

MANDATING WELLNESS PROGRAMS FOR POLICE OFFICERS

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Abstract

First responders are often exposed to traumatic incidents. This exposure to trauma, coupled with organizational and operational stress can create maladaptive coping mechanisms if left untreated. In this major paper I explore trauma and the effects of untreated trauma on first responders as well as problems that may arise in their personal and professional lives. I will argue that within first responder organizations, senior managers need to not only recognize exposure to trauma as a potential work hazard, but also move beyond such recognition of the debilitating effects of trauma and implement mandatory wellness programs.

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Dedications

I dedicate this paper to my little girl, Olive. You are truly the greatest blessing in your mother's life and my own. I also dedicate this paper to those employees who suffer in silence. I hope and pray that you find the strength to reach out and get help.

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Introduction

Imagine or think back to when you were 17 years old. You have just passed your final driver's test and you are handed the keys to your family vehicle. Everything you know about driving comes from a manual, your parents, lessons from a driving professional, and very little practical time on the road. Although you know your vehicle requires gas and an oil change, the internal mechanics are unfamiliar to your inexperienced self. You climb into the driver seat, start your engine, and are off to experience the fun, the thrill, and often the monotony of driving.

As time passes you become comfortable with driving and you will often drive the same route, arriving at the same location with little thought as to how you did. Then one day you are driving down a familiar road when suddenly you hear a loud thud and you lose the steering control of your vehicle. You don't pull over but continue to fight for control of the steering. You know there is something wrong with your vehicle but instead of addressing the problem you press on believing the matter will "sort itself out." You continue driving the vehicle, constantly grappling for control of the steering, when finally the vehicle comes to screeching halt. The vehicle is now inoperable and had you taken the vehicle to the mechanic you would have been able to examine the problem in the safety of the shop. However, this was not the case and you are stuck on the freeway, putting yourself and your vehicle in danger.

The vehicle is taken to a mechanic and undergoes an inspection. The mechanic informs you that months prior your vehicle had run over a nail causing a flat tire. The mechanic states that because the tire had never been fixed, the vehicle was driving on its rim, causing damage to the structural integrity of the vehicle. The mechanic informs you that you no longer have the option of simply patching the tire, and the cost of fixing the rims is more than you were prepared

to spend. You are now faced with the reality that unless you repair the damage the nail caused, your vehicle will never again run in the same way it one did.

First Responders

Almost every person entering the workforce is required to start from the bottom and work their way up. Careers such as policing, firefighting, paramedicine, social work, nursing, and medicine follow a similar training structure: a new hire, often an employee with no previous experience in the field, is placed in a learning environment and provided with educational and limited practical experience. Like the novice driver in the introduction, new employees begin their professional journey by learning the job and building on what was taught to them in training. What was once difficult now becomes routine whether it be a theft report for police officers, a minor surgery for a doctor, or a call of an overdose for a paramedic. This parallels the driver learning the rules of the road and gaining confidence through experience. Just like the vehicle, the career of the employee travels over a variety of terrain: smooth roads, uneven roads, and often rocky roads. While traveling over these roads, the vehicle's primary point of contact, the tires, encounter a number of hazards such as glass, nails, and screws. As soon as enough pressure from the tire is let out, the tire becomes deflated pulling the vehicle to one direction or the other. This parallels an employee's exposure to a traumatic incident. The employee may know something is wrong but may not know the exact cause or how to repair the damage. The employee will carry on, allowing the leak in the tire to become so low that she or he is now running on rims, damaging his or her structural integrity, otherwise known as personal and professional lives. In response to these road hazards, automobile makers and tire companies have attempted to create tires that are more resilient toward difficult road conditions.

Much like the tire and vehicle, first responders face several hazardous conditions. First responders are exposed to stress, trauma, and suffering. To address the ways in which first responders are affected by this, employers have explored preventative and reactive options designed to educate employees and increase their resiliency. In this paper I will explore the causes of stress, define trauma, and its impact on employees as well as options for those suffering from trauma related injuries. Drawing from academic sources and personal life experience I will argue that through exposure to trauma, and organizational/operational stress, first responders may develop maladaptive coping mechanisms. I will also argue that voluntary wellness programs do not go far enough to change the overall stigma of mental health challenges within first responder culture. As a result, a more effective and preventative approach to combatting maladaptive coping mechanisms in first responders is to mandate that all members within the organization are compelled to participate in a wellness program. This approach moves away from the belief that a change in organizational culture is required before organizations will be able to adopt mandatory wellness programs to a belief that mandatory wellness programs will bring about change in organizational cultures.

Front Line Workers

Kleim and Westphal (2011) define first responders as those who by function of their job profiles, fulfill and occupy specific roles when attending to a critical incident. Often a narrow view of first responders includes only firefighters, police officers, and paramedics while ignoring rescue disaster workers, medical personnel, military personal, social workers, and corrections staff. Common to all-first responders is that they are amongst the first to attend a critical or significant incident, often tending to a victim (Kleim & Westphal, 2011). For the purpose of this paper, I will be referring to first responders as firefighters, paramedics, and police officers.

Trauma

The development of trauma theory emerged with Freud's research on sexually abused women and soldiers returning from Europe after both World Wars (as cited in Rees & Smith, 2007). What is commonly referred to now as Post Traumatic Stress Disorder (PTSD) was often used to label soldiers who suffered from shell shock or combat fatigue (Rees & Smith, 2007). Flannery (2014) writes that trauma is not new, and soldiers fighting in the American Civil War who were believed to be suffering from posttraumatic stress disorder were referred to as having a condition known as "soldier's heart."

Trauma is best described as an emotionally stressful experience that temporarily overwhelms the individual's internal resources and threatens a person's worldview, resulting in the individual feeling helpless or scared (Rees & Smith, 2007; Tehrani, 2010; Flannery, 2014). The stressful event creates shock, resulting in a person's inability to integrate or process the incident through her or his system producing lasting psychological symptoms (Rees & Smith, 2007). As the traumatized person is unable to process the incident he or she begins to cycle through her or his parasympathetic and sympathetic nervous system creating a large amount of stress hormone, cortisol (Rees & Smith, 2007). If the impact of trauma remains untreated, the cortisol will continue to be produced, thereby coupling with a person's pathological, emotional and psychological process (Rees & Smith, 2007).

Flannery (2014) comments that psychological trauma is a response to a person experiencing or witnessing events that involve deaths, serious injuries, or threats to the physical integrity of the self. The researcher also goes on to explain that this often results in a person feeling intense fear or helplessness (Flannery, 2014). Psychological trauma causes disruptions in three dominions of good mental and physical health:

1. The reasonable mastery of one's environment;
2. A caring attachment to others;
3. The meaningful purpose in life that motivates one to invest energy in the world and to pursue some socially acceptable goals. (Flannery, 2014)

Effects of Trauma

Researchers, Carlan and Nored (2008) along with Tangioshi, Kontos, and Remley Jr. (2009) conducted two different studies amongst American Police Officers, which revealed disproportionately high ineffective coping mechanisms and unhealthy lifestyles. In addition, those who have a high potential of exposure to trauma are more vulnerable to divorce, alcoholism, interpersonal problems, impulsivity, maladaptive behaviours, health complications, marital discord, domestic violence, personal and professional stress, drug dependency, depression, anxiety, and post traumatic stress. Christopher, Goerling, Brant, Hunsinger, Baron, Bergman, and Zava (2015) corroborate the aforementioned studies, noting that first responders who are frequently exposed to job related trauma are at an elevated risk for physical and mental health complications. Police officers are more likely to die from suicide than in the line of duty deaths, have higher incidence of cardiac arrest, diabetes, and metabolic syndrome (Christopher et al., 2015). Carlan and Nored (2008) and Tangioshi et al., (2009) concluded that over time some police officers began to withdraw from society, became increasingly avoidant, and developed cynicism, all believed to be as a result of having ineffective and maladaptive coping mechanisms.

Trauma and Work

A fairly simplistic overview of Flannery's findings would be that psychological trauma disrupts control, care, and purpose.

Control: Although control may be most easily attributed to policing, all first responders are required to gain control over a chaotic incident. A police officer may be required to attend and arrest an unruly drunken patron, a firefighter may help contain or control a blaze, and a paramedic may have to stabilize a person with a serious injury thereby attempting to control a person's rapidly deteriorating health. Flannery (2014) explained that when these scenarios become an event in which there is serious injury, death, or a threat to the physical integrity of the self, the traumatized worker might experience feelings of powerlessness and suffer from intense fear or helplessness. The drunk patron may pull a knife on the police officer upon being told of his arrest, the blaze may take the lives of victims the firefighters tried in vain to save, and the patient dies despite the paramedic's best efforts to stabilize them. From an external perspective, one can see that the police officer was not to blame for having a knife pulled on them, nor was the firefighter to blame for the deaths, nor could the patient have been saved regardless of the medical interventions of the paramedics, yet all three employees have had control taken from them, leaving them to feel potentially powerless.

Care: For most of my career I have spent a considerable amount of time around new recruits. I frequently assist at the training center as an assessor or as a role player in recruit simulations. I am a field-training officer, the coordinator of our department student police academy, and just recently I guest-lectured for a class of deputy sheriffs. I don't mention these things in order to brag but rather to explain that I have spent a good deal of my time in the company of those who are trying to get into policing or are new to the career. I often engage with these new recruits asking them why they chose a career in law enforcement. The answer I get from most recruits is that they joined to help people and serve their community. I remember interviewing a youth for the student police academy who volunteered 100 hours of his time a

month to Crime Prevention efforts in Surrey. In speaking with my friends who are firefighters and paramedics, their answers are like those of police recruits. Tehrani (2010) explains that working environments that expose caring professions to distress and trauma can be both harming and beneficial. The author explains that “compassion fatigue” is the cost of engaging with stories and lives of distressed and traumatized persons—i.e., the carer experiencing similar symptoms. As Nietzsche said *“He who fights with monsters should be careful lest he thereby becomes a monster. And if thou gaze long into an abyss, the abyss will also gaze into thee”* (Nietzsche, as cited in Wilhelm, 1996). Essentially those who spend their lives and profession in the company of those who are hurting, broken or traumatized, have the potential to be traumatized vicariously. Tehrani (2010) does provide hope that compassion fatigue doesn’t have to be long term, and that a person exposed to vicarious trauma can turn this into positive learning with the proper network of support. Although dealing with difficult matters in the workplace can be distressing, with the right support a person may transform distress into positive learning thereby acquiring a new skill (Tehrani, 2010).

Purpose: Of the three domains, Flannery’s (2015) disruption of a person’s meaningful purpose means the disruption of a person’s need to feel as though what she or he is doing matters and is connected to an overall good. I previously offered the examples of a drunk patron pulling a knife on a police, a fire claiming the lives of victims despite fire fighters doing what they can to suppress the blaze, and a patient dying from their injuries despite the best efforts of the paramedics. The police officer may be forced to shoot the knife-wielding patron in front of dozens of cell phone camera yielding bystanders, which may lead to years of scrutiny and potential litigation. The police officer may feel criticized by the same members of the community they swore to protect. The firefighters and the paramedics may be plagued by guilt

that despite their intervention, people still died. This can translate into not only feelings of despair but into feelings of anxiety for what will occur the next time they are faced with a similar incident. It is important to note that these single events may be the first or last in a series of critical incidents that take or will gradually take their toll on the employee. Rabjon (2013) explains that harmful exposure to trauma is often a gradual process and not the result of a single acute incident. Those who are exposed to trauma as part of their daily routine have trouble reversing the negative outcome of their contextual information (Levy-Gigi & Richter-Levin, 2014). The result is those who are affected by trauma not only suffer from an impairment in reversing negative contextual information at work, but also in their personal lives. For this reason, Conn and Butterfield (2013) suggest that first responders spend time engaging in activities inside and outside of work that give them a sense of purpose.

Trauma in the Workplace

Occupational and organizational stress contributes to fatigue, irritability, sleep disruption, and symptoms consistent with depression (Christopher et al., 2015). Stinchcomb (2004) reports that employees who suffer from “burn out” can be plagued by a number of symptoms such as memory loss, lack of concentration, difficulty retaining or recalling information, anxiety, physical illness, absenteeism, long and short term leave from work, strained personal relationships, difficulty staying awake, and panic attacks. This can explain that some officers may make administrative errors or display troubling behaviour such as uncontrollable anger toward citizens and suspects, absenteeism, and falling asleep behind the wheel (Christopher et al., 2015).

Forms of Stress

Apart from potential exposure to trauma, Christopher et al. (2015) reveal that first responders are exposed to two main forms of stress:

Operational (Occupational): During the operational course of a first responder's shift, the employee be exposed to two types of trauma: primary trauma (also known as experienced trauma) or secondary trauma (also referred to as vicarious trauma) (Conn & Butterfield, 2013). Primary trauma is a direct experience one encounters while secondary trauma is caused by the repeated exposure to the suffering of others (Conn & Butterfield, 2013). Anyone who has been on scene for a fatal accident will recall the strong smell of transmission fluid, the visual sight of the mangled wreck of the vehicle, the loud sound of the jaws of life ripping the door off a vehicle and crushing glass, and worst of all the lifeless, mangled body of a deceased person. Those who have conducted a next of kin notification know the agony of telling a family their loved one is dead. In response, family members may collapse, wail, assault police officers in disbelief, sob uncontrollably, or remain seemingly unaffected.

Organizational: A study of Australian Police Officers found that organizational pressures was perceived as more stressful than the operational work (Muller, Maclean, & Biggs (2009). A study by Conn and Butterfield (2013) also found that organizational stress was a stronger predictor for psychological stress than cumulative exposure to danger or critical incidents. Listed below are some examples of organizational stressors: lack of lateral opportunities, litigation, frustrating criminal justice outcomes, and regular policy changes (Christopher et al., (2015).

In a review of organizational stress, it was reported that fewer people in modern times are dying of conventional diseases, but rather of stress related illnesses such as heart disease (Stinchcomb, 2004). Like Mueller et.al. (2009), Stinchcomb (2004) was not able to find evidence

that policing was anymore stressful than other people oriented work. However, the researcher states that operational stress is often “episodic” and that as compared to other menial police tasks, critical incidents happen less frequently (Stinchcomb, 2004). The less control employees feel they have over their careers the more stressed the employees are (Stinchcomb, 2004). The researcher posits that organizations would be wise to retain the services of an organizational psychologist rather than that of a regular psychologist (Stinchcomb, 2004). Stinchcomb (2004) suggests that organizational stress largely occurs because organizations target symptoms and not causes.

Although first responders do not have a monopoly on organizational stress, there is something about their jobs that is different from other vocations, in that they are constantly called to deal with those in crisis. As humans have different levels of resiliency, the level of crisis may be subjective. As a police officer working on patrol, it was not uncommon to be dispatched to something that I would have considered menial only to have the complainant yelling at me and demanding immediate resolution. This is not to minimize a caller’s complaint, as it is important that people feel free to call emergency services for most reasonable crises. However, I believe that most people would agree that a father who calls about his daughter overdosing is more of a crisis than a father who calls about a group of youth who rang his doorbell and ran away. The significance of this is that if one were called to work with those in crisis, it would be important that the helper is also not suffering from some sort of crisis.

Another commonality amongst first responders is they all share a common goal—the preservation of life. What is unique to police however, is that unlike fire fighters and paramedics, they can, lawfully or unlawfully, end a person’s life. A police officer who is suffering from anxiety, panic attacks, and or lack of concentration may not have the proper force

response when confronted with a potential lethal force encounter. What's more, how might they cope in the wake of shooting or killing a person compounded with their current unresolved problems?

What is equally as concerning is that because policing is a team environment, each member of the police department entrusts his or her lives to each other. If confronted with a lethal force encounter, every member wants to believe their co-worker will protect them. This example can also be extended to a police officer's duty to protect citizens. If a police officer is faced with the prospect of having to use force to protect a citizen but fails to do so as a result of debilitating traumatic injury, a life could be lost.

Stigma

Bell and Eski (2015) wrote a comprehensive explanation regarding the stigma surrounding mental health in the police culture. The researchers describe stigmatization as an attribute that is deeply discrediting within a particular social interaction, for example, stigma can be the shame someone feels of not living up to the expectations or standards of others (Bell & Eski, 2015). The researchers note that despite having the same mental health issues as the general public, a police officer's mental health issues are compounded by regular exposure to traumatic incidents (Bell & Eski, 2015). Police officers may also lie about their mental health, as they may be concerned about their fitness to practice (Bell & Eski, 2015). Bell and Eski (2015) also present an interesting commentary where they state that a police officer's interactions with those in the criminal justice system who suffer from mental health can potentially discourage them from seeking help. I appreciate this finding as I recall an incident that left an impression on me regarding an interaction with a person suffering from mental health crisis. I was called to our local hospital to assist another member with a male who had been apprehended under the mental

health act. Upon arriving at the hospital, a large confrontational male stated he would not leave the back of the police car until we could explain to him why he had to see a doctor. After finally explaining our lawful right to apprehend a person under the mental health act he relented and we entered the hospital. As I sat there with the male, we began to have a conversation about his career. The male stated he had two doctorates, was a university professor from an esteemed university and was a foremost expert of a certain topic. The male stated that he hesitated to tell me about his educational background, as he did not think I would believe him. Admittedly I did not initially believe him at first but after some time he was able to convince me he was telling the truth. In my defense the week prior I had taken a person to the hospital who had claimed to be Jesus Christ. Upon learning that the professor was indeed who he claimed to be, I felt a level of shame that I had painted him with the same brush as the person I had interacted with the week prior. Although it was a humbling lesson to learn, it was necessary so that moving forward I would allow everyone to be judged by their own merit and not based upon my pre-conceived beliefs. Although I believe myself to be rather progressive in the field of mental health I became aware that even I had biases regarding the matter. Telling others about your mental illness may not be as difficult as trusting they will not treat you differently because of the disclosure.

Bell and Eski (2015) explain that further reasons for the stigmatization of mental health within policing may be due to the masculine culture and the belief that lack of emotional self-control is viewed as weakness. Due to the stigmatization within police culture, members use maladaptive coping mechanisms such as depersonalization, authoritarianism, emotional detachment, and self-medication when they are under increasing stress (Bell & Eski, 2015). Although the research pertains to police culture, the core principle still applies to other first responder vocations. All persons want to be treated with integrity, respect, and want to be

judged per their own merit. The fear for many police officers is that disclosure of a mental illness will compromise this desired treatment.

Wellness Programs to Address Trauma

Bell and Eski (2015) reported that police officers are often reluctant to ask for help or guidance. This differs from a Canadian study conducted by Conn and Butterfield (2013) who reported that approximately 80% of the officers they surveyed reported a desire for access to mental health resources, counselling, and education. The researchers were surprised by their findings, for just as Bell and Eski (2015) had reported, police officers are often seen as reluctant to seek help. In the Canadian study, it is important to note that there were some limitations such as a small sample size and number of respondents (Conn & Butterfield, 2013). Although both studies seem to be in conflict, the actual number of police officers seeking assistance is inconclusive. Regardless of the actual number, there are several proactive alternatives that have been introduced to police culture in order to try and decrease both the stigma and prevalence of mental health. Farchi, Cohen, and Mosek (2014) use an interesting term and coin mental health innovations as “emotional immunization” before, during, and after the course of a traumatic event. By immunizing first responders, the belief is that members will be able to enjoy fulfilling healthy lives without having to take sick leave in order to cope with trauma related injuries.

Next I will describe several wellness programs currently being utilized in first responder workplaces. The list is not exhaustive but rather captures several voluntary programs.

Critical Incident Stress Management

Critical Incident Stress Management (CISM) has been adopted across a variety of vocations in countries like Canada, the United States, and New Zealand as an immediate debrief

to minimize the harm of job stress for employees after exposure to a critical incident (Pack, 2012; Adler-Tapia, 2013). The CISM model consists of the following seven steps:

1. Pre-Crisis Preparation
2. Disaster or Large Scale
3. Defusing
4. Critical Incident Stress Debriefing (CISD)
5. One on One Crisis Intervention Counselling
6. Crisis Intervention and Organizational Consultation
7. Follow up and Refers for assessment and Treatment. (Pack, 2012; Adler-Tapia, 2013)

The purpose of the multi-faceted approach is to provide an intervention at each level as you work your way down the list. Not every employee will require the seven steps of CISM, and the process is akin to Psychological First Aid with the primary goal of stabilizing a victim in acute distress (Alder-Tapia, 2013).

The benefits of CISM are that it serves as a process to find the most appropriate intervention for a traumatized employee rather than a standard CISD program designed only to provide immediate debriefs (Pack, 2012). Cacciatore, Carlson, Michaelis, Klimek, and Steffan (2011) refer to the CISM model as a highly efficient strategy and cost effective approach to community crisis or critical incident. One of the criticisms of CISM is that the definition of crisis is often very broad (Pack, 2012). This can result in CISM being used after a major incident such as a shooting or a trivial incident such as a co-worker dispute, based on the employee's definition of crisis. Another limitation of the program is that CISM is voluntary and requires proactive leadership and supervision. It is important that the supervisor keep account of the steps the employee has taken following a critical incident. Accountability is always a good thing and a

valuable tool within organizations. Although some employees may not appreciate having a supervisor be accountable for the employee, ultimately a person suffering from a trauma related injury may not have the insight or objectivity to evaluate if the current intervention is appropriate for him or her.

Peer Support Groups

Formalized peer support groups were already developed and utilized by some police departments in the 1950s (Isaksson, Veggeland, and Aasland, 2016). In their study of Doctors in Norway, Isaksson et al. identified two types of peer support: formal and informal, formalized being support services are those such as a lawyer, therapist/psychiatrist, or a representative from the union (Isaksson et al., 2016). The study found formal peer support relationships to be more official and contain a degree of confidentiality based upon what services the doctors were provided (Isaksson et al., 2016). Formal and informal peer support groups are found throughout first responder organizations.

Although peer support is generally seen as a positive innovation, there are some concerns that less formalized peer support groups may re-traumatize of an individual. According to Prati and Pietrantonio (2010) ill-timed and overly intrusive support groups may result in re-traumatization of an employee, resulting from the lack of proper skills on the part of the facilitator to stabilize a person in actuate psychological distress.

Another consideration is that first responders are also subject to an external investigative body, which may consider criminal or career sanctions against an employee. Informal peer support sessions are not protected from disclosure, where as some formal peer support relationships provide the employee with client privilege (Isaksson et al., 2016; Prati & Paetrone, 2010). If an employee is involved in a critical incident and discloses information informally to a

peer, this information is not privileged and the person can be compelled to a court or hearing proceeding to testify regarding the employees. This may validate the affected employee's belief that the organization is not interested in protecting them but rather protecting their own liability.

Resiliency Building Programs

In recent years, the military has created and adopted several programs aimed at increasing resiliency amongst its members:

- (a) The program *Battlemind* was developed by the military to help soldiers in combat transition back to civilian life (Kleim and Westphal, 2011). *Battlemind* is an acronym, which takes examples of tasks in military employment and juxtaposes them with tasks in civilian life. For example, *Battlemind* would explain the difference between aggressive driving in a hostile zone versus what is considered appropriate driving when returning and provides military personnel with an opportunity of self-reflection. Kleim and Westphal (2011) found that after completing the *Battlemind* program, soldiers reported lower levels of stigma and less post-traumatic stress symptoms compared to other soldiers who did not participate in the program.
- (b) *Hardi-Training* is a program that is delivered by a Certified Hardiness Trainer who helps a participant learn three principles: choosing attitudes of commitment instead of attitudes of alienation, feeling in control instead of powerlessness, and seeing adversity as a challenge rather than a loss of security (Bogden, 2011).
- (c) The Department of National Defense developed the program Road to Mental Readiness (R2MR) at the request of the Chief of the Military (Barath, 2017). The evidence-based program was designed for military personnel deployed to and returning from Afghanistan

(Barath, 2017). The program is designed to increase resiliency and allow members to recognize potential stressors in their own lives and the lives of coworkers (Barath, 2017).

Mindfulness

Although the concept of mindfulness originated from secularized ancient Buddhist meditation, implementation of mindfulness is relatively new (Christopher et al., 2015). Mindfulness incorporates muscle relaxation, breathing relaxation, non-judgemental perception of emotion, compassion support, acceptance and tolerance, identification and causes of emotional reactions and active modification of emotions (Christopher et al., 2015). Mindfulness includes practicing mind-body meditation and utilizes a transactional model of stress teaching the participants to manage their own stress by adjusting their cognitive perspective and increasing their coping skills (Christopher et al., 2015).

Traditional Forms of Therapy

Ehlers, Bisson, Clark, Creamer, Piling, Richards and Yale (2010) explained that some of the current trauma focused psychological therapeutic treatments for PTSD include Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behaviour Therapy (CBT). These treatments are designed to focus on the patient's memories of their traumatic events and the personal meaning of the trauma increasing tolerance thereby decreasing PTSD symptoms (Ehlers et al., 2010).

Mandatory Counselling

Currently within policing, mandatory counselling is specific to different sections such as working in child sexual offences or undercover operations; however, since there is limited research on first responders and mandatory therapy, it is useful to draw from studies of vocations

where therapy or counselling is mandatory. According to Chaturvedi (2013) and Kumari (2013) *The British Psychological Society Division* requires all trainees with a career goal toward professional counselling to complete 40 hours of personal therapy in order to achieve chartered status. The benefits of personal therapy include making the clinician's life less neurotic, helping to understand personal dynamics, helping the clinician to cope and deal with personal and emotional stress, providing healthy understanding and respect for the client's struggles, and socialising the clinician to personal therapy (Chaturvedi, 2013). The researcher reports that a trainee can experience increased sensitivity and empathy, increased awareness of boundaries, and increased understanding of therapy and support systems, and finally a sense of humility by being in the client's chair (Chaturvedi, 2013). Kumari (2013) explains the importance of self-awareness for therapists as they view themselves and their interpersonal skills are fundamental to the therapeutic process. From an analytic and humanistic approach, therapy is a means of personal growth in the absence of specific problems (Chaturvedi, 2013). The researcher states that from a behavioural approach, therapies are determined by present and severity of overt symptoms (Chaturvedi, 2013). Essentially, Chaturvedi is explaining that behavioural therapies are in response to an actual crisis whereas humanistic therapies are more for personal growth and general wellness.

It is important that forms of therapy be distinguished as it may have an impact on the effectiveness of mandating counselling. Although there are some clear benefits to personal therapy, Chaturvedi (2013) and Kumari (2013) have some concerns about the importance of motivation, choice, and voluntariness. First and foremost when considering therapy one must always remember that a therapist is bound by confidentiality, therefore, Chaturvedi considers this to be significant and asks the question: if only the therapist and the employee know the content

of what is being discussed then how can the employer know if a person is actually working through their personal issues (Chaturvedi, 2013). Chaturvedi (2013) makes the argument that those who feel the need for therapy arguably are already visiting a therapist whether or not it be mandatory. The researcher argues that there is no empirical evidence to show an unequivocal connection between personal therapy and growth empathy (Chaturvedi, 2013). Therapy reflects an exclusivist position where the only way of achieving personal growth or wellness is through the therapeutic process (Chaturvedi, 2013).

Similarly Kumari (2013) found some respondents felt the mandatory nature of therapy to be unbearable and reported it added stress as opposed to support. Kumari found that through the course of personal therapy an employee may become aware of difficult emotional issues causing the employee to withdraw further (Kumari, 2013). Trying to decrease employees' organizational stress by mandating them to counselling could actually be doing the opposite (Kumari, 2013). If an organization is considering mandating therapy, the question of whether the therapies are analytical or behavioural should be asked. This could very well be the difference between an employee attending for personal growth or a sanction by a third party (Chaturvedi, 2013).

Condition of Employment

When I was a new Constable, I signed up to work at a roadblock one evening. I was informed by the road block supervisor that since we would be doing prolonged traffic enforcement all evening, I would be required to wear my high visibility vest. The supervisor also stated that Work Safe BC could fine us if they were to visit and find us not in compliance with safety regulations. The rationale behind wearing the high visibility vest is that as working amongst vehicles is inherently dangerous, the added contrast of colour will allow drivers to avoid hitting the workers.

My brother in law used to work in a logistics warehouse. To work in the warehouse a person had to wear steel toed boots in case of fallen crates or potentially having a foot crushed by heavy equipment. If a worker was found to be non-compliant with the regulation, the company could be fined and the employee reprimanded. This regulation is based on the principle that mandates proactive solutions in response to hazardous conditions of employment.

The question that comes to my mind is that if Carlan and Nored (2008), Tanigoshi et al. (2008) and Stinchcomb (2005) all outline some very significant effects associated with operational stress, organizational stress, and potential exposure to trauma, what proactive steps can be taken to address the concerns? To put it into practical terms, both the warehouse and Worksafe BC are not waiting for the injury to occur by making the safety regulations voluntary, they are ensuring compliance by mandating such things. If we know the operational and administrative cost of a trauma injury, why then does the process remain voluntary until such an injury occurs? Using the example above, I ask the reader to imagine a warehouse worker being told that wearing steel toed boots is voluntary until the first container falls on his foot. Or imagine if the road supervisor informed me that wearing a high visibility vest would only be voluntary until I am struck by a vehicle.

Work Hazards

In the spring of 2014, a friend and co-worker was found stealing from other members within the organization. My friend became the target of an undercover operation that resulted in him failing several integrity tests. My friend was charged with several offenses and fired for his behaviour. Through the course of the investigation it was discovered that my friend suffered from a gambling addiction. His defense in court was that gambling addiction had become a maladaptive behaviour and coping mechanism brought on by Post Traumatic Stress Disorder.

My friend pleaded guilty and was sentenced to a conditional discharge. In the judge's remarks, my friend's trauma was a mitigating factor for sentencing. The judge noted that my friend had suffered harm while serving the community. The judge said that my friend's career trajectory had started very strongly with commendations and positive performance appraisals. It was not until the end of his career that he had been involved in several avoidable complaints and negative remarks from supervisors.

Although my friend's story is a cautionary tale, it raises several questions regarding the possible liability or responsibility of a police department. If we know that first responders have the potential to be traumatized as a result of their work, how then are mental wellness programs still voluntary? I come back to the example of wearing steel-toed boots in response to the potential hazards of working in the warehouse. A better example pertaining to first responders would be firefighters and the use of self-contained breathing apparatus. As smoke inhalation and exposure to various forms of cancer are a hazard for firefighters they are provided with self contained breathing apparatus to mitigate some of those health concerns. With the benefit of hindsight and research on carcinogens it would be difficult to imagine not providing firefighters with protective gear while they are trying to suppress a blaze.

In their review of organizational factors that contribute to police deadly force liability, Lee and Vaughn (2010) write that law enforcement supervision, training, and accountability structures have an impact on police use of force. To illustrate their point, they use the example of teaching a recruit how to properly handcuff a suspect. Improper handcuffing can lead to damaging a suspect's hands or can aid in her or his escape. As poor handcuffing has an impact on the well-being of both the police officer and the suspect then this skill is an important one to teach new recruits.

If the occupational hazards of first responders' workplaces are potential exposure to trauma, operational stress, and organizational stress then in light of some of the debilitating effects of these hazards, should workplaces not do more to protect their workers and insulate themselves from liability?

Implementing Mandatory Wellness Programs

Based on my review of the scholarly literature and my own experience as a police officer, I believe that police departments should adopt mandatory wellness programs. These wellness programs would require that all members within an organization, from the lowest rank to the managers, meet with a psychologist for a check-in. The debrief will be a yearly occurrence and can be done on duty. The member does not have to be operational per say, rather the debrief can be done while the member is being paid as further incentive. According to Carlan and Nored (2008) and Tanigoshi et al. (2008), some of the reasoning for mandating wellness program is as follows:

1. First responders are not able to recognize their own early signs of mental illness;
2. First responders need to be given the tools to better address their exposure to trauma; and
3. There is a significant resistive culture to mental health interventions within first responders and mandatory counselling would help decrease the stigma.

The researchers justified their positions by claiming the proactive promotion of wellness programs reduces the back end need for counselling services and employees report less stress (Carlan & Nored, 2008; Tanigoshi et al., 2008). Tanigoshi et al. (2008) described the need for mandatory counselling as an adoption of health and well-being rather than the absence of illness. That the employees of the agencies which mandated counselling did not report as much of a need for mental health services is not all that surprising. By using the example from the introduction,

if a person regularly takes their vehicle to a mechanic for a check up, the vehicle will drive smoothly. A regular check up will also identify potentially problematic areas that will need to be addressed so that the owner will not be surprised when the vehicle seizes and breaks down. Admittedly, anything can happen to the vehicle, and unforeseen problems may arise, regardless of the number of mechanic visits. However, regular check ups still increase the odds of discovering a problem while at the mechanic's shop rather than on the freeway.

Privacy

In mandatory wellness programs, limits of confidentiality should be taken into consideration. Earlier in the paper I stressed the importance of therapy being analytical or behavioural. I believe that a wellness program is just that, a program to increase the physical and mental health of all employees. As this would be a preventative program and one of supporting personal growth, there would have to be confidentiality between the psychologist and the person. Again, this wellness program would be designed for prevention, and not a counselling session in regards to a critical incident or a mental health concern that an employee is claiming.

Conn (2015) explains that often first responders fear seeking help due to confidentiality concerns. There are three main limits to confidentiality (Conn, 2015):

1. The therapist has been retained by an organization to evaluate an employee;
2. The therapist's records and notes may be ordered by a court;
3. The therapist believes the employee is actively suicidal or believed to be an imminent threat to themselves or others.

I found that similar to what the researcher had suggested, I became uncomfortable when I read the aforementioned limits to confidentiality. I then remembered the example of the steel-

toed boots and the warehouse. If employees were to have their feet crushed and required medical assistance they would undoubtedly need to get x-rays to determine the level of damage to the feet. If that employee then wanted to get back to work as soon as practicable they would require some sort of consultation with a physician to clear them for work. The doctor's opinion (like the therapist) and the x-rays (like the records and documentation) are not only valuable to the employee for any potential civil litigation, but are equally as important to the employer in order for them to try and establish a return to work program from the injured employee. The point is that when an employee is injured on the job, the employer would need to understand the legitimacy of the claim, the nature of the injury, the way the injury may potentially impact the employee and the employer in their return to work, and the progression or regression the employee has made in their return to work. It is important to state again that the aforementioned example is only for those employees who have been involved in a critical incident, rather than are attending a debrief for a preventative check in.

Cost

First responders, apart from paramedics, are generally paid quite well. To use the Vancouver Police Department as an example, a police officer with five years of service will make over 97,000 dollars (VPD, 2017). Although unaffordable housing prices and an expensive cost of living may make this salary seem low, in truth, a single first responder is making almost \$20,000 more than the average combined household in British Columbia (Welcomebc.ca, 2017). This number only includes base salary without overtime, and does not include the pension or defined benefits in the comparison. As first responders are paid well this can make them either an asset or a liability to their organization. Although Worksafe BC compensates an employee's salary, some sort of government entity is still paying for an employee to be on leave. If a first

responder is a government employee whose salary is paid for by taxpayers, then to be fiscally responsible and transparent to their citizens, an organization must be accountable to ensure the well-paid employees are healthy and productive.

One of the arguments in opposition to yearly annual wellness debriefs is the cost of a psychologist, which can be as high as \$225.00 an hour. Undoubtedly if a psychologist was retained by an organization to conduct yearly mental wellness debriefs this cost would likely go up substantially. If for sake of argument a psychologist charges a department \$500.00 per hour per member, then a department of 130 members would spend approximately \$65,000.00 dollars a year on the mental wellness of their members. Although this may sound expensive, I remind that reader that a police officer or firefighter on a long-term leave is still making more than this figure. As well, the reader may remember Lee and Vaughn's (2010) findings that an organization may mitigate or aggravate use of force complaints based on their accountability, training, and supervision. Therefore, I posit that money spent on member wellness and prevention will be money saved on lawsuits and complaints.

Culture and Climate

Garcia-Buades, Ramis-Palmer and Manassero (2015) define a work climate as an individual's psychological perception of their work environment, often built upon an organization's practices and procedures. The climate of an organization influences the employee's performance, satisfaction, and motivation (Garcia-Buades et al., 2015). With respect to this topic, if an organization does not value wellness programs, why should the employee? I liken this to an example of friends who don't make an effort to stay in contact. Despite your texts or calls they seem too busy to want to spend time with you. However, one day you run into them at a local coffee shop and they tell you how much you mean to them, and how great it

would be to get together. As they walk out the door with their coffee, they say the sentence all acquaintances who are longer friends say “we need to get together sometime.”

Miller et al. (2009) explain that within para-military and quasi military organization, the satisfaction of a an employee is not relevant but rather what is relevant is whether the employee completed the task they were assigned. Anders, Papazoglu, Nyman, Koskelainen, and Gustaberg (2015) found that an autocratic relationship that appears to only go one way increases an employee’s operational and organizational stress.

Peer group, Perceived Operational Support, and Subculture

A study regarding the morale of police officers within the Royal Canadian Mounted Police (RCMP) revealed high levels of frustration and dissatisfaction among front line workers in contrast to high levels of satisfaction amongst the RCMP management (Perrot & Kelloway, 2010). The researchers reported that members found their frustration stemmed from their relationship with management and supervisors, and not with the actual work, citizens or peer group. Interestingly, Perrot and Kelloway (2010) note that members were able to manage these feelings of frustration and isolation so long as they continued to feel supported by their pee/r group.

Stelfox (2011) reports that training, organizational demand, and peer groups are the three most important influences for modeling police behaviour within an organization. The researcher continues to explain that new recruits learn by being socialized by their peer group (Stelfox, 2010). The researcher comments that as there is often one road sergeant who cannot be in all places at once, peer groups decides the daily social and operational direction of the shift (Stelfox, 2011). Toch (2008) states this peer group is typically loosely and powerfully influenced by those in the group who are seen as leaders. Through these peer groups a new

recruit will learn the informal organizational rules as they navigate their career through the organizational culture (Toch, 2008). Sub-cultures are created when management criticizes these peer groups or informal organizational rules, but does nothing to promote what they would regard as desired behaviour (Stelfox, 2011).

So what does this have to do with the creation and promotion of mandatory wellness programs? When an organization has adopted an authentic, supportive, and productive relationship with their employees, those entering the organization feel included rather than adopted (Buck, 2004). For a wellness program to succeed, it should go beyond simply mandating that all employees attend the program without leadership from senior managers. Top down leadership would require that those same managers who are making the policy participate in the process as well. Hu, Wang, Yang, and Wu (2014) state that employees working within an organization will develop what is known as Perceived Operational Support (POS). Perceived Operational Support is an employee's belief that the organization views her or him in a favourable or unfavourable manner (Hue et al., 2014). POS is also a form of social exchange between the employee and the employer helping to create and identify expectations of organizational functions (Baranik, Roling, & Eby, 2010). According to Hue et al., (2014) the social exchange is also a reciprocal relationship where the employer concerns themselves with the employee's dedication to the organization, while conversely the employee concerns themselves with the organization caring for their well being. Employees who report a higher level of POS also report a high level of job satisfaction, increased task performance and positive work attitudes, and have less employer turnover (Hue et al., 2014).

So if peer groups and an employee's perceived operational support contribute to the culture of an agency, then the idea of mandatory wellness makes sense for the following reasons:

1. All members of the peer group will be mandated to attend the training. If a wellness program was voluntary and a large percentage of the peer group was not supportive of the initiative, then the program could be met with resistance thereby terminating the initiative before its inception.
2. If all members of an organization—including senior managers—are required to participate in the initiative this would reduce stigma and create solidarity.
3. If members are taught through psycho-education that an employer cares about their mental health enough to retain the services of a psychologist on a yearly basis mitigating personal and professional disaster, this could increase the employees' perceived operational support creating happier, healthier, and more productive employees.

Thoughts on Mandatory Wellness

Before I became a police officer, I had never fired a gun in my life. I didn't know anything about guns beyond what I had seen in movies. Since joining my police department I am now trained on a glock pistol, a C-8 Rifle, and other less lethal weapons. In order to be trained and become proficient on my firearms my department ensures that every year we receive some sort of tactical training and requires that all members from new to experienced re-qualify on a yearly basis. The qualification then requires the members to pass a shooting abilities test at various distances. I believe qualifying for one's firearms draws parallels to mandating wellness for the following reasons:

1. Everyone in the department will be required to participate in the process;
2. The process will require members participate in the process;

3. Just as members are provided with greater support if they struggle with firearms proficiency, so too will members be provided with extra support should there be concerns after the check in; and
4. The qualification and training process are designed to put the member in the best position possible should they have to use their firearm in the course of their duty. This means that qualification and training are not punitive, but rather designed for the benefit of the member and organization.

I would like to explore these concepts in greater depth.

Equality

Earlier in this paper, it was noted that one of the barriers for mandatory wellness programs is the stigma of mental health challenges among employees. I would argue that one of the things that causes stigma is when people perceive inequality. During the course of writing this paper two friends disclosed their battles with mental illnesses. They were very hesitant to admit they were suffering from these afflictions, as they did not wish to feel judged. In my conversation with my school supervisor we referred to this concern for judgement as “hiding behind the veil or shroud of vulnerability.” If like pistol qualifications, all members would be required to attend the mental wellness programs, including managers, then this could level the playing field and reduce stigma of being one of the employees “that has something wrong with them.” Admittedly, I often struggled with firearms qualifications as I overthink the process. I still remember my then trainer (former member of the Emergency Response Team), and now close friend pulling me aside to give me pointers for qualification. He told me not to drink coffee, to practice dry fire, and most importantly to utilize tactical breathing. Regardless of his skill set, he is required to qualify yearly.

Requirement to Participate

Unlike the United States, Canada has much more stringent gun laws. As a police officer, I am part of a very select group of people who have the lawful authority to carry a firearm in public. With this responsibility comes a greater expectation of proficiency of skill. A firearm is not a toy, and if I fire at someone there is a very real possibility that the person will die from their injuries. As a result, any member that carries a firearm is required to attend training. If the member refuses or fails their qualification, then she or he is removed from operational status and placed on administrative duties. What is also important is that all members are required to take the same basic skill test. This provides both consistency and a baseline for managers.

Where this becomes problematic however is that if a person is required to attend and participate in a wellness program, confidentiality must be adhered to strictly. The benefit of early intervention and allowing members to attend a mandatory wellness programs, is that they can speak openly and honestly without concern that their agency is being given access to their records. It is also important that anyone who violates any level of confidentiality should be dealt with severely and swiftly, as members need to be able to trust that the process is confidential.

Extra support

If the purpose of mandatory wellness programs is to build resiliency towards harmful or negative exposure to trauma then those who disclose they are struggling with any aspect of their personal or professional lives should have the option of connecting to support services. If a member struggles with firearms, then an instructor typically assists them or provides them with further access to shooting range days. The person who is not simply left to their own devices but rather is provided with the resources to succeed.

Preventative rather than punitive

Although being taken off operational status for not passing the firearms qualification can sound punitive, one needs to look deeper to understand the purpose of removing someone from active duty. First and foremost a police officer carries a firearm for his or her protection and the protection of their citizens. The firearm is also a tool to gain compliance at high risk arrests, when it is not known if a suspect is armed. As police officers may have to use a firearm some day, they are taught the basics of firearm safety in their recruit training and then have a yearly refresher until they retire. The rigorous training includes one handed shooting from both right and left hand, shooting from prone positions, shooting while laying on your back, reverse draw using your support hand, low light shooting, and a variety of other types of shooting. The justification for teaching a recruit and an employee several ways to fire their firearm is to provide them with training should they be forced to use their gun in a less than optimal way. The training, built on previous incidents of police shootings, then becomes a necessity when training new recruits about firearms. Although trained employees are a benefit to an organization, the actual training is a greater benefit to the member who may be thrust into an unfortunate situation. So then the question becomes: if this is a benefit to the members why would there be some sort of consequences for not participating? The answer is that forcing members to participate in a wellness programs means the employees must take the program seriously. The mandatory nature of the program would help the employee to understand that the prospect of a stress related injury is just as, if not more, common than being hurt by a knife wielding person. Furthermore an employee must realize that the department is just as serious about the liability from a potentially traumatized employee as they are about the liability of a police shooting.

Think for a minute about the amount of time and energy it takes to ensure all members of an organization are trained and qualified for carrying firearms. The department must book the range, provide the range warden and members of the training squad, provide the ammunition, re-arrange or cover shifts while members are qualifying, and more. There is a lot of training and money that goes into ensuring that members are qualified on a yearly basis. The department's response to a potential dead citizen or a dead police officer is proportional. Now consider the current response to wellness. An employee that is potentially traumatized is given a gun and allowed to go out on the road and interact with people, potentially being placed in a similar lethal force encounter. Rather than adopt the belief that a healthy work force interacts with their community in a more positive and healthy way, managers have maintained the status quo. As my friend told me, "when it comes to firearms, we are required to attend training and qualify every year, can you imagine if qualifying was voluntary and it was on us to attend the range for shooting?" My response to him was: "yes, because that's our current approach to mental wellness."

Conclusion

In conclusion, there does not appear to be a quick fix or a magic bullet for a member's operational stress, organizational stress, and potential exposure to primary or vicarious trauma. Even robust wellness programs do not guarantee that a member will not be traumatized, that an employee may not suffer adverse affects from exposure to suffering, or that she or he might ultimately take his or her own lives. However, doing something in many cases is better than doing nothing, especially if doing nothing may result in a person losing everything, including life.

If we are living in the dark ages with respect to our understanding of employee wellness then a number of innovations are needed to modernize our policies. Although wellness programs can mitigate potential professional and personal disasters in the life of an employee, the choice to attend the programs are voluntary, with the exception of serious incidents such as officer involved shootings. The evidence of stress related injuries and its potential debilitating effect on first responders is compelling, both academically and anecdotally. Simply put, first responders are exposed to trauma doing their work. Untreated exposure not only affects the employee's professional lives but can also bleed into their personal lives with devastating consequences. In order to progress and maintain employees' health, employers need to move past the linear belief that a work hazard only affects the physical self. Employers need to recognize that first responders are at a risk of stress and trauma hazard. In addition, employers need to treat these hazards with the same concern as other potential hazards such as wearing body armour for police officers, wearing self-contained breathing apparatus for firefighters, and wearing gloves or a mask for paramedics. These hazards necessitated a response from their agencies, and the agencies responded with mandatory policies that were proportional to the problem.

In order to truly create a healthy culture, first responder agencies need to take the voluntariness out of the programs and mandate their members to receive wellness. This would not only show the members that their organizations take mental health and wellness seriously, but also tears down the "veil of vulnerability." Mandating wellness also helps move mental wellness into the spotlight and out from the water cooler stations. Mandating wellness will also help level the playing field effectively combatting the stigma of mental health for those members suffering in silence. Most importantly, mandatory wellness will follow the premise that a

healthy agency employs healthy employees, which in turn has a direct impact on the quality of service delivered to the community.

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