

Civil liability. Civil liability issues also provide command staff with a compelling justification for supporting a stress program. As noted earlier, commanding officers and the department itself can be subject to lawsuits if officers' stress-related problems interfere with their job performance, yet no department action is taken.

Media attention. The prospect of media attention on the police stress program may also influence the degree to which command staff will provide their support. Program publicity may be an excellent vehicle for generating command staff support for the stress program, provided that it reflects positively in the department. In Miami, for example, department administrators were enthusiastic about media attention on the program because it showed that the department was taking action to help officers cope with on-the-job stress and thereby behave more appropriately with the public.

Supervisory Officer Support

The support of supervisory officers for a stress program is critical. They can be of great assistance to the department and the stress program by:

- understanding how their own behavior as supervisors can contribute to stress in the officers they supervise;
- learning how to identify stress-related problems in their officers;
- helping troubled officers to cope with these problems;
- consulting with stress program personnel on possible approaches to handling specific officer problems; and
- referring troubled officers to the stress program when appropriate, either on a voluntary basis or as a supervisor-mandated referral.

To gain their support, more and more police departments are focusing on supervisory officers as a specific target group for education on police stress issues. For example, the Rochester Police Department designed a training program for sergeants, which focused on both the stress problems experienced by front-line supervisors and the role of supervisors in recognizing and coping with stress problems in the officers they supervise. Programs in the Boston Police Department and Los Angeles County Sheriff's Department also provide stress training to supervisors.

Union Support

Union support for a police stress program is important for a number of reasons:

- First, the union represents officers in the department. To the extent that the union supports or endorses the program, individual officers are more likely to feel similarly, and therefore be more willing to use the program when they experience stress-related problems.

- Second, the union can be instrumental in ensuring that resources are devoted to the program, either by providing some of its own funds to the program or by using its political power to affect the department budgetary process.

- Third, the union can constitute a valuable source of referrals of officers to the stress program.

The overall relationship between the department and the officers' union affects a program's ability to gain the support of both groups. Some union representatives reported frankly that they were automatically skeptical of or resistant to the stress program in their department because it was initiated or endorsed by command staff. In other departments, the union adopted a laissez-faire stance with respect to the stress program. Some initial union opposition to the stress program is likely in any department. The reasons cited for this lack of support fall into the following general categories:

- fear that the stress program will be used by management to identify "problem" officers and move against them;

- unwillingness to support a program that appears to be aligned with management;

- belief that stress program staff are incompetent or untrustworthy; and

- a general lack of knowledge about the stress program.

The police departments visited for this report varied widely in the degree of union support provided to the stress programs. The most active union support for a department's stress program was present in San Francisco, where the Police Officers' Association has offered political and financial support to the program since the early stages of program design. In the Miami, Albuquerque, Tucson, and Los Angeles Departments, the unions are not opposed to the operation of the stress programs, but have not taken any official stand to support or endorse them. In some cases, union officials report that they have never been

provided with sufficient information about the unit's functions and operation. Lacking a comprehensive understanding about the unit, they are unwilling to endorse or promote it. The Boston Police Stress Program did not receive official endorsement by the Patrolmen's Association until over five years after it was requested by the program staff. The director of Boston's program noted that he had to earn the trust and support of the Patrolmen's Association. The Association now recommends the program to member officers and, in 1983, presented an Award of Appreciation to the program director.

In the Rochester and San Francisco departments, program planners took early steps to attain union endorsement. As mentioned earlier, a program planner in Rochester attended a Locust Club (the patrol officers' association and bargaining agent) meeting to introduce the concept for the program. Members of the Locust Club expressed fears about the program, particularly with regard to confidentiality issues. Their concerns were particularly acute since the investigatory procedures used by the department's Internal Affairs Division were being moderated (e.g., using less interrogation, having witnesses present). The Locust Club feared that, with a softening of these procedures, management might seek to use the stress program as another way to identify problems in the ranks and take action against officers. In order for the Rochester program to be implemented, the Club had to accept it; that acceptance hinged on the program developing comprehensive confidentiality guidelines.

As noted, the San Francisco Police Officers' Association (POA) has offered political and financial support to the stress program since the early stages of program design. The two officers interested in starting a Stress Unit approached the POA to request support and assistance. Expressing a great deal of trust in and respect for the two officers who sought to initiate the program, the POA endorsed the Stress Unit as a much-needed service in the department. The POA was immediately forthcoming in providing assistance: by providing funding from association dues to enable the director of the Boston Police Stress Program to visit San Francisco to assist in program design and implementation; by informing department management that they wanted the program to be instituted; and by agreeing to provide some ongoing financial support (approximately $2,000 per year) to cover the program's telephone expenses, answering machine, and other miscellaneous costs.

Support of Line Officers

Acceptance of the stress program by rank and file officers is probably the most important determinant of its effectiveness. Obviously, officers cannot benefit from the program if they are unwilling to make use of it. A number of line officers were interviewed in each study department. These officers were asked about their own views on the effectiveness of the stress program, as well as their general perceptions of other officers' views. In each department, officers reported that the stress program faced a great deal of initial skepticism from most line officers. Officers expressed many of the same concerns that were voiced by union representatives: Will confidentiality of program operations be protected? Is the program simply a tool of management? Are program staff members capable of understanding and assisting officers?

Believing that only another police officer can understand their problems, many officers were convinced that psychologists or other mental health professionals would not be able to help them. Negative feelings about the mental health profession were also expressed by several individuals as a result of their experiences as police officers (e.g., hearing two psychiatrists testify in court on opposite sides of a case). On the other hand, officers in some departments reported that they would not seek stress program services from peer counselors who are not fully trained in counseling and might be tempted to discuss a client's problems with other officers in the department.

The programs visited for this report have had varying levels of success in gaining support and acceptance from line officers. It is unrealistic to expect that all officers will become enthusiastic supporters of the program; however, in many departments officers' general attitudes about the program have improved tremendously over time. The primary strategies used to gain their support were described above: including line officers in program planning, describing the stress program in the department's in-service training programs, and distributing written confidentiality guidelines for program operations to all officers in the department.

III. PROGRAM ORGANIZATION AND ADMINISTRATION

Police stress programs share the common goal of helping police personnel to cope with stress-related problems. These programs vary, however, in both the types of specific services they offer and the way they are organized and administered. Various aspects of stress program service delivery are explored in Chapter 4 of this report--the types of services that can be provided and potential clients, referral mechanisms, and strategies for publicizing program services to members of the department. Chapter 3 examines issues related to the organization and administration of police stress programs:

- What is the program's relationship to the police department? Is it part of the department itself, an independent organization under contract to one or more departments, or operated through collaboration of department staff with an outside agency?

- Is the program located in police headquarters or in a non-police facility?

- What is the program's staffing arrangement? Are services delivered by sworn peer counselors or mental health professionals? How is staff size determined? What are the roles of consultants and volunteers? How are staff members recruited, selected, trained, and supervised?

- How are cases assigned to individual staff members?

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- What are the program's costs and possible funding sources?

Organizational Relationship of the Stress Program with the Police Department

A basic feature of each stress program is its relationship with the police department. There are three basic organizational models for these programs:

- The program can operate within the police department, with program staff members who are department employees.

- The program can operate as an independent organization, providing services to police personnel through a contractual arrangement with the department.

- The program can operate as a combination of the first two models, involving department employees in conjunction with an outside organization under contract to the department.

Examples of each of these organizational arrangements are presented below.

In-house Model

The most common organizational model is for the stress program to be part of the police department itself. This arrangement is present in six of the departments visited for this report: Albuquerque, Boston, New York City, Tucson, San Francisco, and the Los Angeles County Sheriff's Office. An in-house model has several advantages. First, the program can more easily become institutionalized. Second, program staff, by virtue of their own employment with the police department, have a long-term commitment to the organization and to the law enforcement community. In addition, they are more likely to understand and be familiar with the intricacies of the department and the day-to-day stressors faced by line officers. Third, in the "closed society" of a police department, a stress program that is part of the department will

be viewed by officers as part of that society and therefore may be more readily accepted.

Directors of in-house stress programs also believe that their position within the department facilitates their ability to work for changes in departmental policies that contribute to undue stress on staff. As stated by the director of Psychological Services in the Dallas Police Department, "I think we are realizing that 'patching up the walking wounded' and sending them out into battle isn't enough. One of the big advantages of the in-house system is that major department-wide changes can be promoted and established."

Within the police department, programs are most commonly affiliated with the training or personnel units, with program staff reporting to the unit's commanding officer or administrator. The stress programs in the Boston and Tucson departments are considered part of the personnel divisions, while the program in San Francisco is affiliated with support services. Sometimes, as in Boston and San Francisco, such affiliations may be insignificant, except for payroll and bookkeeping purposes, because the program enjoys functional autonomy and the program director is not required to report to anyone. In other cases, a program's affiliation with a particular unit may affect the nature of program activities. For example, affiliation with the personnel division may give the stress program the authority to modify the personnel assignments of officers whenever necessary.

Some stress programs report directly to the chief or to a deputy chief in the department. This arrangement exists in the Albuquerque Police Department and the Los Angeles County Sheriff's Office. In the Dallas Police Department, the program was initially placed under the Personnel Division, but the director discovered that many officers would not use the services because that division is "where records are kept." Later, when the program was removed from the Personnel Division and placed directly under the Office of the Chief, there was a dramatic increase in clientele.

Independent Model

One of the police stress programs visited for this report operates as an independent organization on contract to the police department. The Stress Control Program in Miami is headed by two clinical

psychologists who work exclusively with police, yet maintain their own joint private practice and are not police department employees. Each year, the psychologists negotiate a contract with the Miami Police Department which specifies the nature of services that will be delivered and the amount to be paid for these services. The contract usually states that the program will provide a certain number of stress management training sessions to recruits and officers in the department, along with short-term counseling and other clinical services to individual officers on an as-needed basis. To receive payment for an officer who voluntarily sought program services, the program submits an invoice to the department which does not include the name of the officer involved. Clearly, this arrangement requires that the department place a great deal of trust in the professionals under contract.

Miami police officers and officials are strong supporters of this independent model of service delivery. Program planners argued that a psychologist employed by the department would be viewed as a "tool of management." The outside psychologists' independence serves to minimize officers' fears that the stress program is closely aligned with department command staff, that confidentiality may be breached, or that their participation in counseling may damage their careers.

To ensure that program independence does not lead to isolation from the department, the psychologists in Miami work to remain visible and accessible to officers. Miami's stress management training (see Chapter 5) has brought the psychologists from the Stress Control Program into contact with most officers in the department. Through this training, officers learn about the program and have an opportunity to meet the psychologists. Beyond that, the psychologists visit department headquarters at least once each week to attend informal meetings or simply to walk around and chat with officers.

This model does have potential weaknesses, however. Despite program staff efforts to remain visible and "in touch" with the department, officers may view them as outsiders and therefore be reluctant to seek their services. Staff of an independent program may not demonstrate the long-term commitment to the police community that is typical of department employees. In addition, it may be more difficult for

independent programs to become institutionalized in the department budget, making them more vulnerable to funding cuts or termination of funding.

Despite these potential limitations, the independent model of service delivery may be a preferred arrangement for many departments. Indeed, for small departments, this model may represent the only affordable option. For example, a psychologist or a group of mental health professionals in private practice may enter into a contractual arrangement with a number of local law enforcement agencies. Under this type of arrangement, departments would essentially pool their resources to fund an independent stress program which provides services to officers employed by those departments.

Collaborative Model

The third organizational model for police stress programs is a combination of the first two. Under this model, the program is operated by department employees in conjunction with an outside organization under contract with the department. The Rochester Police Department, in collaboration with the Department of Community Psychiatry at the University of Rochester, is an example of this model. The individuals who planned this program believe that it combines two organizations in a way that allows each to exercise its strengths and areas of competence. Within the police department, the stress program is headed by a lieutenant who is also in charge of the department's Training Division. A number of peer counselors are also members of the program, serving essentially as "in-house" contacts. They are aware of common stress-related problems and are trained to be good listeners; they provide preliminary case assessment, informal, short-term counseling, and referral. This collaborative model essentially places some trained police officers in the role of "triage agents." Officers throughout the department know that the peer counselors are available. If a peer counselor is approached by someone who simply needs a listening ear and peer support, the counselor generally handles the case on his own. When a peer counselor concludes that professional counseling is appropriate, clients are routinely referred to the university's Department of Community Psychiatry, where they can receive a certain number of counseling sessions from a professional clinician. These sessions are funded through the police department's contract with the university.

Police departments should consider this collaborative model of service delivery if they wish to combine elements of an in-house program (e.g., accessibility of program staff to officers, personal knowledge of staff about officers' job-related stressors) with elements of an independent program (e.g., professional clinicians who are familiar with, yet not entrenched in, the police department). Obviously, the success of this arrangement requires that representatives of both agencies develop a close working relationship.

Physical Location of the Program

The physical placement of police stress programs also has implications for program functioning and operation. The major issue is whether the program should operate in a police or non-police facility. Persons interviewed in the study departments expressed differing preferences on the optimal location for these programs. Of the eight visited programs, four are located primarily in police department headquarters (Albuquerque, New York City, Rochester, and Tucson). Four are located in non-police settings (Boston, Los Angeles County, Miami, and San Francisco); these settings include a two-story house on city-owned hospital grounds, a county government building, a seamen's mission, and a private office complex.

Convenience and accessibility are the major reasons cited for locating stress programs inside police buildings. Proponents of this location contend that police personnel are more likely to visit the program office if they can do so conveniently. Quite simply, when the stress program is located in headquarters, officers do not have to make a separate trip to an unfamiliar building. Another advantage is that officers are more likely to come into contact with project staff during the course of their regular duties. Equally important, a headquarters location allows program staff to observe day-to-day life in the department, which may enable them to understand better the work-related difficulties experienced by officers. This location also allows staff members to conduct informal outreach to troubled officers. Some program staff with offices in police headquarters fear that they would feel isolated and "out of touch" with officers if they were physically separated from the department.

The primary advantage of program location in a non-police facility is the ability of officers to obtain services privately, without fear that their participation is being observed or monitored by fellow officers, supervisors, or department command staff. As stated in the previous chapter, the major barrier to officer support and use of a police stress program is the concern that an officer's career might suffer due to the department's awareness that he is experiencing stress-related difficulties. In fact, the vast majority of line officers interviewed during this study did prefer that stress programs be located in non-police buildings.

Despite the above-mentioned advantages to program location inside police headquarters, we recommend that stress programs be housed in non-police facilities whenever possible. Officers' concerns about the confidentiality of their involvement with the stress program are paramount. Because it allows greater privacy, a non-police program location is likely to serve as a facilitator, rather than a deterrent, to officer participation.

If a stress program is located in police headquarters, however, some steps can be taken to minimize officers' concerns that contact with the program will be observed or monitored. First, the exact location of the program office is important. The office should not be located in close proximity to the chief's office, the internal affairs unit, or the personnel office. One stress program director indicated that he likes the location of his office beside the elevator because officers can walk in discreetly without being observed. Second, staff of programs located in headquarters should give officers the option of meeting in an alternative location outside headquarters. The director of the Albuquerque Personal Services Unit stated that, when officers call the unit for an appointment, he routinely asks them if they would prefer to meet in his office or in an alternative location. Many do welcome the opportunity to meet elsewhere, such as a coffee shop or the officer's home.

Staffing of Police Stress Programs

No matter how well a stress program is designed and introduced, its effectiveness is largely determined by the quality of key program staff and officers' perceptions of these staff. The stress programs visited for this study represent a wide range of staffing arrangements. Some programs have a large complement of paid, full-time professional

staff, whereas others are run exclusively by part-time peer counselors who volunteer their services in addition to their regular duty assignments.

Table 3.1 shows the staff of each visited program: staff titles or positions; whether staff are full-time or part-time employees of the stress program; and whether staff are sworn or nonsworn. To a great extent, a program's staffing arrangement determines the types of services that can be delivered and the willingness of officers to seek these services. This section describes various options for staffing a stress program, and the issues that program planners should consider before recruiting or hiring staff.

Sworn vs. Nonsworn Staff: Peers or Professionals

An important decision about the staffing of stress programs centers on whether service providers should be sworn or nonsworn. The two major options that departments consider are (1) the assignment of sworn officers in the department to serve as "peer counselors," and (2) the hiring of clinical psychologists, psychiatrists, social workers, or other mental health professionals to provide clinical services. The use of peer counselors is generally less costly to a department than the hiring of mental health professionals. For example, the Boston and San Francisco departments implemented stress programs without hiring any additional personnel; patrol officers were simply reassigned from line duty assignments to serve as peer counselors. Of course, this type of personnel shift also represents a cost to the department, in that fewer officers are available on the street. In other departments, peer counselors may volunteer their services over and above their regular duties in the department.

In addition to cost, proponents of peer counseling cite several advantages to staffing a stress program with sworn police officers. The most frequent argument is that police belong to a "closed" society and are therefore more likely to seek and accept help from a fellow officer. It is also argued that many of the stress-related problems of police officers can only be understood by another officer who has shared many of the same experiences. Furthermore, supporters of sworn program

Table 3.1

Stress Program Staff[a]

Department	Staff Title	Part-time/Full-time With Stress Program	Sworn (rank)/ Nonsworn
1. Albuquerque	1 Director/Chaplain	FT	NS
	1 Employee Assistance/ Peer Counselor	FT	S (patrol officer)
2. Boston	1 Director/Peer Counselor	FT	S (patrol officer)
	1 Peer Counselor	FT	S (patrol officer)
	1 Clinical Psychologist[b]	PT	NS
	20 Peer Counselors[c]	PT	S (patrol officers)
3. Los Angeles County	1 Director/Clinical Psychologist	FT	NS
	1 Asst. Director/ Clinical Psychologist	FT	NS
	2 Clinical Psychologists	FT	NS
	1 Alcohol Counselor	FT	S (patrol officer)
	1 Psychiatrist[b]	PT	NS
	5 Student Interns[c]	PT	NS
	3 Secretaries/Clerical Support	PT	NS
4. Miami	2 Clinical Psychologists[d]	PT	NS
	1 Secretary	PT	NS
5. New York City	• Health Services Division		
	1 Employee Assistance Coordinator	FT	S (lieutenant)
	• Psychological Services Unit		
	1 Director/Psychiatrist	FT	S
	5 Clinical Psychologists	FT	NS
	1 Secretary	FT	NS
	• Counseling Services Unit		
	1 Director	FT	S (lieutenant)
	11 Certified Alcoholism Counselors/Peer Counselors	FT	S (patrol officers)
	2 Secretaries	FT	NS
	• Chaplain's Unit		
	7 Chaplains	PT	S
	1 Secretary	FT	NS
	• Early Intervention Program		
	2 Supervisors	FT	S (sergeants)

[a]Table does not include stress program staff who are employed solely to develop or conduct training sessions.

[b]Employed on a consultant basis by the stress program.

[c]Unpaid volunteers.

[d]The Stress Control Program in Miami is led by two clinical psychologists who are principals in a personnel management consultant firm. Other professionals may be employed on a consultant basis to provide stress program services to Miami officers and family members (e.g., psychiatrist, child psychologist, alcohol counselor, biofeedback technician).

Table 3.1 (cont'd.)

Stress Program Staff[a]

Department	Staff Title	Part-time/Full-time With Stress Program	Sworn (rank)/ Nonsworn
6. Rochester	1 Director/Peer Counselor	PT	S (lieutenant)
	15 Peer Counselors[c]	PT	S (patrol officers, sergeants)
	1 Social Worker		
7. San Francisco	2 Peer Counselors	FT	S (patrol officers)
	1 Police Chaplain	PT	NS
8. Tuscon	1 Director/Peer Counselor	FT	S (sergeant)
	1 Clinical Psychologist[b]	PT	NS

[a]Table does not include stress program staff who are employed solely to develop or conduct training sessions.

[b]Employed on a consultant basis by the stress program.

[c]Unpaid volunteers.

staff state that police officers often see seeking help from a psychologist or social worker as stigmatizing. Some officers report that they have become distrustful of mental health professionals during the course of their jobs. For example, many officers have been present during court trials where psychologists or psychiatrists provide contradictory expert testimony. In sum, proponents of peer counseling contend that police officers are more likely to seek help for their stress-related problems from a peer rather than a mental health professional because their peers can better understand these problems and can be trusted.

The major argument against the use of sworn staff members is that stress programs should be staffed by well-trained and credentialed professionals. It is argued that peer counselors are simply not equipped to handle the emotional problems of people seeking help. Furthermore, because they lack professional training, peer counselors may be tempted to impose their own morals, philosophies, and opinions on other officers seeking help. As stated by one long-time expert in the field of police stress, "I have seen on several occasions an officer who has dealt with his own personal problems in a certain way and wants to man a program in order to help others with similar problems. His heart may be in the right place, and even sometimes his skills are good, but the personality may not be optimal for the type of work involved. A distinction needs to be made between dedication and capability."

Some critics of the peer counseling model also question the assumption that police officers are more comfortable discussing their problems with peers rather than professional counselors. First, the camaraderie of peer counselors with other officers in the department may heighten troubled officers' worries about confidentiality. Second, critics of peer counseling argue that officers are unlikely to discuss with fellow officers any problems that are unacceptable in the police culture, such as sexual dysfunction or the inability to use force when necessary in the line of duty.

There is fairly widespread agreement, however, that peer counselors are appropriate in the handling of two types of cases: cases involving alcoholism or alcohol abuse, and cases involving post-shooting trauma. Many of the peer counselors in the visited programs are recovering alcoholics who subscribe to the Alcoholics Anonymous (AA) model of alcoholism treatment. These peer counselors help clients with alcohol-related problems by providing counseling, linking the clients with

detoxification programs and AA groups, and following up on client progress and meeting attendance. Importantly, these peer counselors foster a sense of fellowship between AA members and can provide the emotional support and empathy of someone who has "been there." Several interviewed officers reported that they turned to their department's stress program for help with their drinking problems because of the presence of peer counselors who had themselves experienced and overcome similar problems. Even in stress programs where the bulk of counseling and clinical services are delivered by mental health professionals (such as the program in the Los Angeles County Sheriff's Office), peer counselors are often engaged to handle clients with alcohol-related problems.

Similarly, officers who have themselves been involved in shooting incidents can be highly effective in providing counseling and support to fellow officers who are experiencing "post-shooting trauma." Police officer involvement in shootings is relatively rare, but when these situations do occur, the officers involved often feel that no one can understand the turmoil they are going through. They often feel alienated from the rest of the department after being relieved of their weapon, interrogated, and subjected to an internal department investigation. The last few years have brought a growing recognition that officers and family members need strong support and assistance from the department following a shooting incident. Peers who have undergone similar experiences can help by sharing their own reactions. Similarly, the spouses of officers involved in shooting incidents can make themselves available to others who are faced with this kind of trauma. Of course, the involvement of peer counselors in cases of alcohol abuse and post-shooting trauma should not preclude the participation of professional clinicians in these cases.

Clearly, both sworn peer counselors and mental health professionals have much to offer to a stress program. Peer counselors can truly empathize with fellow officers whose problems reflect the unique demands of police work. Interviews with a number of line officers in our study departments do suggest that, in general, officers feel most comfortable approaching a fellow officer to talk about personal problems. Careful selection and training of peer counselors (see below) can address the charge that officers in this role lack the necessary skills and knowledge. Mental health professionals, on the other hand, possess the

background, training, and credentials needed to deliver clinical services, to exercise expert judgment in deciding which individual cases should be handled by the program, and to determine when cases should be referred to outside agencies for additional services. Making both peer counselors and mental health professionals available allows officers to choose between the two types of staff based on their own preferences and needs, yet ensures that a fully trained professional is available to handle or provide advice on cases requiring his or her skills.

As Table 3.1 illustrates, most of the departments visited for this report combine both peer counselors and mental health professionals into a single stress program. However, the relative roles of peers and professionals vary from program to program. The programs in Boston, Rochester, and Tucson rely most heavily on peer counselors and engage mental health professionals on a consultant basis. The San Francisco program employs peer counselors exclusively, although these officers consult informally with local clinical psychologists. The Albuquerque Personal Services Unit has two regular staff members: a police chaplain who has professional training in pastoral counseling and a peer counselor. The stress program in the Los Angeles County Sheriff's Office relies heavily on four staff psychologists, but also employs one alcohol/peer counselor and uses peers for officers involved in shootings. The stress program in the Dallas Police Department is staffed by a psychologist and four peer counselors with master's degrees in counseling, marriage and family therapy, and psychology; these peer counselors are all licensed by the state as professional counselors. The Miami program is alone in its sole reliance on professional counselors, mostly clinical psychologists.

Beyond the general recommendation that both types of staff be included in stress programs, it becomes difficult to prescribe the precise roles that should be assumed by peers and professionals. Professionals can deliver a full range of assessment, referral, and counseling services. Peer counselors can provide emotional support, referrals, crisis intervention, and short-term counseling services. Some peer counselors may function only as "referral agents," by talking with officers about their problems and recommending appropriate outside agencies and professionals for whom the officers can obtain help. Other peer counselors may deliver direct short-term counseling services. In all cases, it is critical that peer counselors be sensitized to their own limitations due

to their lack of professional training, and have access to mental health professionals for advice and consultation. Dr. James Linden and Sgt. Robin Klein, a Ph.D. and a police officer with over 20 years of experience in the Long Beach (California) Police Department, offer a course through Long Beach State University to train officers in peer counseling. The three-day course emphasizes to the officers that they are not professional psychologists or therapists, that their role is to provide limited support during crises and to identify those persons who need additional professional help. The course focuses on (1) developing support, (2) facilitative listening skills, and (3) options for officers' continuing care. Participants also receive a series of article reprints on marital relationships, job stress in police work, alcoholism, signs of depression and potential suicide, the "post-critical incident syndrome," and the special problems of female and minority officers.

Staff Size

A stress program's workload is a function of both the number of clients handled and the extent of services provided in each case. Two major variables that should be considered in determining staff needs are (1) the size of the department and estimated program caseload, and (2) the extent to which direct services will be delivered in-house by program staff or obtained by referral to outside agencies. Staff time for services such as client outreach, program administration, and training members of the department in stress management must also be taken into account. Secretarial support may be needed for typing, maintaining program files, and providing clerical services.

In the departments contacted and visited for this report, few program planners had the "luxury" of estimating optimal staff size and hiring according to these estimates. Indeed, by any standard set of criteria, most programs fall far short of optimum staffing levels. Obviously, department priorities and budgets impose limits on the number of staff members that can be hired or assigned to the stress program. As noted earlier, some stress programs have an all-volunteer staff, and others were implemented without hiring any new department staff members when line officers were assigned as peer counselors. Of course, if a program relies heavily on volunteers, more personnel are needed to compensate for each person's limited availability to the program.

Program Consultants and Volunteers

The use of either consultants or volunteers is less expensive than using salaried program employees. Nearly all of the stress programs identified for this report engage consultants or volunteers in one capacity or another.

Consultants . Several programs engage professionals on a consultant basis, either to offer advice or to provide direct services on a limited basis. Stress programs should consider a consultant arrangement if:

- budgetary restrictions preclude the hiring of needed professionals, even as part-time staff;
- professional services are needed only on a limited or irregular basis; or
- the program prefers to use the services of professionals who are not "entrenched" in the department and can be more objective by virtue of their separation from the department.

Many programs are staffed by peer counselors with consultant support from clinical psychologists or other mental health professionals. For example, the Boston Police Stress Program has a consulting psychologist who attends informal evening "rap sessions" open to all officers in the department, visits the program office one day each week to discuss individual cases with the peer counselors, is available to the program on an as-needed basis to provide information and advice, and can respond on a 24-hour basis to emergencies.

Programs may secure limited consultant services from physicians or other professionals as well. For example, the Psychological Services Unit in the Los Angeles County Sheriff's Office retains a physician for four hours each week to address clients' health problems. The Miami program has used the services of several consultants, including a chiropractor, nutritionist, exercise physiologist, aerobic dancing instructor,

and biofeedback specialist. Some of these professionals are retained to provide services to individual clients, while others conduct portions of the officer training program on stress management.

Volunteers. Volunteers play an important role in many police stress programs. The major advantage to volunteers is that they serve at no cost to the program, but they are typically available to the program on a very limited basis. Since they have full-time professional commitments elsewhere, their commitment to the program is generally less than that of paid staff. The two major types of stress program volunteers are peer counselors and student interns.

In most police stress programs, peer counselors are officers who are assigned and paid to perform that function, just as they would be assigned to any other unit in the department. This arrangement exists in the Boston, San Francisco, Albuquerque, Tucson, and Los Angeles County departments. Other stress programs, such as those in New Haven, Connecticut, and Rochester, New York, have peer counselors who serve on a pro bono basis in addition to their regular duty assignments as sworn officers in the department.

One of the programs visited for this report--the Psychological Services Unit of the Los Angeles County Sheriff's Office--uses volunteer student interns from local universities. These interns are generally last-year graduate students in clinical psychology who work half-time for the unit over a one year period, providing counseling services and assuming their own caseload. The regular program staff members choose the interns from among a number of applicants each year.

Staff Supervision and Management

Strong leadership is critical to ensure a program's effectiveness and efficient operation. One staff member is usually designated program director and assumes the following major responsibilities:

- selection, orientation, and on-going supervision of other program staff;
- establishing and coordinating relationships with outside agencies and professionals to which clients can be referred for additional services;

- liaison with administrators and other units in the police department;
- monitoring the program's budget and caseload; and
- representing the program at official department meetings and budget hearings.

Directors of several of the visited programs had been instrumental in founding their programs, and naturally stepped into the position of director. Depending on the organization and overall staffing pattern of the program, the director may be sworn or nonsworn. In addition to management and supervisory skills, the program director should possess a keen political sense, good public relations skills, and the ability to work simultaneously with several segments of the police department, as well as other agencies and professionals in local government, the community, and the press. The director of one program reported that he feels he must perform a delicate "balancing act" in the department, maintaining contact and good relations with both command staff and line officers, yet never appearing to be in one "camp" or the other. Directors usually handle clients in addition to their management responsibilities.

Recruiting and Selecting Staff

Methods for recruiting and selecting stress program staff are diverse. This section discusses major considerations in hiring the two most common types of staff in police stress programs--psychologists and peer counselors.

Staff psychologists. Staff positions for mental health professionals, such as psychologists or social workers, may be advertised in local newspapers or in professional journals. In some programs, job applicants are identified through word of mouth or prior association with the department. For example, local psychologists who have helped conduct training sessions or performed disability determinations may be desirable candidates for permanent staff positions because they are already familiar with the department and have proven capabilities.

Peer counselors. Most stress programs advertise peer counselor positions through an official memorandum or an announcement at roll calls. These announcements typically describe the role of peer counselors in general terms (e.g., to provide crisis intervention, short-term supportive counseling, and referrals to fellow officers and their family members) and may specify a minimum educational requirement (e.g., high school or bachelor's degree) or require coursework in counseling, psychology, social work, or related disciplines. Personnel in the Rochester Police Department suggested that appointment of peer counselors may be preferable to advertising the job and then selecting from among interested candidates. In that department, a number of applicants were rejected following a department-wide request for volunteer peer counselors. The program director believes that the rejected applicants were resentful because they had been turned down and may have damaged the program's reputation by criticizing it to fellow officers.

The vast majority of peer counselors in the programs contacted for this study are of the patrol officer rank. Most program administrators, and peer counselors themselves, contend that peer counselors should not be drawn from the higher ranks in the department. Indeed, the name "peer counselor" implies a peer relationship between counselor and client, and patrol officers comprise the bulk of any department, as well as the stress program's primary target group. In general, patrol officers are likely to view peer counselors of superior rank as more distant and less approachable than a fellow patrol officer. The program in the Tucson Police Department has a sergeant as its sole peer counselor. Officials in this department argue that a sergeant is ideal as a peer counselor: patrol officers can look up to him, yet still feel comfortable with him since he is not a department administrator. They also point out that a sergeant will be more credible and influential with supervisors and administrators throughout the department.

Regardless of their rank, it is most important that peer counselors enjoy the trust and respect of their fellow officers. Most program staff assert that peer counselors should have several years of street experience so they will have personal knowledge of the demands and pressures associated with street patrol. Desirable personal qualities of peer counselors cited by officers include: good social and oral communication

skills; fairness and objectivity; compassion; and the ability to keep confidences. Several officers also stated that they prefer peer counselors who have themselves survived and dealt effectively with stress-related problems of their own.

Training of Peer Counselor Staff

Unfortunately, special training for peer counselors is not routinely provided by many police stress programs. Many stress programs accept applicants for peer counselor positions based solely on their desire to help their troubled colleagues. Such individuals simply lack the training necessary for that job. In other departments, peer counselor candidates may have relevant prior experience or coursework, which is helpful but generally insufficient to prepare them adequately. Only a few departments, such as Dallas, are fortunate enough to have peer counselor candidates who are also state-licensed counselors. The extent and type of training needed depends on both the manner in which the peer counselor role is defined and the degree of supervision provided by professional clinicians. Peer counselors who primarily provide client outreach and referrals to outside agencies need less training than those who also provide crisis intervention and direct counseling services.

The New York City Police Department's Counseling Service has unusually stringent pre-service training requirements. The peer counselors in this program work mostly with police officers who are experiencing alcohol problems. To deliver these services, the Counseling Service employs 11 police officers, many of whom are recovering alcoholics. In order to qualify as peer counselors, these officers must complete all requirements leading to certification as alcoholism counselors by the New York State Division of Alcoholism. Officers may receive this credential if they (1) have three years of prior experience as an alcoholism counselor in an approved treatment facility, or (2) take certain approved courses in such areas as crisis intervention, assessment techniques, and alcoholism treatment and serve as practitioners in an approved treatment program under the supervision of a certified counselor for at least one year. In conjunction with the John Jay College of Criminal Justice, the Counseling Service itself offers some of these required courses, and has also become an approved treatment program where officers may complete their one-year practitioner services requirement.

Training of volunteer peer counselors in the New Haven (Connecticut) Stress Unit is delivered by a variety of community professionals, including physicians, psychiatrists, psychologists, and social workers, many of whom are faculty members at nearby Yale University. Training topics include: personality development; psychopathology; recognizing and handling depression; alcohol and gambling problems; minorities under stress; young and adolescent children under stress; family and marital counseling; and Stress Unit work procedures. Monthly in-service training is provided to peer counselors by the unit's consulting psychologist. The Boston Police Stress Program also provides regular in-service training to peer counselors on a bi-monthly basis.

Peer counselor training in the Rochester Police Department is delivered by the Training Division lieutenant who directs the Stress Counseling and Management Program, in conjunction with a psychiatrist on the faculty of the University of Rochester Medical School. Training topics include the collection of basic case information, appropriate counseling techniques, and the need for confidentiality. Role playing techniques are employed to familiarize officers with the counselor role. The training instructors developed an instrument to assess the proficiency of the trainees as counselors; using a five-point scale, the peer counselors are rated by both trainers and themselves on a number of criteria, including openness to learning and supervision, self-awareness, listening skills, objectivity, and ability to maintain confidentiality. The program director reported that all of the trained counselors have exceeded the minimum level of proficiency required before counselors are allowed to work for the program.

It should be noted that pre-service training has one additional benefit: it tests the commitment of volunteer peer counselors. When the training program was described to peer counselor candidates in Rochester, some of the officers declined the opportunity to qualify because they did not want to devote the time that would be required of them to attend the sessions.

Case Assignment

One of the largest police stress programs in our study sample, in the Los Angeles County Sheriff's Department, comes closest to using a centralized case assignment system. One individual screens requests for

services and assigns cases to counselors based on both the counselors' current availability and the prospective clients' needs and preferences. For example, officers with alcohol-related problems are assigned to the unit's alcohol/peer counselor. Those who prefer to talk with a woman are assigned to the unit's female psychologist. Through centralized case assignments, programs are better able to control case intake and ensure an equitable and appropriate distribution of cases.

More typically, stress programs adopt an informal case assignment approach, whereby staff members assume individual responsibility for taking on new cases. Counselors are often approached individually by officers seeking services, and the counselors generally maintain primary responsibility for those cases that are brought to their attention. Even in programs that favor this type of decentralized approach, case assignments may be made or modified based on the skills or specialties of staff members. In the Albuquerque Personal Services Unit, for example, one staff member prefers to handle cases requiring crisis intervention and short-term crisis counseling, while the other staff member is more comfortable with cases that involve longer-term counseling.

Program Costs and Funding

In the present fiscal climate, police administrators and local government officials must struggle to minimize the negative impact of shrinking resources on effective law enforcement services. Under these conditions, non-line services that are less visible in the community suffer first and most. As a result, police stress programs in most jurisdictions are unable to achieve ideal funding levels, and often experience difficulty in maintaining even barely adequate levels. This heightens the need for programs to keep costs to a minimum and for stress program staff and supporters to be able to present strong justification for initial and continued program funding. This section discusses the basic elements of program costs, suggests options for reducing or containing program costs, and introduces possible avenues for funding new or existing programs.

Program Costs

The cost information available from the visited programs is sketchy and incomplete. In part, this results from the difficulty of

estimating total stress program costs accurately, which is due to a number of factors. First, separate budget line items for operation of the stress program generally do not exist. The department budget, or the budget for the unit under which the program falls (e.g., personnel; training), cannot be disaggregated to determine the costs allowable to the program alone. Second, stress program staff, office space, and equipment may be shared with other department units or functions, also creating complexities in separating out the portion of these costs that should be attributed to the program itself. Finally, many stress programs receive in-kind contributions of space and supplies; the actual costs of these items are often unknown.

Based on rough estimates of total program costs, there is wide variation in these costs between programs, from as low as $10,000 per year to over $200,000 per year. Many of the programs share certain basic cost elements:

- Personnel, including staff salaries and benefits, which account for the bulk of total costs in programs with paid staff (estimated at over 90 percent of total costs by some programs).

- Consultants, typically mental health professionals who are paid on an hourly basis.

- Rent and utilities for office space.

- Police vehicles, fuel and maintenance for one or more program counselors so they can respond to emergency situations and meet clients in locations outside headquarters.

- Telephone and telephone answering service or machine to ensure 24-hour availability of counselors.

- Office furniture and equipment, such as desks, file cabinets, and typewriters.

- Office supplies and other miscellaneous items, including photocopying, books and publications, program brochures, business cards, etc.

Figure 3.2 provides an example of one program's total estimated budget containing some of these cost elements. The Stress Unit of the New Haven (Connecticut) Department of Police Service is run by volunteer peer counselors so that the program does not incur any personnel costs.

Figure 3.2
Estimated Second Year Budget
(7/81-6/82)
Stress Unit, New Haven (Connecticut)
Department of Police Service

Consultant ($35/hr. x 14 hrs/month)	$ 5,700
Rent ($350/month)	4,500
Telephone Answering Service ($50/month)	600
Office Supplies and Photocopying	300
Travel*	250
Books and Publications	150
TOTAL ESTIMATED BUDGET	$11,500

*Peer counselor travel to local seminars and workshops.

Source: New Haven (Connecticut) Department of Police Service, Action Grant Application to Connecticut Justice Commission for Peer Counseling Concept, July 1, 1981 - June 30, 1982.

It should also be noted that programs that are just starting up will incur some one-time start-up costs that established programs need not consider. For example, these costs might include the purchase of office furniture and the development and delivery of a comprehensive peer counselor training program.

Calculation of unit costs can be a useful method for a stress program to monitor costs over time and to identify increases or decreases in program efficiency. Unit cost figures can also be used to justify program funding. The most common measures are likely to be cost per client or cost per unit of service delivered (e.g., cost per counseling session). These figures can be calculated by simply dividing total program costs by the total number of clients or services. It is important to note that cost per unit comparisons are valid only if the figures are derived using consistent definitions of the units (service, case, client, etc.) and consistent methods for calculating costs. In determining cost per case, for example, "case" may be defined as each separate individual who receives services; alternatively, several members of the same family who receive separate services could all be considered part of the same "case." Because of such differences, programs should not change these definitions if they wish to make comparisons over successive years of operation. In addition, extreme caution must be exercised in comparing unit costs across programs, since definitions and calculation methods can vary widely.

Cost Savings Approaches

Contributions. As noted above, many stress programs receive in-kind contributions of space and supplies. For example, the Stress Unit of the San Francisco Police Department occupies rent-free office space in a local seamen's mission, and the Boston Police Stress Program operates from offices on city-owned hospital grounds for which no rent is paid by the program. Local churches, citizens' groups, or businesses may be willing to donate supplies or equipment. Even if the actual savings from these contributions are modest, the program's ability to obtain in-kind contributions may demonstrate its initiative and resourcefulness to other potential funding sources.

Alternative staffing. A huge potential for cost savings lies in the area of personnel, since salaries and fringe benefits typically account for the vast majority of total costs. Therefore, the use of consultants, volunteers, and student interns (discussed above) in place of regular paid staff members can sharply reduce program costs. Of course, the desire for cost savings in this area must be weighed against the advantages of having paid staff assigned to the program.

Service mix. The degree to which services are provided directly or by referral to outside community agencies has a tremendous impact on overall program costs. There is a great deal of variation between programs in this regard. For example, the Stress Unit in New Haven, Connecticut, reports that approximately 53 percent of its clients are referred to other agencies for service delivery, while the Psychological Services Unit in Dallas, Texas, refers less than 4 percent of clients to an outside agency. Analysis of cost per service data may reveal that providing a certain type of service is extremely costly, and the program may wish to reassess the value of that service in light of its need to control costs. In general, a program seeking to cut costs should restrict its direct services to those that are not available elsewhere in the community.

Funding Sources

Many stress programs must look beyond the police department operating budget for sources of funding support. Even if the department provides core program funding, supplemental funding from other sources may still be needed. In the past, these funding sources have included: (1) federal agencies; (2) state and local government; (3) local community organizations and foundations; and (4) police officer unions. Some existing police stress programs (such as the program in Rochester, New York) were initiated with federal seed money, but these funds are no longer available. Consequently, both new and existing programs must now look toward other sources of financial support.

Among the programs examined for this report, city and county government assistance typically consists of in-kind contributions of space, equipment, or supplies rather than operating funds. The Miami program has been successful in securing funds from the Florida Criminal Justice Standards and Training Commission for the stress management training it delivers to police officers. Each year, an advisory council composed of judges, police chiefs, correctional officers, state attorneys, and other criminal justice officials reviews proposals from a number of programs and training centers throughout the state and determines how the available funds will be distributed.

The possibility of in-kind contributions from local community organizations was described earlier. Local or even national foundations

may also be willing to provide support for police stress programs. Possibilities for foundation funding may be identified through a number of foundation directories available at local libraries. Foundations typically request a brief program description to determine whether the funding request falls within their guidelines. If invited, the program must then submit a more extensive proposal describing its needs and budget request.

In some police departments, the officers' union or association may be willing to provide the stress program with supplemental funding. For example, the San Francisco Police Officers' Association contributes $2,000 per year (obtained from membership dues) to the department's Stress Unit.

IV. PROGRAM SERVICES

A police department stress management program--whether labelled a stress program, a psychological/counseling service, a behavioral sciences unit, or an employee assistance program--typically contains both preventive and reactive program services. Preventive services are aimed at the prevention and early identification of stress-related problems through education and training. These services may include providing information about the nature and causes of stress, training in the use of biofeedback techniques to help officers recognize and monitor signs of general health, and demonstrations of stress reduction techniques that can be used to reduce the cumulative effects of stress. Various models for the delivery of these preventive services will be discussed in the next chapter.

The present chapter examines reactive program services, which are designed to restore police officers' well-being and their capacity for productive work once they have experienced stress-related problems. Program planners are faced with a series of critical decisions about the content and delivery of these program services, such as:

- Who are the intended beneficiaries?
- Which referral mechanisms need to be put in place so that services will be used?
- Which services will be delivered, and under what conditions will they actually be provided?
- What are the most effective ways to publicize the availability of stress program services?

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This chapter reviews the options chosen in each of these areas by our study departments.

Stress Program Beneficiaries

A variety of issues arise in defining which persons shall be eligible for stress program services. This section discusses the nature of the problems addressed by stress programs, the rank or position of police personnel who receive services, and the role of police stress programs in serving individuals who are not members of the police department that sponsors the stress program.

Types of Disorders Addressed by Stress Programs

As noted in Chapter 1, the precise relationship between stressors and job performance in police work is unclear. While much recent research has identified specific stressors associated with police work, most stress program practitioners make the broad assumption that all personal problems and crises that render an officer unable to perform his work effectively, whatever their source, are considered to be legitimate concerns that warrant a response from the stress program. From this perspective, police stress programs fall under the category of employee assistance programs. While no single department has chosen to address all potential problems experienced by police officers, we observed the following problems covered by the stress programs we visited:

- post-shooting trauma;
- alcoholism;
- drug abuse;
- marital or other family difficulties;
- difficult relationships with fellow officers or supervisors;
- trauma associated with catastrophic death of a child or spouse;

- debt management;
- gambling;
- issues associated with layoffs due to budget cuts; and
- adjustment to retirement.

It should be noted that the program staff we interviewed emphasize that stress programs serve basically healthy individuals. Indeed, on the basis of their experience, these staff believe that police officers represent an unusually resilient group of individuals.

Line Officers

Typically, the primary beneficiaries of stress program services are sworn police department personnel and their families. While the absence of client records in the visited departments makes it impossible to assess precisely who uses these services, program staff report a clear intention to aim their services at line officers. Apart from the obvious fact that patrol officers make up the largest complement of police personnel, stress program services are concentrated on these employees because they are believed to experience more stress than supervisory staff who spend less time on the street. Moreover, patrol officers receive lower wages than supervisory staff and, therefore, have fewer resources for seeking help on their own.

Supervisory and Command Staff

The use of stress program services by line supervisors for their own stress-related problems appears to be influenced by the rank and position of the stress program staff. Stress programs in Rochester, Tucson, and the Counseling Service of the New York City Police Department are directed by officers at the rank of sergeant or above. These departments report a generally higher proportion of supervisory staff in their caseloads than do programs in Boston and San Francisco, which are managed by individuals at the patrol officer rank.

Because top command staff are better able to pay for private professional counseling, and because they are reluctant to reveal their personal problems to their own staff, few, if any, command staff use stress program services for their own problems. Instead, they typically use stress programs as a source of advice about how to deal with their employees who show signs of stress.

Civilian Police Employees and Family Members of Police Personnel

All departments that we visited make stress program services available to nonsworn, civilian police department personnel. The percentage of the caseload consisting of nonsworn personnel ranges from slightly more than two percent to 25 percent. Stress programs with the highest percentages of civilian employee cases are located in Miami and the Los Angeles County Sheriff's Office, both of which are operated by nonsworn police psychologists. Stress programs with relatively low percentages of such cases claimed that non-police employees typically seek services for personal problems from private practitioners rather than sworn program staff, because of that staff's focus on serving fellow officers.

Family members of both sworn and civilian personnel are welcomed recipients of stress program services in all of the departments that we visited. There are three principal reasons that family members participate in a police stress program: (1) out of concern for a spouse or other family member who is a police officer; (2) because of their own personal difficulties; and (3) as part of marital or family counseling sessions.

In Tucson, Miami, Boston, and the Los Angeles County Sheriff's Office, stress program practitioners report that officers' spouses, girlfriends, and family members may obtain stress program services, even if the officer is not participating in the program. For example, an officer's wife may seek services because she is having difficulty adjusting to the "closed society" that characterizes police work and sees it affecting her friendships and marriage. The director of the Boston Police Stress Program reports that officers' wives often approach the program first, and their husbands may become involved later.

Because marital and family problems are so common, family members are often essential participants in a police officer's therapy. In the Los Angeles County Sheriff's Office and the Miami Police Department programs, in fact, psychologists see husbands and wives together in the majority of their counseling sessions. The practitioners emphasize that stress programs must frequently address an officer's ability to perform in a wide variety of roles--including husband, parent, and friend.

Employees of Other Agencies

Several stress programs extend their services to police officers in other departments. These contacts, which are typically initiated by officers themselves on a voluntary basis, constitute a small proportion of the total stress program caseload. Stress program staff report that they are unwilling to refuse services to "an officer in need" if they have available personnel to respond to such a request. In addition, program staff are generally eager to demonstrate by example the value of stress programs to departments in surrounding communities. Often, they are also willing to make services available to small departments that have insufficient resources to develop a stress program on their own.

Stress programs in Albuquerque, Boston, Rochester, and Tucson sometimes provide their services to employees of other public service agencies in their communities, which can include health departments, fire departments, and employee service unions. These stress programs, which have operated for relatively long periods, enjoy a favorable reputation in their municipalities. Consequently, they are sometimes called upon to present their employee assistance concept to other agencies from time to time. In some instances, such as in Rochester and Boston, these presentations have led other municipal agencies to develop stress programs based on the police department's model.

Referral of Clients to the Stress Program

Sworn staff in the department can be referred to the program in two different ways: (1) voluntary, client-initiated referrals; and (2) mandatory referrals from an officer's supervisor or the chief's office. Within this second category, mandatory referrals may or may not be associated with any formal disciplinary action against the officer.

Voluntary or Client-Initiated Referrals

Most police stress programs in our study accept the vast majority of their clients on a voluntary basis. These referrals are called "client-initiated" because the motivation for program involvement comes from the individuals themselves. Client-initiated referrals can, of course, be influenced by others--for example, by a spouse, friend, or supervisor who "suggests" that an officer seek help. The major limitation of voluntary, client-initiated referrals is that they represent only officers who have the capacity to identify their own problems and have the motivation to remedy them. Critics of exclusively voluntary referral procedures claim that many more officers experience stress-related difficulties, but are unwilling to initiate contact with the program.

Supervisory or Department-Mandated Referrals

In addition to client-initiated referrals, many police stress programs also handle so-called "mandatory" officer referrals, whereby officers seek program services because they are "forced" to do so by their supervisor or the department. As noted above, even clients who are considered "self-referred" are often influenced by others in their decision to seek program services. If an officer's supervisor influenced an officer's decision to contact the program, this referral may be considered either voluntary or mandatory, depending on the degree of coercion involved.

Coercive techniques can follow a gradient of increasing intensity. A beginning technique may be a gentle warning by a supervisor that problems with job performance have been recognized. The officer might be encouraged to examine his behavior in light of that assessment and to seek assistance from the stress program. If no improvement in job performance is observed over time, or if a supervisor learns that the officer did not follow the earlier suggestion, the officer may be urged to seek assistance from the stress program as an alternative to more formal disciplinary action. For example, a supervisor may order an officer to the stress program with the explicit understanding that failure to "change his ways" will jeopardize his job. The most coercive technique employed by departments, usually in cases involving a citizen complaint or a serious breach of conduct, involves the chief or the police commissioner in the mandatory referral.

Stress Program Services

The police stress programs in our study sample provide a wide range of program services. As described in the previous chapter, these services may be delivered either in-house by stress program staff or through referral to other agencies and professionals in the community. This section reviews the major types of services that are available to stress program clients.

Crisis Intervention

As noted earlier in this chapter, stress program services are aimed at police officers who, while essentially healthy individuals, may suffer temporary impairments occasioned by personal or job-related crises. For the most part, these crises are the product of one or more particularly stressful events or the cumulative effect of the many stressors which are inherent aspects of the police officer's life and work. Thus, most stress program staff consider their primary program service to be crisis intervention. The purpose of crisis intervention is to assess the extent and seriousness of a client's problem; to establish rapport in order to promote a calm, relaxed atmosphere conducive to the exchange of sensitive information; to offer advice and suggestions on ways to handle the problem; and, where appropriate, to recommend other service providers in the community who are equipped to assist the client with particular problems.

Most stress programs have installed a 24-hour "hotline" telephone so that clients can contact the program whenever a crisis arises. This telephone number and the stress program's central office phone number are published routinely by most police departments and are displayed on bulletin boards at headquarters and district stations. Telephone contact is the most typical route for clients to reach program staff in many departments, since such contact can be made anonymously. Officers are often reluctant to identify themselves by name, rank, or position, especially at first. In these cases, officers are encouraged to talk about the reason for the call and to arrange a personal meeting at another time.

Many stress programs, including Tucson, Boston, San Francisco, and Albuquerque, refuse to rely exclusively on client-initiated contacts and more actively reach out to potential clients. In some departments,

peer counselors (or, in the case of Albuquerque, the police chaplain) will patrol the streets in radio cars, waiting to be alerted to crisis situations involving officers on duty. In addition, many peer counselors are active duty patrol officers who have developed detailed knowledge about the personal lives and job performance of their fellow officers. They often choose to confront individuals known to be experiencing problems at home or on the job and to remind them of stress program services that are available to them.

Although many stress program practitioners argue that police psychologists are less likely to be available than peer counselors who "work the streets," we did not find this to be the case in those stress programs that were directed by psychologists. In the Los Angeles County Sheriff's Department, for example, at least one member of a team of psychologists is available around the clock to respond to crisis situations via a "beeper" system. In these circumstances, the psychologist will respond to the immediate situation and arrange with the prospective client for a follow-up office visit.

Following initial contact, the second stage of crisis intervention is generally a service needs assessment. Such meetings may be scheduled in the program office, or may be held in a different location, such as the client's home or a local coffee shop. The objective of this first session is to build rapport with the client, to offer assurance that there are ways to deal with his present troubles, and to begin establishing a trusting relationship for future work together. In peer counseling, reference is usually made to the practitioner's similar experiences, which lets clients know that "they are not alone" as they grapple with their problems. As pointed out by many stress program practitioners, these sessions do not necessarily involve "heavy" counseling.

Following this session, the psychologist or peer counselor devises a treatment plan for the client. Extended evaluative and diagnostic sessions, including psychological tests, are not routinely conducted. Clients who show evidence of some serious psychopathology are often referred to a psychologist or psychiatrist in the community.

Post-shooting trauma. Involvement in a shooting incident is probably the most dangerous and debilitating experience that can occur during the course of an officer's career. Even if the officer escapes serious physical injury, the psychological stress inflicted by such an

experience can have a profound and far-reaching impact on the officer. Reactions can include sensory distortion, nightmares, withdrawal, isolation, depression, and anxiety, just to mention a few. The introduction of crisis intervention teams or procedures to help officers cope with post-shooting trauma has become increasingly common. These services are typically intended to assist officers who shoot someone in the line of duty or have any type of involvement in a shooting incident--as a victim, the partner of a victim, or a witness.

Several of the departments studied for this report offer special services for officers involved in shooting incidents. The Rochester Police Department, for example, has a mandatory three-visit post-trauma program. Program staff note that, if such visits are required as a matter of policy, officers are less likely to feel stigmatized by having to get counseling. The director of Psychological Services in the Dallas Police Department reports that they have been able to develop and implement a post-shooting program that involves scene investigation and psychological assistance for the officer, the officer's family, other officers, and even the dispatcher who sent the call. Like several other programs, they have the ability to respond to the scene of a shooting incident on a 24-hour basis.

As noted in Chapter 3, officers who have been involved in shooting incidents themselves can be highly effective as counselors to fellow officers who are experiencing post-shooting trauma. Peers who have undergone similar experiences can offer unique forms of assistance, by sharing their own reactions and by providing emotional support. After surveying 35 officers who had been involved in a life-threatening traumatic incident, the Stress Unit of the San Francisco Police Department developed a "Traumatic Incident Support Group" composed of volunteer officers from the survey group. Importantly, this group received peer counselor training as soon as it was formed. In some departments, spouses of officers involved in shootings have also volunteered to receive training and provide peer support to others who must face similar experiences. Of course, the involvement of peer counselors in post-shooting trauma cases should not preclude the participation of professional clinicians.

Addiction Services

The major share of addiction services for police personnel is aimed at problem drinkers and alcoholics. As noted earlier, some police stress programs were started by recovering alcoholics who formed in-house groups of Alcoholics Anonymous to serve their fellow officers. Even after expanding their services, some programs are still staffed exclusively by peer counselors who are themselves recovering alcoholics.

Once an individual has been determined to suffer alcohol problems, he may be referred by the stress program to community treatment programs for detoxification. In New York City and Boston, detoxification programs may include up to 30 days of inpatient residential treatment. In Rochester, similar cases are referred for detoxification to outpatient programs in the community. Following detoxification, these clients are encouraged to enroll in the Alcoholics Anonymous program. Stress program practitioners work with problem drinkers by identifying a sponsor, accompanying the client to AA meetings, and monitoring his or her meeting attendance and drinking behavior for at least the first few weeks of AA membership.

The support provided by the fellowship of AA members lies at the heart of the Alcoholics Anonymous program. Some stress programs work with police-sponsored AA groups, which generally restrict their membership to police officers, based on the premise that the presence of fellow officers serves to strengthen peer support. Other programs help officers to become involved with AA groups that are not composed exclusively of police officers. Some stress program practitioners, usually peer counselors, also attend AA meetings, which provides an additional opportunity for follow-up with their clients.

While peer counselors usually play a central role in the delivery of alcoholism services, psychologists who operate stress programs may restrict their involvement with alcoholic clients to initial supportive counseling and referral to AA groups. In Miami, for example, two police psychologists routinely refer alcoholic clients directly to the in house AA group and provide virtually no direct counseling services to them. In the Los Angeles County Sheriff's Department, a psychologist teams up with the peer/alcohol counselor to help clients become involved in AA.

While the ready availability of AA meetings is a critical feature of alcoholism service delivery in many stress programs, some observers suggest that an exclusive reliance on AA-oriented peer counseling also has serious disadvantages. The major disadvantage cited by these individuals, including some recovering alcoholic peer counselors, is the tendency on the part of these service providers to view abusive and alcoholic drinking as the root cause of all the personal problems experienced by police officers. The result of this "tunnel vision" can be inadequate or incomplete treatment. Even if the peer counselors can help officers with other problems, officers may be hesitant to seek services for these problems if they view the program as alcohol-focused.

None of the stress programs in our study provide direct services specifically designed for persons with drug or gambling problems. Moreover, practitioners in these programs generally report low incidences of these problems among their clientele. When such individuals are discovered, however, they are referred to community programs such as Narcotics Anonymous and Gamblers Anonymous.

Short-term Counseling

Several stress program staff members report that marital problems or difficulties in family and colleague relationships are a major source of the job- or health-related problems experienced by their clients. To address such problems, programs often provide short-term supportive counseling. Such counseling may also include periodic follow-up after the final session to assess an employee's adjustment and job performance.

Short-term counseling, which is often provided by the stress program's in-house staff, typically consists of two to ten sessions with a practitioner or counselor. If marital difficulties are involved, the officer and counselor may be joined by the officer's spouse for continued discussion. According to stress program practitioners, primary goals of these sessions are often to improve the couple's capacity to communicate and to manage anger. Each client presents a set of special concerns. However, practitioners report that these cases often involve the need to improve an officer's ability to express and share feelings, and to reconcile the conflicting obligations occasioned by family and police work responsibilities.

Practitioners use a variety of clinical approaches to deal with these issues. Most service providers find that police personnel are reluctant to participate in group therapy sessions, so counselors instead work individually with officers and couples to develop methods for improving communication and reducing tension. As part of this treatment, counselors may introduce officers to biofeedback techniques, exercises to promote relaxation, and hypnosis. Many practitioners emphasize the importance of addressing officers' problems quickly. Officers need to be confronted in a reasonable way and then be provided with decisive options for managing their personal lives more effectively.

Long-term Counseling

Only one police stress program in our study--in the Los Angeles County Sheriff's Office--delivers routine services directly to clients on a long-term basis (i.e., for a period greater than six months). As noted earlier, most stress program clients are perceived to be essentially healthy individuals who are experiencing some crisis situation that substantially affects their job performance. In addition, several stress program counselors emphasized that police officers live in the "here and now" and appreciate, above all, reasonable and practical advice about their problems. They are are often impatient with long-term therapy and suspicious of its techniques. Accordingly, if a person is found to be suffering from a disorder requiring long-term treatment, that person is often referred to a psychiatrist, psychologist, or other professional in the community. In these cases, the stress program may limit its service to the referral (and effectively "close" the case) or may continue to provide periodic case follow-up.

Establishing a Referral Network

When stress programs refer clients to outside agencies or professionals, they are essentially acting as service brokers for those clients. As stress program practitioners develop a service delivery network and expand their pool of available outside services, they face a series of critical decisions The stress program staff interviewed for this report offered suggestions regarding the two major steps involved in arranging and operating such a resource referral network: (1) selecting referral services, and (2) establishing referral procedures.

Selecting Referral Services

The first step involves making an inventory of professionals, health service agencies, and community organizations that can serve as referral resources. Information must be organized on the specific services they offer, the names of key service providers, and the hours that services are available. In deciding whether a given outside resource will be used by the stress program, program practitioners should base their assessment on three factors: (1) the service provider's qualifications for working with police; (2) the outside resource's location; and (3) third-party insurance provisions.

Professional qualifications and sensitivity to police issues. Stress program practitioners contend that clinical skills and awareness of the demands and requirements of police work are the most important qualities sought in outside resources. Preferably, clinicians will possess either a law enforcement background or have experience treating law enforcement or military personnel. Above all, resource practitioners must know "what it's like on the street" and be able to relate to officers in their own terms. The same considerations applied in the selection of a stress program staff psychologist, discussed above, may be applied when selecting professionals to provide services on a referral basis.

Program location and clientele. Most stress program staff choose private practitioners or facilities in another jurisdiction rather than local mental health centers or other community programs, to which police officers themselves frequently refer intoxicated or disturbed individuals in the course of their work. For example, the Boston Police Stress Program refers its clients with alcohol problems for detoxification to a hospital outside the greater Boston area. The New York City Police Counseling Program sends alcoholic officers to a facility in upstate New York over 75 miles from the city. Such distant referrals are necessary to preserve officers' anonymity.

Third party insurance coverage. The selection of referral resources is usually influenced by the availability of funds to pay for their services. A principal difference among referral resources is the number of counseling sessions that will be covered by insurance and other payment plans. In Tucson, four sessions are fully covered by a health maintenance organization. In Rochester, officers referred to local health centers and to the University of Rochester Medical School pay for

services themselves on a sliding scale basis. While staff in many programs believe that insurance coverage for services is essential, still others argue that a sliding scale payment schedule is necessary in order for officers to remain in counseling. The reason, they say, is that some officers prefer to pay for services themselves so that they will not need to register claims with the department's health insurance carrier and thereby expose their use of those services to their supervisors.

The Referral Process

The second step in establishing a smoothly functioning referral resource network is to develop procedures for actually making referrals. Stress program practitioners need to consider the following issues when designing these procedures:

Initial contact with the referral resource. Once a stress program practitioner has assessed a client's needs and chosen a clinician or agency for referral, the client must be linked with that referral resource. Practitioners adopt different strategies for establishing these relationships. In San Francisco, stress program practitioners provide their clients with the name, location, and telephone number of a clinician who they consider to be best suited to handle the client's problem. The client is responsible for arranging an appointment with the clinician. In Boston, Tucson, Albuquerque, and Rochester, stress program practitioners make the initial contact with the referral resource. They will often arrange the initial appointment with the chosen service provider, discuss briefly the nature of the case being referred, and establish ground rules for confidentiality, payment for services, and paperwork requirements.

The scope of follow-up activities. Stress program practitioners must determine what their involvement with clients will be once they have been referred for outside services. In Tucson, Rochester, Miami, and Boston, program practitioners communicate periodically with these resource personnel to inquire about their clients' clinical progress, especially in terms of their fitness for duty. In other programs, stress program personnel, in effect, "turn over" their clients to other professionals once the referral is made and rarely again make contact with

these providers during the course of treatment. In all of our study sites, stress program practitioners urge their clients to provide feedback about the appropriateness of the referral and their degree of satisfaction with the professional involved so that they can revise their referral resource lists accordingly.

Publicizing Availability of Program Services to Police Personnel

Once a stress program has been established, police officials try to promote its use by making all potential service recipients aware of its availability. Police departments have adopted a number of methods for publicizing stress programs.

Once a program has been endorsed by department command staff, the commissioner or chief usually prepares a general order or memorandum to be posted at headquarters and district stations and read at roll calls for several weeks. All departments in our study sample have developed this type of general order. The general order should contain a statement of program purposes, a list of the services offered by program staff, the location of the office or program facility, and descriptions of the staff members and their responsibilities. Most important, the orders should explain the confidentiality of both program participation and record-keeping procedures. Most general orders of this type conclude with a statement endorsing the program and encouraging officers to take advantage of its services. An example of this type of memorandum, issued by the Boston Police Commissioner in support of the Boston Police Stress Program, is reproduced in Appendix C.

A particularly effective publicity mechanism is to include a discussion of stress issues as part of recruit and in-service training. All departments visited included at least five hours of recruit training on the topic of stress management. These sessions include a presentation by stress program staff members to describe services provided and conditions of participation. (Detailed information about stress training is presented in Chapter 5.)

Another way to publicize police stress services is through broadcast and print media stories about program activities. Police stress programs in Miami, San Francisco, and the Los Angeles County Sheriff's Department, for example, have written program descriptions and brief messages to appear in union journals, newsletters and magazines.

Psychologists from the Miami program have also prepared a description of stress services for training bulletins. In Boston, the director of the Police Stress Program writes a regular column, entitled "The Stress Corner," in Boston Police News, the official department newsletter.

Local and national broadcast media are also a source of general information for police officers about stress program operations. Stress program directors in several of our study departments, for example, have appeared on local radio talk shows and television news programs to present outlines of their programs. Many line officers with whom we talked during the course of this study mentioned a nationally televised program, the "Shattered Badge," which became an important reference point for their understanding of stress. These officers pointed out that such programs serve to authenticate stress programming as an essential police department personnel service.

However, publicity campaigns are less important than "word-of-mouth" endorsement by line officers themselves. For no matter how well a stress program is designed and publicized through official department channels and outside media, the quality of a stress program is largely a reflection of the trust and confidence that line officers place in key program personnel. Officers report that for a stress program to have a positive "word-of-mouth" reputation, it must have sound confidentiality procedures, be staffed by "good people," and have a history of quality service to fellow officers. Such a reputation is enhanced when stress programs demonstrate that they are accessible 24 hours a day and can deliver an appropriate helping response when summoned for assistance. In short, there is no substitute for high-quality, confidential services.

V. TRAINING AND OTHER PREVENTIVE MEASURES

Introduction

The bulk of this Issues and Practices report has examined the role of police stress programs in delivering crisis intervention, counseling, and other clinical services to officers with stress-related problems. Another critical role of these programs is to deliver officer training on stress issues, training designed to address stress-related difficulties before they escalate to the point where clinical intervention is needed. The broad objectives of such training are to:

- increase awareness about the nature of stress and the unique stressors related to police work;
- teach officers specific strategies that can be used to combat stress, as well as regimens to maintain general health and prevent stress-related difficulties;
- identify stress warning signs which indicate that intervention may be needed; and
- provide officers with information about the department's stress program and other resources that are available to help troubled officers.

Within a particular department, a number of distinct training modules on stress may be developed for different audiences, including officers at various stages of their police careers (from recruit to retirement) and officers' family members. Officer participation in stress training may be either voluntary or mandated by the department.

The development of a model police stress training package or a detailed curriculum guide on police stress training is beyond the scope of this document. However, this chapter provides an overview of the stress training programs that have been instituted in several police departments. The first two sections review the major training topics that are covered and then discuss the way that these topics are incorporated in training programs aimed at various audiences within the police organization. Illustrative examples are provided from our study departments based on interviews with training staff and participants, written training materials, and, in some cases, observed training sessions. The length and scope of stress training varies considerably among the departments studied for this report. The chapter concludes with a review of some other preventive strategies aimed at stress reduction in the areas of health and nutrition, biofeedback, and informal "rap" sessions for officers.

Overview of Major Training Topics Dealing with Stress

Training topics fall into three general categories: (1) the sources and manifestations of stress; (2) individual coping and preventive strategies; and (3) the police department's stress program and other helping agencies.

The Sources and Manifestations of Stress

The most fundamental component of training on stress issues is in the area of general stress awareness. Many officers have never talked about "stress" before and are therefore not aware of what it is and how it can affect them. Stress awareness training typically begins with a conceptual definition of the term "stress"; Selye's proposed "general adaptation syndrome" (see Chapter 1) is often described. A major focus is an examination of the sources and manifestations of job stress for police officers. As Hurrell and Kroes point out, simply increasing officers' level of awareness about job stress may serve as a stress reducer:

> [W]hen individuals are unaware of the nature of threats to their well being, they are less able to escape, avoid or directly confront them. Thus, in order to successfully cope

with stress on an individual or organizational level, officers need to be made aware of the nature of job stress and its consequences.[1]

Training in stress awareness can reduce anxiety and worry over the unknown, decrease officers' sense of isolation with regard to their own stress-related difficulties, and increase officers' motivation to take steps to combat stress.[2]

A number of specific sources of job stress are typically identified and discussed, such as physical danger, shift change, long periods of boredom, department administrative policies and promotion decisions, court rulings and procedures, and hostility from the public. Specific manifestations of stress are also explored: physical disorders such as heart disease, high blood pressure, fatigue and headaches; emotional and personal problems such as anxiety, depression, marital discord, and alcoholism; and inadequate work performance such as excessive use of force, lateness and absenteeism, and failure to complete report forms.

Individual Coping and Preventive Strategies

The principal goal of police stress training is to increase an individual's capacity to prevent or cope with job stress. A wide range of strategies may be covered under this category, including:

- handling specific stressful situations that officers frequently encounter on the job (e.g., family crises, racial conflicts, deaths);
- understanding human behavior and psychological processes relevant to police work;
- maintaining physical health and well-being through diet and exercise;
- increasing body awareness and relaxation through biofeedback, meditation, yoga, etc.
- communicating effectively with others (family members, peers, supervisors, citizens); and

- restructuring attitudes or thoughts that contribute to stress.

Various strategies may simply be described or summarized during training or, in more extensive training programs, officers may actually have an opportunity to practice and experience certain strategies under the supervision of trainers.

Post-shooting trauma. As noted in other sections of this report, many police departments have instituted special peer groups and counseling support for officers following involvement in a shooting incident. Training programs offer an excellent vehicle to educate officers about this kind of life-threatening and stressful situation, including common reactions and coping strategies. The Rochester Police Department, for example, has a training module on post-shooting trauma, as experienced by both the officer involved and by the officer's spouse. Appendix D contains a lesson plan for training on post-shooting trauma delivered by the Tucson Police Department.

The Stress Program and Other Service Providers

The third major training topic is the various resources available to individuals who need counseling or other types of assistance due to stress-related difficulties. Training in this area is intended to increase:

- awareness and familiarity with the stress program--its location, purpose, activities, and staff members;
- acceptance of the stress program and willingness to use program services; and
- knowledge about additional helping agencies and professionals in the community.

As noted earlier, training is an excellent vehicle for publicizing the stress program and the availability of services. In interviews at various police departments visited during the course of this study, many officers stated that they knew about the stress program through training sessions they had attended. Beyond that, trainers try to reduce the "stigma" associated with seeking clinical services or other assistance from mental

health professionals. For example, in training sessions delivered to recruits at the Los Angeles County Sheriff's Department, Dr. John Stratton states, "It's sometimes seen as a sign of weakness to see a psychologist. But why not seek help for emotional problems just like you would for physical problems?" During the course of their presentations, trainers usually emphasize the confidential nature of services delivered by the program, since concerns about confidentiality are paramount in officers' minds and are the greatest source of resistance to seeking program services.

In addition, trainers can provide information on helping resources in the community that can be called upon if stress program services are not appropriate or if the officers prefer to seek help outside the department. In many cases, these resources may simply consist of the names and telephone numbers of various practitioners (such as clinical psychologists) who have worked with police clients in the past and have demonstrated an understanding and sensitivity to the roles and problems of officers. Experienced patrol officers are already familiar with local resources such as local mental health centers or detoxification centers because they must transport others to these agencies in the course of their work. However, they may be unwilling to seek services from such agencies, where they are likely to be recognized.

Types of Training

The major topics summarized above can be presented in training programs aimed at a variety of different audiences. It is clear, however, that these topics must be tailored to the interests and perspectives of the particular audience being addressed. The needs and stress-related issues that are most relevant to recruits who are just beginning their academy training are certainly very different from those of either seasoned patrol officers or department command staff. This section examines the training needs of five distinct audiences: recruits, line officers, supervisors and command staff, prospective retirees, and officers' spouses.

Recruit Training

The intensive recruit training period is designed to prepare prospective officers for police work. Through this mandatory training,

delivered on a full-time basis over a number of weeks, recruits may receive over 1,000 hours of instruction prior to their duty assignments. It is often difficult to compare the amount of training on stress issues that is delivered by various departments, for departments differ on which topics they categorize under the heading of stress. Loosely construed, all training delivered to recruits might fall under this heading, in that it serves to reduce stress by increasing recruits' awareness of the demands of police work and developing their ability to perform required tasks. Specific topics such as "crisis intervention," "interviewing rape victims," and "dealing with death" are incorporated in stress training by some departments, but treated as parts of separate modules by others. In general, 12 hours or less of the recruit training period deal explicitly with the topic of police officer stress. Sometimes, however, this stress training may last only one or two hours.

In the majority of our study departments, stress training was delivered by the stress program director, sometimes in conjunction with another program staff member. When four hours or less of stress training is delivered, the session generally follows a standard lecture format and provides a brief overview of the topics listed before: theoretical models of human reactions to stress, sources of stress in policing, manifestations of stress (including alcoholism), coping strategies, and services available through the department's stress program. Examples are often provided of individual cases handled by the program. In one session we observed, a program director discussed two recent cases in which counseling help was provided: one officer was experiencing his third divorce at age 30 and the other officer was having nightmares due to his involvement in a shooting incident several weeks before.

When a greater amount of recruit training time is devoted to the topic of stress, other teaching methods are often used to supplement the basic lecture format. Training personnel in some departments have found films to be useful instructional aids. For example, several departments use a Harper and Row film called, "Police Stress Awareness." Written materials may also be distributed, such as descriptions of the stress program or reprints of articles on the topic of stress or stress in law enforcement. The New York City Police Department has also developed a "Student Guide to Stress," which contains case studies of officers' ways of handling stress.

Training delivered to recruits by the Rochester Police Department focuses not only on police stress, but also on recruit stress. Lieutenant Joseph Davis, director of the Stress Counseling and Management Program, argues that stress from the highly rigorous recruit training process is far more salient to recruits than the stress they will experience on the street after they become patrol officers. During a two-hour training module presented during the first week of training, recruits are told that, although they should be aware of common sources of police stress before they are assigned to duty, right now they need to focus on getting through the recruit training process with a minimum of strain and anxiety. Recruits are instructed in direct relaxation techniques; they are asked to practice by turning over the papers in front of them, closing their eyes, and breathing deeply. Davis emphasizes the availability of support from others, including other recruits, family members, and peer counselors. At the conclusion of the recruit training period, Davis returns to the academy to talk about job-related stress for police officers. This training includes the topics of post-shooting trauma and marriage and family issues, among others.

In-service Training

In-service training is provided to officers throughout the police department, aimed primarily at rank and file patrol officers. The availability and extent of in-service training varies a great deal from one department to the next. For example, a department may have two hours of mandatory in-service training each month. Officers can rotate through this training depending on the shift to which they are assigned, so that each officer receives one unit of training per month in a selected topic area. Typically, this training is similar to recruit training in stress, as described above. In other departments, a number of intensive, specialized training packages are developed and made available to officers on a voluntary basis. These packages are sometimes developed for certain target groups. For example, the Rochester Police Department has offered a program on women in policing and couples training for officers and their spouses.

Of our study departments, the Miami Police Department offers the most extensive in-service training course. This training program is described below.

Police stress training in Miami is conducted by two clinical psychologists, Drs. Mark Axelberd and Jose Valle, who provide services to local law enforcement agencies on a consulting basis. They hold two separate in-service stress training classes. The basic program consists of a one-day, eight-hour session entitled "Introduction to Law Enforcement Stress Management." The major topics presented during this session are: the holistic model of health; overcoming obsessional thinking or excessive worrying; relaxation training; biofeedback; and predictable life crises in law enforcement personnel. The syllabus for this training session appears in Appendix D. This introductory program is mandatory for all sworn personnel in the department.

Axelberd and Valle say that the eight-hour course whets officers' appetites to learn more about stress and to participate in their 40-hour "Police Officer Stress Control Program." Significant incentives exist for officers to participate in that training--officers are excused from an entire week of regular work and, upon completion of the course, they receive a small salary increase that lasts throughout their careers.

The week-long program is available to officers in Miami and 26 other police departments in Region XIV of South Florida (consisting of Dade and Monroe Counties), with funding provided by the State of Florida from monies made available for regionwide police training. Each eligible department receives a notice announcing the dates on which training will be held and the number of participant slots available for the department, based on its size. The training program is offered on a bimonthly basis, and class size is limited to 15. There is generally a long waiting list of interested officers.

In addition to Axelberd and Valle, the training course has five instructors: a nutritionist, a chiropractor, an exercise physiologist, a biofeedback specialist, and an aerobic dancing teacher. Major topics include the nature of stress, nutrition and physical fitness, relaxation exercises, and biofeedback. This training program has been certified by Miami's Police Standards and Training Commission. A curriculum for the week-long training program appears in Appendix D.

Training for Supervisors and Command Staff

The need for training of supervisors and command staff on stress issues is critical but often overlooked. In some police departments, such

as Miami, all sworn personnel participate in the same in-service stress training programs. Other departments, such as Boston, Los Angeles County, New York City, and Rochester, have designed training modules exclusively for supervisors and command staff. This training examines the stressors associated with the participants' supervisory and decision-making roles in the department, plus various coping and preventive strategies that are available to them.

In addition to exploring factors related to their own stress, the training for supervisors and command staff is aimed at:

- educating supervisors about how their own behavior and supervisory style can contribute to stress-related difficulties in their subordinates;

- improving supervisors' skills in detecting stress-related symptoms in the behavior and attitudes of officers; and

- teaching supervisors to assist officers with stress-related disorders, by providing advice, support, or information about the stress program and other available resources.

Appendix D contains a training handout for supervisors that provides practical information on methods for handling problem employees, one of several handouts distributed during supervisory training in the Los Angeles County Sheriff's Department.

The New York City Police Department Training Academy has developed modules for training both middle management supervisors and executive officers. New sergeants and duty captains are given training on how to handle the stress experienced by line officers. These supervisors are encouraged to confront officers in a constructive way once absenteeism and productivity problems arise. They are informed about available employee assistance resources in the department and how to initiate a referral when appropriate. There are also several stress management workshops each year for upper level management personnel. A psychiatrist uses role play, problem solving techniques, and practice assignments to help participants identify stressors in themselves and others in the work environment. Additional seminars are

conducted to explain the operations of the stress program and to discuss confrontation and referral techniques.

Stress training for supervisors and command staff at the Rochester Police Department was developed by faculty members at the University of Rochester Medical School, Department of Community Psychiatry. In addition to discussing supervisors' own stress experiences and their responses to subordinates' difficulties, much of this training is devoted to an examination of organizational factors that contribute to stress. The training programs are designed to facilitate changes in supervisory and management practices that have been identified as prominent sources of stress in the department.

Training for front-line supervisors consists of 12 hours of instruction on stress awareness and individual coping strategies. An additional 32 hours are devoted to organizational and management issues. Topics include understanding lines of authority and the role of supervisors, problem-solving techniques, and the effects of various leadership styles on employee performance. A number of management concerns are examined, such as: rumor control; confidentiality; competition among officers; motivation and morale; monitoring, evaluating, and documenting individual performance; discipline; and time management. Several types of problem employees are discussed, including the "burned-out cop," the officer who resists authority and supervision, the officer who lacks initiative and performs duties at a low level of productivity, and the violence-prone officer. Through small group discussions and role play, participants are taught how to respond to these personnel concerns either by addressing the problems in the job setting or by initiating referrals to the department's stress program.

Stress training for command staff is delivered to the chief, deputy chiefs, majors, and unit commanders in the Rochester Police Department. This training consists of 12 hours on sources of stress, including job complexity and the need to accomplish tasks through others. The many different roles assumed by command staff--administrator, supervisor, counselor, educator, decisionmaker--are also examined. Sixteen additional hours are devoted to discussion on organizational and management issues. Command staff share some management concerns with front-line supervisors (e.g., time management, discipline, confidentiality), but have others that are unique to their role as police executives

(e.g., establishing department policies, power relations in a management group). This training is also conducted via small group discussions and role play.

Training for Prospective Retirees

Of the departments studied for this report, only the Los Angeles County Sheriff's Department has instituted a special training program for prospective retirees. Sheriff Sherman Block states that he feels an obligation to address stress and adjustment problems of officers who are ending their law enforcement careers, just as he addresses the problems of recruits who are embarking on theirs. The one-day, six-hour retirement seminar is co-sponsored by the Sheriff's Department with the Sheriff's Relief Association and the Professional Peace Officers Association of Los Angeles County. A presentation on stress issues, "Psychological Aspects of Retirement," is delivered by the department's Psychological Services Unit. The presentation includes a discussion of various problems that retirees are likely to face in the coming years due to factors such as changing roles and status, physical change, changes in sexuality, and the death of peers. In addition to psychological aspects of retirement, presentations are devoted to financial and legal issues, insurance, and information about the Los Angeles County retirement system. A comprehensive packet is distributed to all participants, containing several booklets and article reprints related to retirement.

Training for Officers' Spouses

Many experts believe that police officers have an unusually high divorce rate and that the stress of police work is directly related to marital dissatisfaction and family problems. The emotional strains of divorce or a troubled relationship inevitably affect an officer's job performance and, conversely, the pressures of police work often lead to serious difficulties in the officer's marriage and home life. Dr. John Stratton states that:

> Spouses experience the "weight of the badge" in their lives throughout the course of their relationship. At various times it may weigh heavily, while during other periods it is a source of pride and honor. . . . Stress incumbent to the job becomes obvious: the man's life is constantly on the

> line; he must always carry a gun; he has unusual working hours, scattered weekends, often many extra hours both on duty and in court; and he is always on call for emergencies.[3]

In recognition of the effects of job and family stress on one another, police departments are beginning to include topics on marital and family relationships in their stress training curricula. In some departments, such as Miami and Rochester, spouses are invited to attend this segment of the training program. Four of the departments studied for this report --the Boston, Rochester, and Albuquerque Police Departments and the Los Angeles County Sheriff's Department--have developed separate training programs for officers' spouses. In addition, as noted earlier, the Rochester Police Department offers couples training for officers and their spouses together.

The chaplain who directs the Personal Services Unit in Albuquerque has designed an orientation program for the spouses of recruits (or others in a primary relationship with a recruit). The orientation program, entitled the "Police Family Life Seminar," consists of eight weekly sessions devoted to topics such as the municipal criminal justice system, marital communication, and personal finances. Spouses receive a tour of the police building, a description of the organization of the police department, an introduction to the services available to them through the department's Personal Services Unit, and instruction on communication skills and stress reduction techniques. In addition, the seminar takes spouses on a patrol ride-along and provides a weapons familiarization and safety demonstration at the range. Many spouses report that they felt frightened and intimidated by the officers' firearms, and are especially grateful for the opportunity to learn about the weapons first-hand in a safe environment.

Like the Albuquerque program, the Spouses Training Program at the Los Angeles County Sheriff's Department consists of eight classes that meet on consecutive weeks.[4] The format for this program appears in Appendix D. Spouses take a look at overall department operations and law enforcement duties, visiting the department's training academy, custody facility, communications center, scientific services building, firing range, and patrol station. Spouses receive instruction in weapons

safety and ride with deputies in patrol cars during an eight-hour evening shift. One of the sessions is devoted to an examination of marital and occupational stresses:

> There is no attempt to glorify the job; the realities, problems and concerns are open for discussion. Such stresses as irregular working hours, changing shifts, being on call, carrying a gun, and the potential of danger are topics of discussion, along with their resulting interpersonal frustrations if couples experience difficulties in communication .... Causes for, and solutions to, various problems that may occur in some law enforcement marriages, such as excessive drinking, finances, and time demands, are also thoroughly examined. Methods and suggestions to improve communications, including ways for the partners to share equally and openly to facilitate the relationship, are also provided.[5]

The program was initially available only to spouses of new recruits entering the training academy and to spouses who married a department deputy during the current year. After the first year, the program was expanded to include spouses of all officers in the department.

At the conclusion of the last spouses training session, an evaluation form is completed by participants. This form contains items on overall satisfaction with the program, portions that the participants liked least and most, and ratings on the effectiveness of speakers. The responses of participants have been overwhelmingly positive. The spouse of one recruit wrote:

> I liked the fact that we were shown a lot of what our husbands go through. I'm glad they told us some of the ways to handle a gun in the household. The ride-along helped too --I feel I can better understand what my husband is going to do once he is on patrol.

It should be noted that spouses training programs are attended almost exclusively by the wives of male officers.

Other Preventive Measures

While training is the predominant means of preventing stress-related disorders in police officers, several police departments in our study have adopted other types of stress prevention measures for their officers: health and physical fitness programs; individualized biofeedback instruction; and informal "rap groups."

Health and Physical Fitness

Before hiring, police candidates must meet prescribed height and weight standards and pass both an agility test and a general physical examination. However, many officers are overweight and in poor physical shape when they reach the middle years of their careers. The consequences of poor physical fitness can be severe for police officers: backaches, high blood pressure, hypertension, heart disease, circulatory illnesses, and disabling injuries that can result in excessive sick leave and early retirement. Many departments address the importance of health and physical fitness as part of their training on stress issues. Beyond that, some departments are introducing separate physical fitness programs for officers into their stress prevention and treatment packages.

An important component of physical fitness is sound eating habits and good nutrition:

> Police officers, because of time restraints, unusual working hours and the unavailability of restaurants which serve nutritionally balanced meals, are particularly susceptible to the development of poor eating habits. In addition, police officers are especially prone to obesity due to the surprisingly sedentary nature of their job.[6]

Some stress programs utilize experts in nutrition to help officers to develop diet plans and maintain good eating habits. The Boston Police Department, for example, encourages overweight officers to participate in a local chapter of Diet Workshop by offering to pay half of the program's entrance fee. An eye-catching announcement for this program is reproduced in Appendix D.

Exercise is another component of physical fitness programs. Hurrell and Kroes note that little research attention has focused on whether or not systematic physical activity actually reduces stress, although there is a body of literature that indirectly suggests that it does.[7] Exercise may also lead to psychological benefits, since it allows individuals to release built-up tension.

Gyms and exercise equipment have been added to several police stations to encourage officers to exercise. A physical fitness program in Orange County, California, is tailored to meet the individual fitness needs of each participant.[8] Officers are tested, categorized, and given a weekly schedule that spells out the frequency, duration, and intensity of all exercises. Available recreational activities include running, cycling, racquetball, tennis, and rope skipping.

The Boston Police Department has established a physical fitness program (independent of the Police Stress Program) which operates out of Boston City Hospital. The gym at the hospital, which has a number of racquetball courts and two daily running programs, is available to Boston police officers. The program director estimates that over 100 police officers use the facility each day.

The director of the fitness program has established professional relationships with a number of physicians in the Boston area, who provide him with information, advice, and reading material on health, food, nutrition, hypertension, and related topics, which he can pass along to fellow officers. Through these contacts, who notify him when local medical hospitals need pilot groups for certain tests, the director is also able to offer otherwise costly medical tests to officers on a no-cost basis. In this manner, over 2,000 officers have received lipid screening and tests for hypertension, after which individualized diet and fitness programs were developed for officers with problems in those areas.

Thirty Boston officers have been designated as health coordinators through the fitness program. These officers were trained at the Boston University School of Medicine in areas such as hypertension, disease prevention, and physical fitness, and were taught how to take blood pressure and blood samples. Written, oral, and practical exams were administered at the end of the training period. These officers, who still

convene periodically for additional training, are available to assist and counsel other members of the department with their acquired knowledge and skills.

Biofeedback Instruction

Some police departments have acquired biofeedback equipment to help officers learn to control or alter their physiological responses to stress. Specific physiological responses can be monitored with instruments such as the electromyograph (EMG) and electroencephalograph (EEG). With feedback from various parts of the body, such as the heart, circulatory system, and different muscle groups, officers can learn to recognize and control certain body signals. After repeated practice, they can learn to modify their bodily reactions to stress, eventually without help from the biofeedback equipment. Through biofeedback instruction in the Dallas Police Department, for example, officers with lower back pain (who evidence no medical problem) can spend a number of sessions isolating the specific muscle group that is causing pain. After locating it, the officers can learn to relax those muscles, thus eliminating the tension and pain.[9]

"Rap" Sessions

Hurrell and Kroes note that social support from fellow officers appears to be one of the most important factors in reducing the consequences of job stress. An important vehicle for building mutual support is informal peer discussion groups, or "rap sessions":

> This building of "esprit de corps" serves a very positive function. Lacking positive feedback from other segments of society, the officer is often able to obtain needed social support only from his peers. Further, and perhaps more importantly, the reliving of stressful experiences helps the officer to get the trauma off his chest and allows others to see how difficult situations are handled, and also increases their stress awareness.[10]

The Boston Police Department Stress Program pioneered the development of "rap" sessions for officers. Police officers who recognize their own signs of stress, or who may be experiencing relationship prob-

lems at home or on the job, are encouraged to attend a weekly group meeting at the Stress Program office. These weekly meetings provide an opportunity for officers to share their concerns in a setting that promotes open, confidential discussions. Officers discuss their problems, hear their colleagues' experiences with similar problems, and share ideas about ways to overcome them. In some cases, these meetings become "gripe" sessions, allowing officers to "let off steam." In other cases, an officer with a marital crisis may need some immediate suggestions on ways to handle his problem. These sessions also expose younger officers to the strategies used by seasoned officers to cope with job stress. Officer Ed Donovan, the Director of the Boston Police Stress Program, refers to these sessions as "blue innoculation."

Several other departments have followed Boston's lead in establishing rap groups for officers. Some have established groups for particular sub-populations of officers who share certain concerns or problems, such as minority or female officers. In other departments, such as Albuquerque, groups of officers' wives who met during spouse training have continued to meet among themselves on a regular basis.

FOOTNOTES

1. Joseph J. Hurrell, Jr., and William H. Kroes, "Stress Awareness," in U.S. Department of Health, Education, and Welfare, National Institute for Occupational Safety and Health, Job Stress and the Police Officer: Identifying Stress Reduction Techniques, eds. William H. Kroes and Joseph J. Hurrell, Jr. (Washington, D.C.: Government Printing Office, 1975), p. 234.

2. Ibid.

3. John Stratton, "Pressures in Law Enforcement Marriages: Some Considerations," The Police Chief (November 1975): 44,46.

4. John G. Stratton, "Law Enforcement Spouses Program: Review and Follow Up," Law and Order (April 1978): 54-57.

5. Ibid., p. 55

6. Mark Axelberd and Jose Valle, "South Florida's Approach to Police Stress Management," Police Stress 1 (Spring 1979): 13.

7. Hurrell and Kroes, "Stress Awareness," p. 242.

8. Lawrence A. Bonney, "The Case for an In-Service Physical Training Program for Police Officers," The Police Chief (April 1978): 44-45.

9. "Stress Management in the Dallas Police Department," prepared by Psychological Services Unit, Dallas Police Department, Dallas, Texas, August 1979, pp. 22-25.

10. Hurrell and Kroes, "Stress Awareness," p. 241.

VI. MONITORING AND EVALUATING POLICE STRESS PROGRAMS

Introduction

Once a department has implemented a stress program, administrators need information on how well that program is operating and whether it is accomplishing its goals and objectives. With such information in hand, they can identify flaws in program design or implementation and then develop plans for correcting those deficiencies.

Objective documentation of program activities and impact can also help to justify a department's continued investment in stress program services. While some police and municipal executives may be persuaded to support such a program on humanitarian grounds, most will want concrete proof that the program contributes in a cost-effective way to the maintenance of a fit police force. Without such evidence, even the most well-conceived and effective program can fall victim to department budget cuts because of its inability to demonstrate any positive impact. Police stress programs will be held accountable. The question is not whether, but how they will prove their worth.

Many administrators believe that they can accurately assess a stress program's effectiveness without formal procedures by relying on their experience, common sense, and intuition. But subjective judgment is no substitute for carefully gathered data or formal evaluation findings. Program administrators' impressions of what works and what needs modification are sometimes correct. Often, however, they are wrong. Thus, some kind of monitoring and evaluation, involving formal procedures for collecting and analyzing information, should be an integral part of every police stress program.

Sources of Resistance to Formal Monitoring and Evaluating Procedures

The major barrier to police officers' support for a stress program is the fear that information about their use of the program, their problems, and their treatment regimen will be communicated to the department's command staff or subpoenaed and then used to damage their careers. Quite simply, when officers believe that confidentiality cannot be ensured, they do not use program services. Given these concerns, many program administrators refuse to maintain any written records whatsoever, arguing that the collection of any type of data would reinforce officers' fears.

Three recommendations can be made to address this concern. First, stress programs should maintain anonymous records on program activities and clients. One way of doing this is described below. Second, information from these records should be published only in aggregate form so that information from individual clients is not identifiable. Third, as noted in Chapter 2, all officers in the department should receive written confidentiality guidelines that describe the program's record-keeping system, who will have access to records, and how information about the program and its clients will be publicly reported.

The issue of how program staff can respond to court subpoenas for program records is more complex. It must first be stated that the actual severity of this problem is typically overstated. In fact, existing stress programs have found such subpoenas to be extremely rare. Nonetheless, program staff must be prepared for that possibility.

In many states, if the program is headed by a psychotherapist, a licensed psychologist, or a licensed alcoholism counselor, client records will be protected as privileged communications. If the program is headed by an unlicensed peer counselor, however, the law may not consider the records to be privileged. When a licensed professional is used to provide clinical back-up for such a peer program, it could be contended that the actual relationship exists with that person rather than the peer counselor, thus extending protection to the records.

For a complete picture of the law regarding the release of client information for court proceedings in a particular jurisdiction, consultation with an attorney is strongly advised. Obviously, if program planners

discover that individual case records are not protected, the kinds of records kept by the project's counselors will be affected. Still, at a minimum, the programs should report aggregate data on level and type of program use.

Another major deterrent to instituting formal monitoring and evaluation procedures is the time it involves. Understandably, program administrators who must balance several competing demands on their time often feel that their energies are best spent on providing direct services rather than on designing an evaluation plan and collecting data. In the present fiscal climate, with many programs forced to trim their staffs and services, some practitioners have found this argument persuasive.

Two points can be raised in counterargument. First, as already noted, the vulnerability of a stress program is increased if evidence of program effectiveness is not available. Second, in general, program administrators grossly overestimate the amount of time required to design recordkeeping forms, to ensure their proper use, and to aggregate and analyze the information.

The staff's lack of research experience is also cited by practitioners as a reason for not instituting formal monitoring and evaluation procedures. Again, faced with limited resources, they feel that their program cannot afford to hire expert consultants to help develop recordkeeping procedures or collect and analyze impact data. It should be noted that, in many jurisdictions, stress programs have found that clinicians, college professors, and other professionals were willing to provide free or low-cost assistance for program design, clinical consultation, and other services. Such individuals may also be able to advise a program in designing a monitoring and evaluation plan, data collection, and analysis.

Chapter Organization

For those who are interested in police stress program monitoring and evaluation, the following sections discuss:

- performance goals, objectives, and indicators or measures of program activity and achievement;

- various record-keeping forms for client information that can be developed and used by police stress programs to document program activities;

- performance monitoring and process evaluation to make judgments about the quality, adequacy, or appropriateness of program operations; and

- outcome measures and research designs that can be used to assess the impact of police stress services.

Establishment of Performance Goals, Objectives, and Indicators

When a police stress program undertakes monitoring and evaluation of its services, the first step is to describe what the program hopes to accomplish. First, performance goals should be listed (e.g., to foster a supportive environment within the department for the program; to develop a comprehensive network of outside treatment resources). Then, under each goal, specific objectives should be identified. Objectives refer either to the process of operating a police stress program (e.g., to conduct assessment interviews for 10 officers per month for the next 12 months) or to the impact the program will have on police operations and management (e.g., to reduce absenteeism by two percent within the next 12 months). As noted in Chapter 2, to help establish program goals and objectives, consideration should be given to conducting a needs assessment, including an examination of ongoing practices designed to uncover the department's service needs.

Once program objectives have been determined, appropriate indicators of performance must be selected. For process objectives, the indicators are simply the documented performance of specified levels of program activity. For impact objectives, the indicators measure a result or outcome that the program is designed to accomplish. Data sources need to be identified and made available. For example, if an objective of the program is to produce a department-wide reduction in absenteeism, access to the department's personnel records must be negotiated.

Specification of goals, objectives, and performance indicators in this way is essential for organizing both a formal evaluation and the routine monitoring of the program's progress. Ideally, program

objectives should be spelled out when the program is first organized. It is also important that top command staff, union leaders, and program administrators all reach a common understanding of what the program's objectives are to be and how accomplishment of those objectives will be measured. If such agreement is reached, the program's success in accomplishing its mission can be unambiguously determined.

Record-keeping Forms for Client Information

Police stress programs vary in the types of services they offer, their counselors' professional backgrounds, and the information needs of their departments or other fundings sources. Thus, it is not possible to develop forms for recording client information that can universally meet the needs of these programs. In this section, then, the types of information that can be included in such forms will be discussed.

In designing these forms, two points should be kept in mind. First, the forms may be used by several different counselors. To promote uniformity across counselors, the forms must be simple to use, and straightforward instructions must be given. Of course, however simply the forms are designed, a senior counselor or the program administrator must periodically review completed forms to make sure that they are thoroughly and competently filled out.

Second, the forms must be designed in a way that allows information for several clients to be aggregated quickly and accurately. Thus, whenever possible, checklists should be used, either alone or to supplement open-ended questions. Using checklists will also minimize the record-keeping burden for the counselors and make the assessment interviews move more quickly. Police officers often find it difficult to seek counseling in the first place. They are unlikely to see the value of lengthy intake procedures.

Client Intake

A client intake form is used to record information offered by referral sources and by the clients themselves during an initial assessment interview. Information on this form not only serves to refresh the counselor's memory, but also can be used to document what types of clients are being served by the program. Listed below is the information that such a form could include:

- Client identification number. The client's name should not appear anywhere on this form. A record of the client's name matched with the identification number should be kept in a another secure file.

- Client's rank, number of years in the department, and present duties or assignment (e.g., field, dispatch, administration). The client's immediate supervisor should not be listed here by name. Paired with other information reported on this form, the supervisor's name might allow a particular client to be identified.

- Demographic information, including sex, age, marital status, and number of children. At the discretion of the individual program, information on race and ethnic background, religious preference, and education could also be recorded.

- Date of referral, source of referral (e.g., self-referral, top command staff, immediate supervisor, union president, spouse, other family member), and description of presenting problem according to the referral source. If the referral is made by an officer's superior, note should be made as to whether that superior mandated or merely recommended that the officer go to the program. If a case involves a mandatory referral, the nature of pending disciplinary actions should be described. Again, to protect the client, the name of the referral source should not be listed on this form.

- Client's description of presenting problem. A checklist of typical presenting complaints can be developed (e.g., work-related stress, post-shooting trauma, marital or family problems, problem drinking, drug use, financial trouble, gambling, legal difficulty). Such a checklist can be accompanied by a brief narrative description prepared by the counselor or clinician.

- Job performance record (e.g., absenteeism, tardiness, on-job accidents, citizen complaints, disciplinary actions). Important changes in that record over time should be highlighted.

- Present physical condition (e.g., rating of overall health, height, weight, blood pressure, list of physical complaints), present use of medication, and medical history. A deliberate effort should be made to restrict the medical history to those facts which are directly relevant to the client's presenting problem. Taking an exhaustive medical history is time-consuming and of questionable utility for most cases that are handled by stress programs.

- Present level of alcohol use. The Michigan Alcoholism Screening Test (MAST) is designed to provide a simple, quick, and effective means of identifying alcoholics.[1] While the MAST has only 25 yes/no questions, a briefer version with 10 questions has also been developed.[2] The MAST was designed to be administered by interview, but it could be adapted easily for self administration. Sample questions: "Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?" "Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?" It should be cautioned that this instrument alone should not be used for screening alcoholics; corroborating information from other sources should be sought. While the MAST score can be reported on the intake form, a copy of the completed form should be filed separately.

- Clinical assessment. The intake counselor's final diagnosis should be indicated. Again, to supplement a narrative description, a checklist could be used to allow easy data aggregation.

Case Control Card

As noted previously, to afford extra protection, neither the client's name nor the names of the immediate supervisor and the referral source should be listed on the intake form. A case control card, kept in a secure file, should be used to record this information and to match the client's name with a case identification number.

Treatment Record

The first part of this form should describe the treatment plan devised for the client. Again, a checklist can be used, with space beside each entry to record specific information about the prescribed treatment (e.g., name of outside facility or service, total length of stay, number of sessions per week, total number of sessions, special conditions). Space should also be provided to list the name, address, phone number, and other important information about outside services to which the client has been referred. The client should be identified only by assigned number. Listed below are treatment options that could be included on this checklist:

- outside referral for medical examination, psychological testing, or psychiatric evaluation;
- outside referral for alcohol/drug detoxification;
- outside referral for hospitalization or other inpatient treatment;
- outside referral for outpatient treatment (e.g., Alcoholics Anonymous; Al-Anon; individual, group, family, or marital counseling);
- outside referral for social, legal, or health services;
- in-house counseling or clinical services; or
- special in-house services (e.g., physical fitness program, post-shooting trauma program, biofeedback training).

The second part of this form should provide a record of the client's compliance with the treatment regimen. In the first column could be listed the specifics of the treatment regimen (e.g., outside marital counselor, one session per week for eight weeks; in-house peer counselor, one session per week until joint decision to terminate; physical fitness program, two sessions per week for 12 weeks). Then, in subsequent columns, the client's compliance or noncompliance with certain aspects of the treatment regimen could be indicated at weekly or monthly intervals. If the client is referred outside the department, follow-up is necessary to determine level of compliance with treatment. At the end of treatment, tabulations could be made of all services used by that client. That information, in turn, could be aggregated across all clients for reports on the stress program's delivery of services.

The last part of this form should provide space to indicate final case disposition. A narrative description of that disposition could be accompanied by a checklist (e.g., officer refused assistance, treatment successfully completed, officer retired or resigned, officer terminated from force, officer given disability pension).

It should be noted that this form would not be used to record case notes made by a program counselor during the course of treatment. Each counselor should be responsible for recording and securely storing such notes.

Performance Monitoring and Process Evaluation

Performance monitoring is the periodic assessment of the stress program's progress in meeting its process objectives. The focus of this assessment is the implementation and operation of the program, not program impact. When information gathered by program monitoring is used to judge the quality, adequacy, or appropriateness of program operations, this assessment is referred to as a process evaluation.[3] By using well-specified, quantified indicators, it is possible to get precise information that compares actual program performance with expected performance. If the management plan has listed specific tasks for each staff member under each objective, performance monitoring can easily lead into a review of staff work performance, the distribution of program resources, and possible corrective actions.

For illustrative purposes, sample process objectives for a police stress program are listed below. They have been divided according to the principal components of the prototypical employee assistance program: administration, training, casefinding and confrontation, assessment, and treatment.[4] For most of these objectives, the best indicator of their achievement is program documentation.

Administration

(1) Develop job descriptions for all program staff (i.e., qualifications, responsibilities, and day-to-day duties).

(2) Develop activity reporting system for staff. A simple form can be developed for staff to report how much time they spend on various tasks, as listed in the program's management plan.

(3) Develop policy statement, rules, and procedures to cover all aspects of program operations.

(4) Develop and distribute confidentiality guidelines to all department employees. Develop forms for clients to authorize limited release of information to supervisors, outside treatment agencies, or research evaluators.

(5) Enlist support of top command staff and union officials. Meetings with these officials should result in a memorandum of endorsement from the chief, a general order outlining department policy regarding the stress program, and a memorandum of endorsement from the union.

Training

(1) Develop curricula for recruit, in-service, and supervisor stress training in consultation with subject matter experts. Curricula materials should include a detailed outline of covered material, visual aids, and films. If a program uses peer counselors, a curriculum for training those counselors is also needed.

(2) Deliver training. A list of trainees can be used for documentation. A record of questions asked during the sessions should also be kept to help revise the curricula.

(3) Determine the quality of delivered training. The trainees can be asked to indicate their overall satisfaction with the training and the extent to which their expectations for the training were met. Further ratings can be made on:

- satisfaction with each of the training modules (e.g., the nature of stress, alcoholism, personal strategies for coping with stress, program services);
- the quality of instruction provided by each trainer;
- the usefulness of films, other visual aids, and handouts; and
- the effectiveness of the training in increasing awareness of stress issues, promoting use of the stress program, promoting use of techniques for stress reduction (e.g., progressive relaxation, exercise), and improving supervisors' casefinding skills.

Open-ended questions should also be asked. What aspect of the training was the most informative? What aspect was least informative? Of everything learned, what was of greatest value? How can the training be improved to better meet trainee needs? The trainees can also be given a brief test to assess what they learned.

Casefinding and Confrontation: Reaching Out to Troubled Officers

(1) Distribute memoranda from the chief on department policies and procedures regarding the stress program.

(2) Produce and distribute informational brochures and flyers on the program to members of the department.

(3) Present information on stress issues and the stress program during roll calls.

(4) Develop guidelines for supervisors on casefinding and confrontation. The basis for officers' referral to the stress program should be their job performance; supervisors should not attempt to diagnose.

(5) Conduct regularly scheduled meetings with supervisors to answer questions and review casefinding, confrontation procedures, and program policy.

Assessment

(1) Conduct intake interviews. As noted, intake forms can be used to document the number of clients handled.

(2) Devise individual treatment plans. The first portion of the treatment record, described above, can be used to document prescribed treatments.

Information from both the intake form and treatment record can also be aggregated to provide a description of the types of clients handled, their presenting problems, and recommended treatments. Certain cross-tabulations will also be of interest. For example, a table could be constructed to show the types of problems presented by officers with varying lengths of police experience. Such information could be used in revising the curricula for awareness training sessions or to refine casefinding strategies.

Treatment

(1) Deliver program services. As described above, the treatment record can be used to document the actual execution of a prescribed plan. Compliance with each aspect of the treatment regimen can be noted.

(2) Develop formal agreements with outside agencies to accept client referrals from the stress program. A formal agreement might include the following items:

- a list of available services (e.g., alcohol/drug detoxification, psychological testing, psychiatric evaluation, outpatient counseling, inpatient treatment);
- a 24-hour telephone number for emergency coverage;
- the name of a contact person who will accept referrals or deal with any problems that arise;

- what information will be reported to the outside agency with the client's consent at the time of referral;

- a declaration that the agency will abide by the stress program's confidentiality guidelines;

- a declaration that program clients will have bedspace priority;

- a declaration that the agency will work in concert with the stress program in developing both treatment and after-care plans; and

- a stipulation of the agency's responsibility to inform the program staff of missed appointments, client's termination of treatment, any revisions made in the treatment plan, and clinical progress.

(3) Develop plans to reintegrate officers into the department following leaves of absence for treatment. Such plans will typically represent a new treatment phase (e.g., participation in Alcoholics Anonymous and individual counseling after hospitalization for alcoholism treatment).

(4) Develop a routine procedure for post-treatment checks on former clients. Each client's case file can include a sheet on which contact dates and the substance of discussions can be recorded.

(5) Develop a procedure for monitoring the quality and cost of treatment services. One important index of treatment quality is the percentage of clients who successfully complete their treatment regimen. The costs of using outside resources should be monitored; treatment agencies vary tremendously in the cost of their services.

In addition to these checks, clients can be asked to rate their overall satisfaction with the program's services and the impact of treatment, if any, on their physical health, psychological health, job performance, job enjoyment, drinking behavior, marital satisfaction, and so on. A series of more specific questions can be asked about the contribution of individual service providers, including both stress

program counselors and outside agencies: the quality of delivered services, their availability and accessibility, their sensitivity to the demands of police work, their trustworthiness, their ability to maintain clients' privacy, the quality of follow-up.

As noted earlier, a good management plan will organize the program's operations into a set of goals, concrete objectives, and performance indicators. With such a plan in place, monitoring of the program's implementation will be deliberate, organized, and action oriented. But to assess a program's actual impact, both on its clients and on the department as a whole, requires additional planning and a commitment of additional resources. The next section reviews the basic principles of impact evaluation research.

Program Impact Evaluation

An impact evaluation is designed to show what effect a police stress program has had on its clients and the department as a whole. What is learned from such an evaluation can significantly affect a program's future. If a department has few financial worries, continuation of a police stress program is highly likely. Top command staff will be satisfied to know that members of the department are enthusiastic about program services. But if there is substantial pressure on the department's budget, and each division must fight for its share of funds, a stress program may have to demonstrate that it is contributing to the well-being of its clients and to the maintenance of an effective police force.

An impact evaluation of this sort is inappropriate until a program has been properly implemented and there is confirmation that the program is on its way to achieving its process objectives. It takes time for a program to get started, for deficiencies to become apparent, and for corrective actions to be put in place. As a result, an impact evaluation should normally begin during a project's second or third year.

A proper impact evaluation involves much more than recording changes in clients' work performance, job satisfaction, or general health. Knowing that changes occurred is important, but insufficient. Beyond that, there must be a convincing demonstration that the program

was the cause of those changes. Such a demonstration requires a comparison between those clients and another sample of similar police officers who did not receive program services.

The purpose of this section is to introduce outcome measures and simple research designs that can be used for an impact evaluation of a police stress program. Obviously, a complete research plan cannot be developed without knowing the range of services offered by the program, the nature of its clients, what data can be obtained, and the resources available to the program for conducting the evaluation.

Outcome Measures

Listed below are several outcome measures that could be used to assess a program's impact on individual clients. The measures are divided into two sets according to data source: (1) personnel records, and (2) specially designed instruments. Both types of outcome measures have their limitations. Personnel records, for example, may be incomplete or inconsistently filled out. Thus, it is recommended that both types of measures be used.

Personnel records.

- Absenteeism and tardiness (e.g., total number of days on sick leave, total number of unexplained absences, unauthorized absences from detail, tardiness to roll call or detail).

- Number of on-the-job accidents.

- Job performance (e.g., failure to respond, failure to use good police procedure, violation of department rules and regulations).

- Civilian grievances or complaints (e.g., inappropriate brandishing of weapons, excessive force, civil rights violation).

- Disciplinary actions (e.g., suspensions, fines, job termination).

- Premature retirement or disability pension.

As noted before, access to personnel records must be negotiated with top command staff. In most cases, it is unlikely that the stress program staff or outside evaluators will be given access to all files, so they will have to ask for specific ones. Obviously, if this is the case, care must be taken in making such requests in order to protect clients' confidentiality. Moreover, once the files are in hand and information from them is recorded, steps must be taken to maintain the privacy of those records.

Normally, supervisors exercise a great deal of discretion in deciding what entries to make in an officer's personnel file, what infractions to ignore, or what disciplinary actions to take. Thus, if supervisors learn of the program's interest in examining these records, they may change how they fill out personnel reports or even what they decide to file. If possible, the program's use of these records should not be well-known in the department. In addition, it must be remembered that a department's rules and regulations are subject to change. Over time, the vigor with which various regulations are enforced may change, too. In order to ensure proper interpretation of apparent findings, careful note should be made of all such changes.

Specially designed instruments.

- Medical examination (e.g., height, weight, caliper measurement of body fat, blood pressure, heart rate, number and type of physical complaints).

- Present level of alcohol and drug use.

- Reported level of job satisfaction.

- Reported level of job-related stress and frustration (e.g., ratings of stress generated by certain types of situations encountered on the job).

- Supervisor rating of job performance. (Such ratings may already be included in a department's personnel records).

Questions devised for these instruments must be phrased in a balanced way that permits accurate measurement of respondents' true opinions. The manner in which a question is worded does affect how the respondent uses the rating scale. Consider this example: "To what extent do you find the courts' lack of consideration for police officers' time to be a source of frustration?" Clearly, this phrasing strongly suggests that the respondent should agree that the typical court appearance is a frustrating experience. This alternative wording would be better: "How stressful do you find your typical court appearance to be?"

The response alternatives provided on a rating scale must be balanced as well. This example fails to achieve that balance: "On the whole, how would you rate your satisfaction with your job--very satisfied, satisfied, mostly satisfied, not at all satisfied?" This set of response alternatives would be better: "very satisfied, mostly satisfied, neither satisfied or dissatisfied, mostly dissatisfied, very dissatisfied"

Questions must also be worded in a way that avoids potential "social desirability" effects. Respondents are often motivated to avoid looking foolish and will give what they think are socially desirable responses. Consider this example: "Have you made a sincere effort in the past several months to improve your relationship with your immediate supervisor?" Regardless of what effort they have made in fact, almost all respondents will indicate that they have done so. Similarly, even if ironclad confidentiality can be guaranteed, many respondents will be reluctant to admit to wrongdoing (e.g., alcohol abuse, violation of department regulations).

There must also be concern about so-called "demand" effects. In a spirit of cooperation, some respondents may provide answers they think the questioner wants or expects to hear. Consider the following question: "Since your involvement with the stress program began, has your level of job satisfaction increased or decreased?" If the questioner is on the stress program staff, some respondents may be reluctant to admit that their dissatisfaction has actually grown, not decreased. To avoid this, questions must be phrased in a way that does not betray the questioner's real motivation in posing them.

These kinds of biases can be introduced in subtle ways. Thus, if the project staff is inexperienced in designing and administering questionnaires, a professional researcher should be asked to review both the phrasing of all questions and the project's plans for their administration.

Research Designs

The weakest design for measuring the impact of a stress program is the one group pre-test/post-test design. With this design, outcome measures are taken for the program participants both before and after treatment, but there is no comparison group. Because it can be easily implemented at low cost, this design is the most commonly used.

The objection to this design is straightforward. Events which are coincidental to officers' participation in treatment may be the actual cause of any observed changes, rather than the program itself. Department rules and regulations or their enforcement may change. A supervisor who has never been liked or respected by his men may retire. Union-management relations may improve in the wake of new contract compromises being hammered out. Without information from a comparison group, the contribution of these other factors cannot be discounted.

The optimal design for an impact evaluation of a police stress program is a true experimental design, with officers referred to the program being randomly assigned to either a "treatment" group that receives program services or a "control" group that does not. Again, both before and after measures are taken. With large samples, random assignment ensures that extraneous variables that might influence the outcome measures will be distributed equally across the two groups. This means that any outcome differences between the two groups can be attributed to the treatment, rather than to pre-existing differences between the officers in the groups.

This design can be strengthened by matching officers prior to their random assignment using variables known or expected to be related to the outcome measures. Such variables include gender, age, rank, type of presenting problem, prior job performance, and so on. After the clients are paired, one of each pair is assigned randomly to the treatment group, and the other is assigned to the control group. Obviously, to match potential clients on a significant number of such variables requires that a large number of officers be referred to the program. In

practice, it will probably be possible to pair them only on rank and type of presenting problem.

While the true experimental design is best, in practice, it may be possible to use random assignment only when the demand for services exceeds the program's resources. If there are too few referrals, creation of a "no treatment" control group may be difficult to justify. It should be noted that, even when referrals to the program do exceed its capacity, some program staff or department officials may resist having the provision of services based on the "luck of the draw." Arguments can be made that priority should be given to clients who may be the most responsive to treatment or whose needs seem greatest. It must be emphasized that a true experimental design with random assignment is the only research design that can produce an unambiguous demonstration of whether the program itself caused any observed changes in the officers receiving treatment. The importance of such a demonstration, however, must be weighed against those other concerns.

Even after clients have been randomly assigned to conditions, a true experimental design can still be compromised. There are three principal threats to the design that must be anticipated:

Self selection. If they have not been forced into the program by a supervisor, some officers assigned to the treatment group may end up refusing treatment. Simply eliminating them from the evaluation or putting them in the control group would compromise the experimental design. Instead, all potential clients should have a treatment plan developed for them. After they have given their consent to undergo treatment, they can then be randomly assigned to receive treatment or not.

Attrition. Inevitably, some clients assigned to receive treatment will drop out of the program. Others will fail to attend all of their sessions or otherwise fail to follow the full treatment plan. To preserve the integrity of the experimental design, these clients cannot be dropped from the data analyses that test the program's impact. So-called "internal" analyses that exclude these clients can be reported, too, but the conclusions drawn from them must be qualified. Obviously, only a handful of officers will comply with every aspect of their plan. Thus, to execute such internal analyses, the "treatment" must be defined in terms of a certain minimal level of compliance with the treatment plan.

Participation in other programs. During the course of the evaluation study, it is likely that some officers, especially those assigned to a control group, will participate in additional stress management or treatment programs outside the police department. While this does compromise the true experimental design, their participation obviously cannot be prohibited. Information about officers' involvement in other programs should be collected so that internal analyses that exclude them can be executed. But these analyses are ancillary. Those officers receiving other forms of treatment should not be eliminated from the main test of the stress program's impact.

The best research design is the true experimental design. If this design cannot be used, however, there is a "quasi-experimental design" that can be considered: the non-equivalent control group design. With this design, a comparison is made between a group receiving treatment services and another group that is not. The important difference from a true experimental design is that officers are not assigned randomly to those groups.

There are two types of non-equivalent control groups that can be formed. First, the control group can consist of other officers referred to the program who are not receiving treatment. One possibility is to use officers on a waiting list for program services; the list is not generated by random assignment, but according to the recency of their referral, their apparent need, their potential responsiveness to treatment, or some other factor. Another possibility is to include officers who eventually refuse treatment, drop out of the program, or fail to achieve minimal compliance with their treatment plan.

Second, the non-equivalent control group can consist of officers not referred to the program. The easiest comparison to make, especially when the outcome measures are derived from existing department records, is between those receiving treatment and all other officers in the department. Given the enormous pre-existing differences between those groups, however, such a comparison would be of limited value. As was the case for the true experimental design, this design option can be strengthened by using matching to equate the treatment and control groups on certain key variables.[5]

A variation on this design is to create a control group in a similar police department not presently being served by a stress program. To

form the comparison group, officers in that department must be screened to identify those who are similar to the program participants in their need for treatment services. Changes in outcome measures for that group can then be compared to those observed for the officers receiving treatment. Obviously, the basic problem with this alternative is that the two departments are going to differ in many ways beyond the existence of the program in one department. Another department may be highly similar, but there will always be important differences between them. Gaining the cooperation of another department for this type of study may also be difficult. But if the other department's top command staff were considering implementation of their own stress program, participation in the evaluation study would provide them with good information on the department's actual level of need for such a program. Furthermore, staff from the existing program could provide technical assistance to the other department when its own program begins.

All non-equivalent control group designs have one basic weakness. Because assignment to groups is not random, the two groups will differ from one another in many ways, some of which may affect the outcome measures. As a result, any observed differences between the two groups may be difficult to interpret. The findings may mean that the stress program did have an impact. On the other hand, the observed differences may only reflect the initial differences that existed between the groups.

Various measures may show that the groups actually had few preexisting differences. In fact, members of the control group may have been carefully selected to match the treatment group on several key dimensions. If this were the case, one's confidence that the program itself caused differences in the outcome measures would be increased. But other differences between the groups, unmeasured and unknown, may still exist which could just as reasonably explain the findings. This point underscores the elegance of a true experimental design. Again, with large samples, random assignment ensures that all extraneous variables are distributed equally across the treatment and control conditions.

With any design involving a comparison group, data should be collected for both the treatment and control groups before, during, and

after the treatment group's participation in the program. Each of these time periods must be defined. The follow-up period should probably be at least one or two years. The baseline period can extend back an unlimited number of years, or it can be made the same length as the follow-up period.

Defining the treatment period for a no-treatment control group is more difficult. When officers have been matched before their random assignment to treatment and control groups, the treatment period for control group officers can be made equivalent to that of their treatment group counterpart. In the absence of matching, control group officers can be randomly paired to partners in the treatment group. Then, the treatment period for control group officers can be made equivalent to that of their assigned partner. If a non-equivalent control group design is used, these same procedures should be followed.

The worst alternative is to compute an average treatment time for the treatment group and then to use that average to define the treatment period for the entire control group. In doing this, the variability in treatment periods found in the treatment group is not reproduced, thus introducing a pre-existing difference between the two groups which could account for any observed outcome differences.

It should be emphasized that if the stress program staff is inexperienced in designing and implementing an impact evaluation, expert advise should be obtained. As noted previously, it may be possible to get such advise at little or no cost.

FOOTNOTES

1. Melvin L. Selzer, "The Michigan Alcoholism Screening Test: The Quest for a New Diagnostic Instrument." American Journal of Psychiatry 127: 1653-1658. Full information on the MAST and its proper administration can be obtained from the Rutgers Center of Alcohol Studies, Ralph G. Connor Alcohol Research Reference Files, Smithers Hall, New Brunswick, New Jersey 08903.

2. Alex D. Pokorny, Byron A. Miller, and Howard B. Kaplan, "The Brief MAST: A Shortened Version of the Michigan Alcoholism Screening Test," American Journal of Psychiatry 129: 342-345.

3. For further information on performance monitoring and process evaluation, see Law Enforcement Assistance Administration, Monitoring for Criminal Justice Planning Agencies (Washington, D.C.: Government Printing Office, 1974); John Waller et al., Monitoring for Government Agencies (Washington, D.C.: The Urban Institute, 1976); and Joseph S. Wholey, Evaluation: Promise and Performance (Washington, D.C.: The Urban Institute, 1979).

4. Andrea Foote, "Interorganizational Relationships." In National Institute on Alcohol Abuse and Alcoholism, Occupational Alcoholism: A Review of Research Issues (Washington, D.C.: Government Printing Office, 1982), pp. 243-259.

5. In large departments, for example, an intensive data collection effort might identify a group of officers who need program services, but were never referred to the program. Of course, once such officers were identified, program staff would be faced with the dilemma of withholding treatment from them for the sake of the evaluation study.

VII. SUMMARY OF MAJOR FINDINGS AND RECOMMENDATIONS

Police work has been identified as one of the most stressful of all occupations. Many diverse sources of stress in police officers have been identified, including role conflict, shift changes, hazardous duty assignments, unfavorable court decisions, and negative community attitudes, just to mention a few. The traditional view of police officers as "invincible super-heroes" has further burdened officers by failing to recognize the very real impact of stress on officers' home, family, and work lives. The effects of stress may be physiological (high blood pressure, cardiovascular disease, and gastric ulcers), psychological (anxiety, depression, and withdrawal), or behavioral (absenteeism, alcohol and drug abuse, and excessive use of force). Clearly, these manifestations of stress in police officers can have a negative impact on the quality of officers' personal lives, the efficiency and effectiveness of the police department, and the adequacy of police services delivered to the public.

In recent years, several police departments have adopted programs that are specifically designed to address officers' stress-related difficulties. This Issues and Practices report has reviewed departments' efforts in the areas of clinical intervention and officer training. The report is based on a review of the literature on police stress, input from a number of recognized experts in the field of police stress, and examination of stress program practices in several police departments, including in-depth, on-site study of eight selected departments.

This chapter provides an overview of the major findings and recommendations that have emerged from this study. Before that overview is provided, two caveats concerning the study must be noted.

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First, despite the authors' attempts to obtain a relatively balanced view of the stress programs that were visited, the information gathered through interviewing was weighted in a positive direction. Department administrators, program staff and supporters, and line officers, were able to discuss program strengths and accomplishments in more detail and with greater candor than they were able to discuss program weaknesses. Second, objective, aggregate data about stress program clients and services were not available. In general, program staff are reluctant to record or release information about clients and services. There are two primary reasons for this lack of information: (1) such data might contribute to a negative public image of police officers and individual police departments; and (2) any attempts to collect such data might exacerbate officers' concerns that the confidentiality of program/client interactions would not be assured. This lack of record-keeping prohibits accurate cross-program comparisons on such basic characteristics as caseload, presenting problems, and cost per case.

Program Planning

(1) Characteristics of stress program planners affect both the type of program that is developed and officers' attitudes about the program. For example, programs that are planned primarily by patrol officers typically offer peer counseling as their major service. Programs affiliated with command staff are often distrusted until officers see evidence that personnel are not being penalized in any way for seeking program services.

(2) Conduct a needs assessment prior to the development of a stress program, in order to target stress program services to greatest areas of need, and to prevent duplication of services with other service providers in the department and the community.

(3) Articulate stress program goals during program planning, so that services can be developed accordingly. Stress programs may be guided by individual goals, organizational goals, or community goals. Differential emphasis on these goals has important implications for how a stress program operates.

(4) Exercise care in choosing a name for the stress program. Program planners should consider the effect that certain program labels may have on program acceptance, and whether officers might feel more comfortable obtaining services from a program that does not have a mental health label.

(5) Officers' concerns about confidentiality are paramount. The major barrier to officer support and use of a police stress program is the fear that information about officer participation in the program will be communicated to department administrators or the officer's immediate supervisor, and that this information will be used to "hurt" the officer's career. To address this issue of confidentiality, program planners should develop written confidentiality guidelines, which detail: (1) the types of written program records that will be maintained and the manner in which these records will be used; (2) circumstances under which exceptions to strict confidentiality will be made; and (3) special procedures that will be employed regarding the release of information on officers ordered to participate in the stress program. Copies of these written guidelines should be distributed to every officer in the department.

(6) Take steps to maximize support for the stress program from department command staff and administrators, supervisory officers, the union or patrol officers' association, and line patrol officers. Because the perspectives and possible concerns of these groups differ, separate marketing strategies must be developed for each group.

Program Organization and Administration

(7) Three different organizational models for stress programs were observed. These programs can operate: (1) within the police department, with staff members who are department employees; (2) as an independent organization, which provides services to police personnel by some type of contractual arrangement with the department; or (3) as some combination of models 1 and 2, involving department employees in conjunction with an outside organization under contract to the department. Program planners should weigh the relative advantages and disadvantages of each model in light of the needs, features, and resources of their own department.

(8) House stress programs in non-police facilities whenever possible. A non-headquarters location increases the likelihood that officers will be able to obtain stress program services privately, without fear that their participation is being observed or monitored by department command staff, supervisors, or fellow officers.

(9) Sworn peer counselors and mental health professionals are both valuable resources for a stress program. Peer counselors can truly empathize with fellow officers who are experiencing problems related to the unique demands of police work and may be more trusted by other officers. Mental health professionals possess the background, training, and credentials needed to deliver clinical services, to exercise expert judgment on how individual cases are handled by the program, and to determine when cases should be referred to outside agencies for additional services. Each program should attempt to combine these two types of staff members.

(10) Peer counselor staff should be carefully selected, provided with extensive training, and supervised by licensed mental health professionals. It is critical that peer counselors have several years of "street experience" behind them and enjoy the trust and respect of fellow officers. The extent and type of training needed depends on both how the peer counselor role is defined by the stress program and the degree of oversight or supervision provided by professional clinicians.

(11) In selecting a staff psychologist, prior experience with police should be considered a key prerequisite. There is a general consensus that, in order to be effective and credible in a police department, a staff psychologist must demonstrate an understanding of law enforcement and the unique problems experienced by officers. Flexibility and an informal, relaxed manner are also desirable characteristics.

(12) The use of consultants and volunteers can expand stress program services at low cost. Nearly all of the stress programs identified for this report engage consultants or volunteers in one capacity or another. In addition to cost considerations, the use of consultants may be desirable if the program prefers to use the services of professionals who are not "entrenched" in the department and, therefore, can be more objective.

(13) Total stress program costs are usually difficult to estimate because available cost information is sketchy and incomplete. It is clear from rough estimates, however, that there is wide variation between programs in total program costs, from as low as $10,000 per year to over $200,000 per year. Calculation of unit costs can be a useful method for stress programs to monitor costs over time and to identify changes in program efficiency.

(14) Many stress programs must look beyond the police department operating budget for sources of funding support. Even if the department provides core program funding, supplemental funding may be needed from other sources (such as police officer unions, state and local government, and private organizations).

Program Services

(15) Stress programs are designed to provide services to "basically healthy individuals" who are experiencing stress-related problems. The problems most frequently addressed by police stress programs include alcoholism, marital and family difficulties, and post-shooting trauma.

(16) By design, patrol officers are the primary beneficiaries of stress program services. Services are targeted to these employees because they make up the largest group of personnel, face unique job demands, and receive lower wages than supervisory and administrative staff who can better afford to seek help on their own.

(17) Next to patrol officers themselves, officers' spouses and other family members are the most frequent stress program clients. Civilian police personnel and employees of other public agencies may also be able to use program services.

(18) Sworn police officers can be referred to the stress program in two different ways: (1) voluntary, client-initiated referrals; and (2) mandatory referrals from an officer's supervisor or the chief's office. Within this second category, mandatory referrals may or may not be associated with any formal disciplinary action against the officer.

(19) Crisis intervention, alcoholism services (including Alcoholics Anonymous), and short-term counseling are the most frequent services delivered by stress programs. Officers in crisis should be able to contact the stress program on a 24-hour basis.

(20) Police departments should develop special peer support groups or other procedures to help officers cope with post-shooting trauma. Peers who have undergone similar experiences can offer unique assistance by sharing their own reactions and by providing emotional support.

(21) Program planners must determine which services will be delivered in-house by program staff and which will be offered through referral of clients to outside organizations and professionals. In selecting referral resources, consider professional qualifications, sensitivity to police issues, program location, fee schedules, and third party insurance coverage.

(22) Develop procedures for making referrals to outside agencies and professionals. Stress programs have established different policies for making initial contact with the referral resource and for following up on program clients after they have been referred.

(23) While there are several ways to publicize a stress program, personal endorsement by line officers is the most effective publicity that the program can receive.

Training and Other Preventive Strategies

(24) Obtain input from target groups to assist in developing training programs on stress issues. Gathering this type of input: (1) allows trainers to tailor their curriculum to the unique needs and problems of a particular target group, whether that group consists of patrol officers or top-level command staff; and (2) increases the target group's acceptance and receptiveness to stress training by demonstrating concern about their own interests and perspectives.

(25) Become familiar with the entire department organization. Each department has its own unique policies, procedures, and organization which affect job satisfaction and stress. If trainers are not members of the organization, they need to study it carefully.

(26) Provide stress training to all sworn members of the department. At a minimum, all training should include an overview of the sources and manifestations of stress and a description of the stress program and other sources of assistance.

(27) Use stress program staff as trainers. Training is an excellent vehicle for publicizing the stress program to officers. It is most helpful if trainees get to know and like the people who run the program and deliver clinical services.

(28) Describe stress program policies and services during training. Provide detailed information about the procedures developed to maintain the confidentiality of client participation and treatment, as these are the areas of greatest concern to officers.

(29) Conduct training in an informal, relaxed fashion. Many trainers feel that officers are more receptive to presentations that are not "stuffy or academic." If participants like the trainers and feel comfortable with them, they will be more likely to seek their help with individual stress-related problems.

(30) Also address recruit stress during recruit training. While recruits should be educated about the stressors they will experience on-the-job, they can also benefit from stress training that is geared to help them through the academy.

(31) Train supervisors and command staff to be "stress program agents." Supervisors can learn to recognize stress-related difficulties in their subordinates, to confront and handle troubled officers, and to make referrals to the stress program when appropriate. The importance of supervisor training is often overlooked.

(32) Consider involving officers' spouses in training on stress issues. This training can help spouses to better understand various aspects of police work and to introduce them to stress program staff and services.

(33) Explore the feasibility of other preventive strategies, such as weekly peer rap groups and physical fitness programs. Like training, these measures can reduce officers' vulnerability to stress-related disorders.

Program Monitoring and Evaluation

(34) Monitoring and evaluation permit an objective determination of how well a stress program is operating and whether it is accomplishing its goals and objectives. With such information in hand, program administrators can identify flaws in program design or implementation and then develop plans for correcting those deficiencies. This information can also be used to justify continued stress program funding to budgetary authorities.

(35) Monitoring and evaluation procedures can be designed that protect clients' confidentiality. The program should maintain anonymous records on program activities and clients. Information from these records should be reported only in aggregate form, so that information from individual clients is not identifiable.

(36) Good evaluation and monitoring procedures must be anchored in a precise definition of what the program hopes to accomplish. First, broad program goals should be listed. Then, under each goal, specific objectives should be identified, which refer either to the process of operating the police stress program or to its impact on police operations and management.

(37) Develop client intake, case control, and treatment record forms. A client intake form is used to record information offered by referral sources and by the clients themselves during an initial assessment interview, not only to refresh the counselor's memory, but also to

document what types of clients are being served by the program. A case control form is used to match the client's name with a program identification number; it must be kept in a secure file. The treatment record is used to describe the client's treatment plan and to document the client's compliance with the treatment regime.

(38) Conduct a process evaluation of the program. A process evaluation is used to assess the quality, adequacy, and appropriateness of program operations.

(39) Evaluate the effectiveness of each training program. This can be accomplished by: (1) asking trainees to indicate their satisfaction with training on a number of dimensions (e.g., satisfaction with each training module, quality of instruction, usefulness of films and handouts); and (2) administering a brief test to assess what trainees learned.

(40) Consider conducting an impact evaluation to demonstrate the effect of the police stress program on its clients and on the department as a whole. A proper impact evaluation involves more than recording changes in clients' work performance, job satisfaction, or general health. There must be convincing evidence that the program was the cause of those changes.

APPENDIX A

POLICE STRESS PROGRAMS CONTACTED BY TELEPHONE

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1. Albuquerque (New Mexico) Police Department*
   Personal Services Unit

2. Boston (Massachusetts) Police Department*
   Police Stress Program

3. Chicago (Illinois) Police Department
   Counseling Office

4. Dallas (Texas) Police Department
   Psychological Services

5. Detroit (Michigan) Police Department
   Personnel Department

6. Los Angeles (California) County Sheriff's Department*
   Psychological Services Unit

7. Los Angeles (California) Police Department
   Behavioral Sciences

8. Miami (Florida) Police Department (host department)*
   Police Stress Management Program

9. New Haven (Connecticut) Department of Police Service
   Stress Unit

10. New York City (New York) Police Department*
    Employee Assistance Program

11. Portland (Oregon) Police Department
    Alcoholism Program, Chaplain's Program, Stress Reduction

*Selected for on-site study

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12. Rochester (New York) Police Department*
Stress Counseling and Management Program

13. St. Paul (Minnesota) Police Department
Police Employee Assistance Services

14. San Francisco (California) Police Department*
Stress Unit

15. Seattle (Washington) Police Department
Department Clinical Psychologist

16. Tucson (Arizona) Police Department*
Behavioral Sciences Unit

APPENDIX B

STRESS COUNSELING PROJECT POLICY PLAN

Rochester Police Department

STRESS COUNSELING POLICY PLAN

1. What information will be deemed to be privileged?

The Departmental Advisory Committee views the Stress Project as primarily a training effort. In the area of peer counseling, however, it is the Department's policy to allow the Stress Program to function beyond the reach of the discipline system, because it is our belief that individual officers must be free to express themselves about the job-related problems. The records and recollection of designated peer counselors shall not be admissible in Departmental hearings, and the peer counselor will not be ordered to give information to the Department concerning the content of peer counseling sessions. The Department will not invoke Section 75 of the New York State Civil Service Law in order to procure information as to an officer's involvement in the Stress Counseling Program. In the event that an officer accepts a voluntary referral for outside professional assistance, the same privilege would apply to these records and discussions.

It is the Department's policy to protect the confidence of any employee who voluntarily seeks help from the project in dealing with a stress-related problem that might subject him to ridicule or embarrassment. There are, however, two specific exceptions to this policy plan. Nothing in this policy plan or the subsequent special order should be construed as in any way allowing the staff of the project to withhold information as to events in which they themselves are directly involved. Secondly, as required by the Rules and Regulations of the Rochester Police Department, any crime pursuant to the laws of New York State which is reported to the peer counselor shall be reported by the peer counselor to the Rochester Police Department.

Information given by officers participating in the program will, for Department administrative proceedings, be privileged. Records of counseling will be treated by the Department as privileged information,

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and no information given to counselors can be made available for use in administrative or disciplinary proceedings, except that information given to peer counselors which constitutes the admission of a crime in violation of the laws of New York State.

At no time during the life of this grant shall said policy plan be made mandatory.

2. Program Information

The substances of this policy plan, if acceptable to DCJS, will be part of a special order describing the project. This order will be distributed to all Departmental sworn personnel.

The Locust Club will make the operation of the project an item of discussion at their first scheduled regular meeting after the receipt of the grant award and will forward to the Advisory Committee for discussion and resolution any problems or questions raised at the outset of the project.

3. Project Records

The Director of the Stress Program will keep only those records of participation that are essential to the orderly administration of the program. All records will be anonymous. The Project Director will see that all records and files are kept secure and confidential at all times.

The records kept on the peer counseling component will serve three (3) purposes:

a. Systematically record the nature and incidence of stress-related problems that come to the attention of the project. This is a necessary descriptive phase of any exploratory project.

b. To measure the number and type of contacts between project personnel and the type of service or referral offered.

c. To document the expenditure of both City and LEAA funds for approved grant purposes.

The following personnel will have access to the project records for the above purposes: the Project Director and project staff, the inside evaluator, and financial and internal audit personnel.

The contact's records will include a case number, date, and location of the peer contact and a short description of the problem or problems discussed and any recommendation or referral that was made. The case number will be substituted for the name of the participant in the project. Records will be maintained by numbers only and at no time will a person's name be part of any record keeping process.

The Project Director will keep financial records of the time spent by project staff and consultants in a manner that will allow financial audit without violating the confidence of the officers who receive counseling.

Thomas F. Hastings	Date
Robert J. Coyne	Date

APPENDIX C

COMMISSIONER'S MEMORANDUM ON BOSTON POLICE STRESS PROGRAM

Boston Police Department

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Boston Police

COMMISSIONER'S MEMORANDUM
NUMBER 81-26

TO: ALL BUREAUS, DIVISIONS, DISTRICTS, OFFICES, SECTIONS, AND UNITS.

COPIES TO: ALL SUPERINTENDENTS, DEPUTY SUPERINTENDENTS, AND DIRECTORS.

May 7, 1981

SUBJECT: BOSTON POLICE STRESS PROGRAM

The Boston Police Stress Program is a counseling service run by and for Boston Police Officers and their families. It is set up to prevent, and when necessary to treat the personal and family casualties which are caused directly or indirectly by the stress of the police job.

The program is staffed by two police officers who have a variety of training skills and life experiences. It has the services of a consulting psychologist, and can make use of numerous other experts.

The Program offers individual and group counseling around problems with alcohol and other chemicals, with marital and family problems, emotional concerns such as anxiety and depression, spouse and child abuse, and other stress related personal matters. Police personnel and family members are welcomed to come over and talk with someone, even if it is not clear what the problem is. Counselors from the program are on call twenty-four hours a day, seven days a week and will respond immediately in emergencies. A call to 298-7250 will put you in contact with a counselor or, when the unit is closed, give you a number to call for emergency assistance.

Participation in the program is entirely confidential, with no information of any sort going to anyone outside the program except by specific request of the officer concerned. The program is located away from other police functions, in a house on the ground of the Mattapan Chronic Disease Hospital on River Street, Mattapan, further insuring privacy and confidentiality.

Joseph M. Jordan
Police Commissioner

MENTION AT ROLL CALLS

POST UNTIL

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APPENDIX D

POLICE STRESS TRAINING MATERIALS

Lesson Plan for Training on Post-shooting Trauma
Tucson Police Department

Syllabus for One-day Introduction to
Law Enforcement Stress Management
Valle Axelberd and Associates, Inc. for
Miami Police Department

Curriculum for Week-long Officer Stress Awareness
Resolution Program
Valle Axelberd and Associates, Inc. for
Miami Police Department

Training Handout for Supervisors
Los Angeles County Sheriff's Department

Format for Spouses Training Program
Los Angeles County Sheriff's Department

Diet Workshop Announcement for Officers
Boston Police Department

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TUCSON POLICE DEPARTMENT

LESSON PLAN
POST SHOOTING TRAUMA
(EMOTIONAL SURVIVAL TRAINING)

I. Purpose of Training

A. We feel that firearms training is not complete without including officer survival training. We are concerned with both physical and emotional survival. Today, we will be discussing emotional survival.

B. Vaccination Effect

In order to be prepared you must assume that you will, at some future date, become involved in a shooting incident. You should anticipate, in your mind, in advance, how you will react.

C. We will make you aware of the potential after-effects of becoming involved in a violent situation. You will probably suffer some of these after-effects, but not necessarily all of them.

D. We will offer information to assist you in coping with trauma.

II. Immediate Effects (after shooting)

A. Shock Stage

1. Detachment/Isolation (feeling not really part of it)

a. Like watching it on TV

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b. Slow motion

2. Disoriented

a. Stunned

b. Dazed

c. Apathetic

B. Reaction Stage

1. Emotional Reactions

a. Disbelief

b. Fear

(1) Have I done the right thing?

(2) Is it a legal shooting?

c. Anger - At victim (Why did you make me do it?)

d. Guilt - Literal biblical translation ("Thou shall not do murder")

2. Physical Reactions

a. Vomiting

b. Crying

c. Involuntary urination or defecation

d. Dizziness

e. Profuse perspiration

f. Tremors

g. Affected vision

III. Post Traumatic Effects

A. Chronic tension and irritability (Can't seem to relax)

B. Insomnia

C. Impaired concentration and memory

D. Possible social withdrawal

(Including one's spouse and children in order to "protect" them . . . "How can you understand?")

E. Survivor's guilt (If partner is injured or killed)

F. Flashbacks (recalling trauma-voluntary or involuntary)

G. Repetitive nightmares reproducing incident (May see victim at foot of bed)

H. Fatigability/Lethargy (Byproduct of anxiety)

I. Inability to tolerate noise

J. Feeling of depression/anxiety/sadness

K. Possible loss of sexual interest/Impotence

L. Avoidance of scene of incident

M. Startle reaction

N. Denial/Reaction Formation
"It doesn't bother me at all." (Unhealthy defense mechanism)

O. Fear of having to face a similar incident in the future

1. Would I freeze up?

2. Would I over-react?

3. Would I get a partner hurt/killed again?

4. Should I resign?

P. Placing Blame on Department (Generally not healthy unless well placed)

IV. Recoverability

A. Understand that your reactions are normal.

Group sessions of officers who had been involved in shooting incidents have revealed that all officers experienced at least some of the above-mentioned effects.

B. Review Patrol Bureau S.O.P 101a (Shootings Involving Officers)

This order was implemented as a result of meetings with officers who had been involved in shootings. The order corrected most of the trauma producing organizational procedures as identified by those officers.

C. Things to Avoid

1. Denial of impact on your life

2. Social Withdrawal

a. Others are affected too (wife, children, friends)

b. Impulsive self gratification

3. Drugs/Alcohol

4. Promiscuity (Mistress syndrome)

5. Attempting to live up to a false image (the myth that police officers should be super-humans)

6. Impulsive resignation from department

7. Unwanted media interviews (you are not required to grant interviews)

8. Criticizing/Punishing yourself

D. Summary

Do not assume that you will never be involved in a shooting incident. Be emotionally prepared. We have attempted to prepare you for most of the shocks which you might experience. We cannot adequately do this before the fact. When this occurs to you, you have a responsibility not only to yourself, but to your family, co-workers, and anyone who is affected by the trauma which you have experienced, to return to "normal" as quickly as possible.

Be receptive to the assistance offered by Psychological Services. Be receptive to offers of support from other officers who have had a similar experience. Seek them out, if necessary. They really want to help.

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personnel management consultants

INTRODUCTION TO LAW ENFORCEMENT

STRESS MANAGEMENT

BY

MARK AXELBERD, PH.D.

JOSE VALLE, PH.D.

Syllabus

9:00 - 10:00 Introduction and lecture on holistic model of health

Emphasis during this hour will be placed on self-responsibility for one's health. The traditional model of health management (medical) will be contrasted with the education model. Supporting research and background information for advocacy of the later model will be provided.

10:00 - 11:00 Overcoming obsessional thinking or excessive worrying

During this hour participants will learn how their own self-talk and irrational thinking leads to states of distress and over worrying. They will discover that it is their interpretation of events more than the event itself that produces severe stress and anxiety. A practical exercise called thought stopping will be conducted at the conclusion of this instruction.

11:00 - 12:00 Introduction to relaxation training

Various techniques and relaxation modalities will be discussed. A general relaxation exercise will also be conducted.

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1:00 - 2:00 Introduction to biofeedback

Basic information and materials presented will provide participants with an understanding of biofeedback apparatus. How biofeedback fits into a stress management program, it's uses and limitations will be discussed.

2:00 - 3:00 Predictable life crisis in law enforcement personnel

A description of the various individual, professional and social stages a police officer goes through will be described.

4:00 - 5:00 Relaxation training and wrap-up

An exercise in autogenic and progressive muscular relaxation will be conducted. A final question and answer period will follow.

(VALLE AXELBERD AND ASSOCIATES, INC., MIAMI)

OFFICER STRESS AWARENESS RESOLUTION CURRICULUM

I. ADMINISTRATION AND ORIENTATION (2 hours)

1. ADMINISTRATION: This block of instruction is provided to meet the usual as well as special training coordinator administrative needs. This time may include individual and group counseling, review of course materials, administration of course evaluation survey, and other administrative requirements.

2. ORIENTATION: This block of instruction is provided to orient the trainee to course rules, operations, requirements, registration as well as general course overview and goals.

II. NUTRITIONAL FACTORS (8 hours)

Instruction will stress the necessity of proper diet for good health, nutritional needs and the Recommended Daily Allowance for each food group. The use of energy nutrients and vitamins will be covered in this segment. The various food facts and fallacies will be presented, in order to enlighten the officer on diet and health.

III. PSYCHOLOGICAL FACTORS (12 hours)

Instruction in this block will include an analysis of the problem and assertive vs. nonassertive behavior. Officers will be instructed in techniques to counter anxiety and reduce stress, including Transactional Analysis. Behavioral characteristics of stress will be described and discussed.

IV. PHYSICAL FITNESS FACTORS (8 hours)

The physical condition of each individual participant will be evaluated. Aerobic and non-aerobic exercises will be defined, described and discussed. Caloric expenditure will be discussed, as well as methods of maintaining caloric intake to gain, lose, or preserve weight. Based on course information, each officer will design and implement his own physical fitness training program.

V. ELECTIVE TOPICS (8 hours)

This block of instruction is provided as a flexibility factor. These hours will be used by the training coordinator to fulfill instructional needs of law enforcement agencies served by the training center. The following is a partial list of topic areas that may be considered for possible use in this instructional block.

Biofeedback Training
Case Studies Analysis
Spouse Involvement (Awareness)
Spouse Participation

This list does not restrict or prohibit the training center from developing other topics to fulfill the needs of a specific class. Elective topics selected will be considered acceptable only after being reviewed by the Division Director, Police Standards and Training Commission.

VI. TESTING AND EVALUATION (2 hours)

This two-hour block of instruction is provided for formal testing, special testing (pre-tests and other diagnostic tests), individual and group critique, individual and group interaction for the purpose of observation and evaluation tools, as may be appropriate.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

SUPERVISORS' CONSIDERATIONS REGARDING PROBLEM EMPLOYEES

IDENTIFYING THE PROBLEM EMPLOYEE:

1. Excessive absenteeism - often someone other than employee calling in.

2. Unreported absences

3. Arriving late, leaving early

4. Poor quality work

5. Erratic performance

6. Lowered productivity

7. Friction with co-workers

8. Increased accident rates

WHAT CAN YOU DO?

1. Document specific instances of deteriorating work performance.

2. Have a frank and firm discussion with the employee regarding poor work performance.

3. Explain to the employee that unless he or she voluntarily decides to seek help, his or her job will be in jeopardy.

4. Suggest that the employee consider contacting the Department Psychologist's Office for confidential counseling, and/or involvement in the Alcoholism Program. Call (213) 974-5075.

5. If it is decided that the supervisor will make the appointment for the employee, insure the employee that the psychologist will not discuss this meeting with his employer. The only information that will be given is whether the employee kept his appointment or not. If needed, the Department Psychologist's office can provide you with consultation on methods of working with problem employees.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

SUPERVISORS' CONSIDERATIONS REGARDING PROBLEM EMPLOYEES

DO make it clear that you are concerned only with job performance. Unless performance improves, the employee's job is in jeopardy.

DO explain that the employee must decide for himself/herself whether or not to accept assistance.

DO emphasize that all aspects of the Psychological Services and Alcoholism Program are completely CONFIDENTIAL.

DON'T try to diagnose the problem.

DON'T discuss drinking unless it occurs on the job.

DON'T discuss personal problems unless they manifest themselves on the job.

DON'T moralize.

DON'T be misled by sympathy-evoking tactics, at which the problem employee or alcoholic, becomes an expert.

DON'T pin a label (alcoholic, neurotic, addict) on anyone who has not first labeled himself/herself.

DON'T cover up for a friend. Misguided kindness can lead to a serious delay in real help reaching him/her.

JUST REMEMBER THAT . . .

The sooner the problem is identified and dealt with, the more likely is a satisfactory solution, and this will be of benefit to you as the supervisor, the employee, and the County.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

SPOUSES TRAINING PROGRAM FORMAT

SESSION	TOPICS COVERED	LECTURERS	LOCATION
1	Orientation to sheriff's department. Organizational structure and functions Sheriff's department training procedures.	Sheriff or Undersheriff	Training Academy
2	Various functions within dept. divisions. Special department programs. Tour of custody division.	Chief of custody division	Custody Facility
3	Law enforcement's role in the criminal justice system. Tour of sheriff's communications center. Sheriff's comprehensive rape program. Methods of self-defense.	Sgt. from training academy Female Dep. from training academy	Communications Center
4	Marital and occupational pressures. Resources available to dept. employees & spouses.	Dept. psychologist Spouses of deputies for over 5 years.	Training Academy
5	Investigative techniques, gathering of evidence, ballistics.	Criminalist	Scientific Services Building
6	Personal and home firearms safety.	Range staff	Firing Range -- Training Academy
7	Patrol ride-along.	Patrol deputies	Station patrol area
8	Review, summary, and graduation	Assistant Sheriffs Capt. of training academy Dept. psychologist	Training Academy

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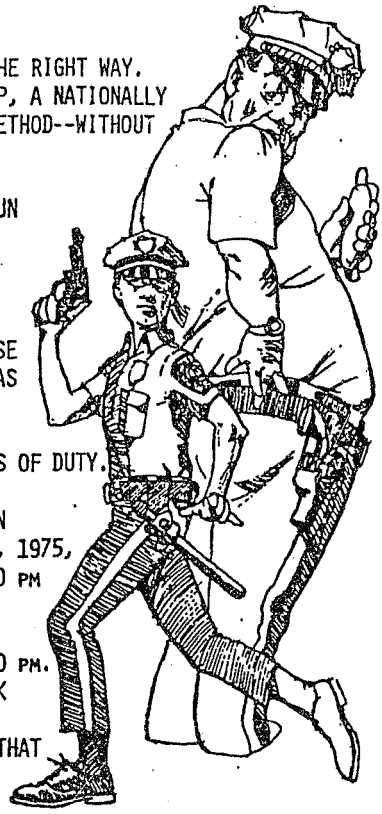
Diet Workshop



TAKE POUNDS OFF THE RIGHT WAY. JOIN DIET WORKSHOP, A NATIONALLY RECOGNIZED DIET METHOD--WITHOUT PILLS.

THE COURSE WILL RUN 10 WEEKS.

TWO SESSIONS ARE OFFERED FOR YOUR CONVENIENCE. THESE ARE SCHEDULED SO AS TO MINIMIZE INTERFERENCE WITH YOUR REGULAR TOURS OF DUTY.

CLASSES WILL BEGIN THURSDAY, MARCH 6, 1975, 7:30 PM UNTIL 9:30 PM AND ON FRIDAY, MARCH 7, 1975, 12 NOON UNTIL 2:00 PM. THE FOLLOWING WEEK PARTICIPANTS MAY CHOOSE A SESSION THAT ALLOWS FOR THEIR WORK SCHEDULE IN THE UP-COMING WEEK, AND SO ON EACH WEEK.

DIET WORKSHOP WILL MEET AT THE BETHANY METHODIST CHURCH, LOCATED ON CUMMINS HIGHWAY, ROSLINDALE MASS., OPPOSITE THE WASHINGTON IRVING SCHOOL.

OFFICERS CAN MAKE AN APPOINTMENT BY CONTACTING PATROLMEN JOE RAVINO, ED DONOVAN, OR JOE KELLY AT THE STRESS PROGRAM, 426-7821, OR BY CALLING CLARE ASMUSSER, DIRECTOR OF DIET WORKSHOP, AT 469-9254, WEEKDAYS FROM 9:00 AM UNTIL 3:00 PM.

THE FEE WILL BE $25--YOU PAY $12.50, AND THE DEPARTMENT PAYS THE ADDITIONAL $12.50.

TAKE PRIDE IN YOUR HEALTH AND APPEARANCE. ENROLL NOW AND ADD YEARS TO YOUR LIFE.

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