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## Support and Sustain: Psychological Intervention for Law Enforcement Personnel

By Herbert M. Gupton, Evan Axelrod, Luz Cornell, Stephen F. Curran, Carol J. Hood, Jennifer Kelly, and Jon Moss

Law enforcement executives develop and implement policies and procedures that are directed at enforcing the law, protecting the public, and promoting safety within their communities. They also have a responsibility to implement programs designed to address the emotional well-being of the men and women who work for them. An agency's employees are its most expensive, most valuable, and most vulnerable assets. Even police officers who are typically strong of character, stress tolerant, and flexible are still fallible and susceptible to injury.

By working with psychologists who are familiar with law enforcement, law enforcement executives are better able to develop and implement programs that prevent or mitigate potential problematic behaviors. Intervention programs can be direct (e.g., counseling and response to critical incidents); indirect (e.g., training and wellness programs); or targeted to specific populations (e.g., military readjustment and police families).

The authors recognize the resistance to seek psychological intervention—or, for that matter, any other assistance—because it conveys a stigma that the officer is somehow weak and cannot handle stress. It is also sometimes true that executives use “seeing the psych” as a “hammer,” or a mandated action, which it should not be. The authors invite executives to rethink this issue and support employee participation in voluntary programs.

This article familiarizes police executives with examples of psychological intervention services available from police psychologists. These services include confidential counseling, counseling family members, dealing with traumatic incidents, reintegrating police officers following discharge from active military service, and training. A more comprehensive listing of police psychology services and a description of those services can be found at the IACP Police Psychological Services Section website at <http://psych.theiacp.org>, under the heading Domains.<sup>1</sup>

### Confidential Counseling

Research supports the fact that psychological treatment works,<sup>2</sup> and its success is augmented when it is tailored to the client and to the client's culture and preferences. Counseling services offer support to law enforcement employees who are experiencing professional, personal, emotional, or behavioral problems that may affect their job performance or productivity. Such services can be accessed through multiple pathways such as self-initiated and department referrals to in-house psychologists, contract police psychologists, employee assistance programs, or community psychologists who are specifically trained to work with law enforcement personnel.

Ensuring that the counseling is confidential and that the provider has substantive experience working with public safety personnel are two particularly important elements for the success of counseling with law enforcement personnel. Savvy police administrators develop relationships with departmental and community psychologists who have a proven level of knowledge and expertise as

it pertains to the unique experiences of law enforcement personnel and in whom they have confidence.

Regardless of the type of service provided or the nature of the referral, employees seeking services should expect privileged communication and confidentiality.<sup>3</sup> Any notion that their reported difficulties could be repeated back to the employer would significantly undermine the therapeutic process. There are limits to confidentiality, however. Traditional statutory limits (e.g., when there is an admission of a plan to harm oneself or others, a report of child or elder abuse, or as otherwise provided by law) should be the only exceptions to confidentiality. Even under those circumstances, it is preferable that the provider engage the employee in seeking appropriate remedies, whenever possible.

By the very nature of the job, law enforcement personnel are routinely exposed to ordinary as well as extraordinary stressors. In the past, all too often the solution was to use unhealthy coping mechanisms such as alcohol to deal with troubles or stress, sometimes causing officers to not only find solace but also find camaraderie. This included drinking at home or at a bar. Historically, peer pressure to join the group has been powerful and difficult to avoid, causing many officers to feel intimidated or socially ostracized if they resist. Consequently, police culture, social values, customs, and occupational stress often foster alcohol use, which contributes to the potential development of



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problems associated with alcohol use, abuse, or dependence.

Generalized stress comes in many forms and is often associated with the physical demands of the job, including long hours and variable shifts that result in sleep deprivation, the perceived lack of support often associated with the job, and organizational stressors.<sup>4</sup> In addition, traumatic experiences, such as exposure to violent deaths, near death incidents, and injuries involving the employee, are equally traumatizing. Psychological difficulties also arise through the indirect experience of others' trauma,<sup>5</sup> thus compounding the already heavy burden experienced by law enforcement personnel. Long-term cumulative exposure to these general stressors, as well as to the employee's personally experienced traumas, can result in emotional and behavioral difficulties.

Stress encountered by law enforcement personnel is not restricted to sworn agency members. Civilian employees in police agencies are tasked with stressful and traumatic duties including answering and dispatching emergency calls for service; photographing and collecting evidence from crime scenes; transcribing suspect and victim interviews; and the reading, the classifying, and the redacting of police case report information. Additionally, because of the growing numbers of layoffs or long delays in filling vacated positions, sworn and civilian support staff personnel are being tasked with an increasing number of responsibilities.

The psychological and behavioral difficulties of law enforcement personnel may be transitory and quickly improved through a supportive contact with a police psychologist, or they may be more chronic in nature. For those seeking services, some of the most commonly identified reasons for doing so include marital or relationship problems; parent-child difficulties; difficulties managing schedule changes; family responsibilities; substance abuse; anxiety; on-the-job trauma; and organizational stressors, including a perceived lack of administration support.

Police psychologists identify these reactions in law enforcement personnel and use a variety of counseling techniques designed to assist in the recognition and understanding of the reactions. The police psychologist then assists in relieving the negative psychological or behavioral issues the officer may be experiencing. A variety of task-oriented and problem-focused tools are frequently implemented to reduce symptoms, including stress and anger management training, focus on self-care and wellness, and substance abuse treatment. Implied and concrete evidence of departmental support leads to improved responses by law enforcement personnel experiencing psychological difficulties and a reduction in reported stress.<sup>6</sup> When psychological and behavioral difficulties persist over the long term, ongoing counseling will be required with the ultimate goal of reducing symptoms and minimizing the negative impact on job performance.

## Family Impact

Since the 1970s, researchers and psychologists have examined the causes and the consequences of stress in law enforcement. Their work provides a framework for understanding the multidimensional nature of occupational, organizational, personal relationship, and familial sources of stress impacting officers' and civilian employees' functioning and performance. Their efforts have resulted in increasingly more sophisticated and ambitious programs that address the widespread need for interventions for sworn and civilian personnel. Similarly, the negative or sometimes debilitating effects of stress on the health and well-being of officers and civilians may also have a detrimental effect on their families. This often sets up a cycle of stress and conflict resulting in officers and civilian employees, their loved ones, and the police organization all paying a toll of increased emotional or physical difficulties, impaired coping, marital or family discord, decreased personal and work satisfaction, and diminished work performance.

Although it is common for police officers to want to shelter their families by not sharing the details of their daily experiences, they nonetheless take their work home with them in some form. Officers may need to put considerable energy into maintaining their composure at work, especially when dealing with the public—suspects included—but they may have difficulty maintaining the same composure when at home. Even under the most favorable of circumstances, having a law enforcement officer in the family changes that family's dynamics. For example, consider that police officers tend to favor structure and rules and have high expectations. Through their exposure to the dangers of police work and the elements of society that pose potential threats not commonly experienced by the average person, police officers tend to be more conservative and cautious, bringing a level of suspiciousness into a family.<sup>7</sup> Additionally, shift work is stressful for families. Officers are commonly not present in the home because of their work schedules and time required in court. Consequently, officers often forfeit the opportunity for time with their families, and this is especially noticed when work takes precedence on special occasions and during holidays.

Increasingly, agencies are implementing programs recommended by police psychologists aimed at providing clinical services, peer support services, and training seminars or academies for the family members of police officers and of civilian employees. Attending to the psychological health of an employee's home and family life has progressively been recognized as beneficial to the agency as well as to the employee. Such programs are powerful and valuable ways of serving employees by improving their home environments and, therefore, benefiting the law enforcement agency and the communities they serve.



The IACP recommends programs tailored to meet the needs of officers' family members. According to the IACP, although the financial costs of implementing these programs may be regarded as prohibitive, the "return benefits to the officer, the family, the department, and the community can be immense in stimulating positive public relations, reducing stress, promoting marital harmony, and improving job performance."<sup>8</sup> While officers and civilian employees are often the primary benefactors of psychological services or counseling within their organizations, police psychologists also may provide services to spouses or significant others of employees or other family members, without the participation of the employee themselves. Police psychologists provide information to spouses and other family members about the unique working conditions of law enforcement, the types of stresses experienced by police officers, effective ways to support and interact with the family member who is a law enforcement officer, and other information intended to facilitate positive and satisfying interactions within the couple or the family. For example, the IACP Officer-Involved Shooting Guidelines,<sup>9</sup> developed by the Police Psychological Services Section (IACP-PPSS), while primarily created to provide public safety agencies and police psychologists with recommendations to support officers involved in shootings and other critical incidents, makes it a point to include recommendations for family members.

Services for family members can take many forms, including individual or family counseling, the formation of family support groups that provide assistance to families experiencing stress, and spouse academies designed to increase the spouse's knowledge of an officer's work responsibilities and organizational environment. Officers appreciate the availability of counseling and supportive services when their family members are interested or in need of using these services. Officers readily recognize that services benefiting their family members and resulting in positive outcomes in turn decrease their own levels of stress. By providing services to employees *and* their families, departments enhance support to personnel, promote professionalism, and enhance the quality of service to citizens.

### Traumatic Incidents

Shell shock, war neurosis, battle fatigue, combat stress, and posttraumatic stress disorder are just some of the monikers that psychological trauma has garnered over the years. The first evidence of psychological trauma as it is understood today can be found in Homer's epic poems *The Iliad* and *The Odyssey*,<sup>10</sup> where Homer describes soldiers who, after having survived combat, experience damaged character, longstanding changes, and difficulty returning to their normal lives.

The impact of trauma on individuals, particularly those charged with protecting the public, continued to be observed historically through the experience of soldiers during the First and Second World Wars. Exposure to traumatic events and stimuli caused some soldiers to develop intense feelings of fear, anger, grief, horror, emotional numbness, and disbelief. Today, police officers and other public safety personnel are at risk for similar reactions. Being a police officer can be an incredibly stressful job. Beyond the daily stressors, police officers can be both directly and indirectly exposed to danger, violence, disasters, and death.

Exposure to a critical incident or other traumatic stress can cause periods of psychological instability. In fact, after potentially traumatic events, it is expected that many people will experience at least some level of distress. A smaller portion of people exposed to traumatic and critical incident stress will develop more persistent problems that may require specific psychological treatment. For the majority of people who are experiencing normal, expected levels of distress after a traumatic incident, providing them with immediate adjustment strategies and assistance with coping is helpful.

Psychological intervention following traumatic incidents first became popular for use in military combat where there was a need to help soldiers in distress effectively cope with the impact of trauma so they could quickly return to duty. Trauma interventions were and continue to be facilitated by military commanders and mental health professionals after a battle, wherein soldiers share personal stories about their experiences with like-minded listeners in an effort to improve morale and better prepare them for future combat. These early interventions were aimed at maintaining group cohesion, promoting rest and education, reducing stigma, and triaging individuals for more intensive intervention. The official U.S. Army doctrine developed during the Vietnam conflict required treatment to be rendered in proximity to the combat operation immediately following the traumatic experience, with the expectation that the soldier would be returned to full duty as soon as possible, thus avoiding a prolonged patient identity. The treatment strategy is similar to the initial response to law enforcement critical incidents in practice today.

Beginning in the early 1980s, trauma intervention was more frequently applied to public safety settings. Modern trauma intervention at its core is a form of crisis intervention. Based on IACP PPSS guidelines, trauma intervention is usually conducted within the first week of a precipitating event.<sup>11</sup> It is semistructured, often involving only a single initial session lasting from one to several hours. Trauma intervention can be applied to both individuals and groups. It is designed to provide psychological education to personnel about normal, usually temporary or short-term reactions to

critical incidents. During the intervention, personnel are educated about general reactions to stress and are given tips about adaptive coping strategies. Effective trauma intervention serves to normalize an individual's reactions and experiences as well as to promote emotional processing. It

normalizes an individual's reactions and experiences, as well as to promote emotional processing. It provides an opportunity to address other helpful interventions while also providing information about further potential resources, if needed.

Although there is some variation in the exact delivery method and style of posttrauma interventions, law enforcement agencies should strive to ensure that the services the agency selects include the following components based on IACP guidelines. The intervention should

- address the need for acute symptom reduction while not interfering with the natural recovery processes;
- preclude the development of maladaptive responses or maladaptive problem solving;
- facilitate social support and effective communication;
- restore individuals to a precrisis, independent level of functioning;
- provide closure, if possible; and
- refer for more advanced care and intervention as necessary.

IACP guidelines suggest that posttrauma interventions be conducted by a licensed mental health professional. The involvement of peer support teams also is encouraged and may serve as beneficial components to the intervention, although not in isolation.<sup>12</sup>

Assuming that intervention strategies continue to follow the lead of the military, the importance of contacting personnel following a traumatic experience and a posttrauma intervention during the subsequent months cannot be overemphasized. Such follow-up contact not only demonstrates continued concern for the employee but can be decisive in assisting an employee in avoiding the development of serious posttrauma symptoms such as depression, anxiety, and posttraumatic stress disorder.

Also, following the military's lead, programs may be developed to build resilience in advance of a traumatic experience. Programs designed to promote healthy lifestyles, problem-solving skills, psychological well-being, and stress and anger inoculation promote resiliency, better equip employees to effectively confront stressful situations, and decrease the likelihood of a lasting adverse reactions to trauma (see companion article "Police Psychologist as Consultant," pages 54–62 in this issue of *Police Chief* magazine).

## Police Officer–Citizen Soldiers and Military Deployments

Since 9/11, nearly 800,000 deployment orders have been issued for the National Guard and the U.S. military reserves to support various military operations, including combat in Iraq and Afghanistan.<sup>13</sup> Law enforcement professionals represent 10 percent of those activated, thus posing unique challenges and opportunities for public safety agencies.<sup>14</sup> For example, on December 21, 2010, there were 92,860 active guard and reserve members, of which thousands were employed as police officers and related public safety personnel, such as correctional officers, emergency medical services workers, and emergency communications.

Chiefs often ask the following questions:

- How can I support my officers while they are deployed?
- There have been so many department policy and procedure changes while my officer was deployed; how can I efficiently manage the information upon the officer's return to duty?
- My officer is on orders for deployment, so how can patrol duties be assigned if subsequent court dates may be affected?
- Are my officers going to be OK? Will they interact with the public appropriately since they saw serious action and dealt with hostile combatants and citizens while deployed?

Recognizing the need to address the emotional and behavioral effects of combat deployment on the returning citizen soldier–police officer, the IACP, with the substantial assistance of the IACP-PPSS, published guides to assist law enforcement leaders<sup>15</sup> and the returning citizen soldier–police officer.<sup>16</sup> Lessons learned about the needs of the employee, the employee's family, and the agency during the officer's deployment have led to several approaches incorporating best practices. Many of these programs are facilitated by psychologists. Among the agencies that demonstrate the most effective programs is the Honolulu, Hawaii, Police Department (HPD).

The HPD provides an array of psychological services to department personnel, including assessment, consultation, operational support, and clinical intervention. Clinical intervention services incorporate caring for police officers and civilian employees who also serve in the National Guard or U.S. military reserves by using a variety of strategies to address the unique needs of military warriors–civilian officers and their family members during all phases of the deployment cycle. Such services include

- predeployment identification and management of the individual needs of employees and their family members (e.g., informal surveys and psychological education regarding preparing for deployment);
- review of departmental policies and procedures to ensure that they comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA)<sup>17</sup> and the

Americans with Disabilities Act (ADA),<sup>18</sup> with amendments;

- support for deployed employees and their immediate family members during the deployment (e.g., sending emails and care packages to employees deployed to combat zones; maintaining contact with the deployed employee's family members to include them in police department celebrations and events and to assist them in meeting any identified psychological or support needs); and
- provision of a postdeployment reintegration program (e.g., each returning employee is given the voluntary opportunity to meet one-on-one with the chief of police in a "Welcome Home Meet-and-Greet with the Chief" individualized recognition ceremony).<sup>19</sup>

HPD psychologists receive feedback from HPD command and the formerly deployed employees in an effort to refine the psychological and educational services for the department's employees who serve in the military.

## Training

Police psychologists develop and conduct a range of intervention-related training for individuals and groups and online education and training programs designed to prevent or mitigate problematic behaviors in employees. Although there are common psychologically based training modules that may be generalized to address the needs of most law enforcement agencies, training is most effective when tailored to the unique culture, the working conditions, and the critical issues of the specific agency and the community it serves. Educational programs are continually updated to reflect current psychological research and police psychology professional standards of practice,<sup>20</sup> accepted law enforcement standards of practice,<sup>21</sup> agency policies, and legal parameters and judicial decisions.<sup>22</sup> Typical spotlights for training law enforcement personnel include identifying, understanding, and managing or mitigating psychological risk factors associated with

- discipline trends that adversely affect the integrity and effectiveness of the agency,<sup>23</sup> such as social media (e.g., Facebook), police credibility issues, and the violence-prone police officer, including abuse of force and domestic violence,<sup>24</sup> anabolic steroid abuse, alcohol or substance abuse, driving under the influence, police prejudice and discrimination, deviant or corrupt police behavior, and police sexual misconduct;
- traumatic and workplace stress (e.g., sexual assault, child pornography, and child abuse investigations; working deep undercover; homicide or suicide investigations); and
- specialized policing responses (e.g., recognition of and dealing with persons with a mental illness,<sup>25</sup> psychological dynamics of interacting with persons in crisis, suicide assessment and prevention, dealing with juveniles and the elderly in crisis, and responding to domestic violence).

Other psychological training issues focus on the individual and the collective health and the holistic wellness of the agency and its personnel. Psychologists may provide workshops and continuing education designed to improve work productivity, transitional or organizational adjustment, and the general mental health and well-being of law enforcement personnel. Such training may include

- holistic wellness (i.e., mental, emotional, spiritual, and physical) and stress management (e.g., training police officers and civilian personnel regarding specific health-enhancing behaviors, coping strategies, and techniques aimed at preventing or reducing the negative impact of stress; and developing and delivering public safety psychological education and training materials to optimize personnel health and wellness);<sup>26</sup>
- public safety personnel resiliency training (e.g., strength-based resiliency training for civilian personnel and police recruits, mental attitude preparation for special weapons and tactics and crisis response teams that work in high-stress environments); and
- early recognition for police supervisory personnel (e.g., teaching supervisory roles and responsibilities in the early identification of police officers or civilian personnel whose behavior signals potential problems that may prove detrimental to the employee or to the agency).

Psychologists also develop and implement online, agency intranet-based training modules that parallel and support law enforcement annual refresher training. The modules provide psychological education materials, articles, PowerPoint presentations, and website links relevant to police and public safety psychological services.

Police psychologists also develop and implement psychology training programs, strategically planning for the future of the profession. They supervise predoctoral and postdoctoral trainees in the specialty of police psychology as a cost-effective means to provide professional services and better train psychologists who can serve a community's police and public safety departments.

## CALEA

An agency need not be vested in formal compliance with the Commission on the Accreditation of Law Enforcement Agencies (CALEA) for law enforcement executives to learn more. Law

enforcement executives who are interested in the development and implementation of policies and procedures designed to assist in the maintenance or revitalization of the holistic health (i.e., physical, social, psychological, mental, and spiritual) of their law enforcement personnel and their family members may want to consider CALEA standards.<sup>27</sup> Three CALEA standards particularly relevant to intervention programs are Standard 22.2.3, Personnel Support Services Program; Standard 22.2.6, Employee Assistance Program; and Standard 22.3.3 Fitness and Wellness Program.

## Summary

Psychological interventions, including programs to build resilience among law enforcement personnel and their family members, are readily available tools for executives to support and

sustain their work force. Police psychologists offer numerous services to benefit employees and the agencies they serve. They strive to prepare law enforcement employees to be better prepared to deal with the stressors of their jobs, to make healthy adjustments when confronted with difficult situations, and to affect the culture of policing by likening therapy to going to a family physician or dentist. Psychological services to law enforcement personnel are unique when compared to traditional clinical practice. For example, police psychologists must be informed about multiple laws, statutes, and cases that guide their activities in providing intervention services. Police psychologists must also have a working knowledge of law enforcement organizational dynamics and be aware of and sensitive to police culture.

As the world economies struggle and municipal, state, and federal budgets suffer, executives are forced to conserve resources with the ever-present expectation to do more with less. Morale may be dropping, employee schedules and workloads may be impacted, and jobs may be threatened or lost. As declining financial resources impact individuals, morale is not the only area affected; tension might develop in officers' home lives, efforts to work more overtime might increase, and employees in general might feel under increased pressure. More consideration, not less, should be focused on supporting and sustaining employees to maintain a healthy workforce. Police psychologists can be a part of the solution. ■

## Notes:

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- <sup>4</sup>Rebecca M. Pasillas, Victoria M. Follete, and Suzanne E. Perumean-Chaney, "Occupational Stress and Psychological Functioning in Law Enforcement Officers," *Journal of Police and Criminal Psychology* 21, no. 1 (March 2006): 41–53.
- <sup>5</sup>Charles R. Figley, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, in Psychological Stress Series, ed. Brunner Mazel (New York: Brunner Mazel, 1995), 23.
- <sup>6</sup>Philip E. Carlan and Lisa S. Nored, "An Examination of Officer Stress: Should Police Departments Implement Mandatory Counseling?" *Journal of Police and Criminal Psychology* 23, no. 1 (June 2008): 8–15.
- <sup>7</sup>Kevin M. Gilmartin, "Hypervigilance: A Learned Perception Set and Its Consequences on Police Stress," in J.T. Reese and H.A. Goldstein, ed., *Psychological Services for Law Enforcement*, Library of Congress no. 85-600538, (Washington, D.C.: U.S. Government Printing Office, 1986), 445–448.
- <sup>8</sup>Peter Finn and Julie Esselman Tomz, "Developing a Law Enforcement Stress Program for Officers and Their Families," *National Institute of Justice Issues and Practices* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, 1997), 138.
- <sup>9</sup>IACP Police Psychological Services Section, "Officer-Involved Shooting Guidelines," ratified at the 116th Annual Conference of the International Association of Chiefs of Police (Denver, Colorado, 2009), [http://theiacp.org/psych\\_services\\_section/pdfs/Psych-OfficerInvolvedShooting.pdf](http://theiacp.org/psych_services_section/pdfs/Psych-OfficerInvolvedShooting.pdf) (accessed June 15, 2011).
- <sup>10</sup>Homer, *The Iliad and The Odyssey*, ed. James H. Ford, trans. Samuel Butler (El Paso, Texas: El Paso Norte Press, 2006).
- <sup>11</sup>IACP Psychological Services Section, "Peer Support Guidelines," ratified at the 113th Annual Conference of the International Association of Chiefs of Police (Boston, Massachusetts, 2006), [http://theiacp.org/psych\\_services\\_section/pdfs/Psych-PeerSupportGuidelines.pdf](http://theiacp.org/psych_services_section/pdfs/Psych-PeerSupportGuidelines.pdf) (accessed June 15, 2011).
- <sup>12</sup>IACP Psychological Services Section, "Peer Support Guidelines."
- <sup>13</sup>Reserve Components: Noble Eagle/Enduring Freedom/New Dawn," Contingency Tracking System (CTS) Daily Processing Files, Defense Manpower Data Center, last modified December 21, 2010, <http://www.defense.gov/news/d20101221ngr.pdf> (accessed June 15, 2011).
- <sup>14</sup>Stephen F. Curran and Ritchie C. Elspeth, "Warrior Transition by Army Reserve and National Guard Personnel from Combat Operations in Iraq to Policing in the United States" (presentation, IACP 2006, Boston, Mass., October 2006).
- <sup>15</sup>IACP and the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, *Law Enforcement Leader's Guide on Combat Veterans: A Transition Guide for Veterans Beginning or Continuing Careers in Law Enforcement* (July 2010), <http://www.theiacp.org/PublicationsGuides/ContentbyTopic/tabid/216/Default.aspx?id=1298&v=1> (accessed June 15, 2011).
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- <sup>18</sup>Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, Pub. L. No. 110-325, <http://www.ada.gov/pubs/adastatute08.htm> (accessed June 9, 2011).

- <sup>19</sup>Major Cities Chiefs Association and the Federal Bureau of Investigation National Executive Institute, *Promoting Health and Wellness: Returning to Full Duty* (March 2008) <http://www.neiassociates.org/health/fulliduty> .pdf (accessed June 15, 2011).
- <sup>20</sup>Aumiller et al., "Defining the Field of Police Psychology," 48.
- <sup>21</sup>CALEA, *Standards for Law Enforcement Agencies: A Management Improvement Model through Accreditation*, 5th ed. (Fairfax, Va.: CALEA, 2006, as amended, Change Notice No. 5.9, enacted November 20, 2010).
- <sup>22</sup>*Walker v. City of New York*, 974 F.2d 293, 299–300 (2d Cir. 1992). Recognizing that a wrong course of action in limited situations is not enough for liability to attach to a city, which clarifies U.S. Supreme Court decision *City of Canton v. Harris*, 489 U.S. 378, 390 (1989).
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- <sup>25</sup>IACP and the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, *Building Safer Communities: Improving Police Response to Persons with Mental Illness* (June 2010), <http://www.theiacp.org/PublicationsGuides/NationalPolicySummits/BuildingSaferCommunities/tabid/664/Default.aspx> (accessed June 15, 2011).
- <sup>26</sup>Peter White, ed., *Biopsychosocial Medicine: An Integrated Approach to Understanding Illness* (Oxford, U.K.: Oxford University Press, 2005).
- <sup>27</sup>CALEA, *Standards for Law Enforcement Agencies*.

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