

Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers

SAGE Open
July-September 2018: 1–11
© The Author(s) 2018
DOI: 10.1177/2158244018794794
journals.sagepub.com/home/sgo


Konstantinos Papazoglou^{1,2} and Brooke McQuerrey Tuttle³

Abstract

Stress and trauma experienced by police officers in the line of duty can have negative impacts on officers' health and well-being. Psychological support is imperative to help officers maintain psychological well-being and to perform their duties efficiently. However, officers are often skeptical to seek psychological support. The reasons behind such skepticism vary. Specifically, officers may believe that clinicians do not understand police work. In addition, inquiries by clinicians into personal and early life experiences may be interpreted as attempts to patronize officers; as a result, police officers' identities as those who serve and protect may be disparaged in the context of therapy. This article recommends a number of evidence and practice-based actions that clinicians may employ to approach police culture and develop effective clinical support for officers who suffer from the debilitating effects of police-related stress and trauma. Recommendations for empirical research and clinical practice are discussed.

Keywords

police trauma, police stress, psychological support, clinical intervention, police health promotion, police psychological well-being, police job performance.

... tough guys [cops] fear being 'shrunk,' having a notion of the psychotherapy experience as akin to brain-washing, a humiliating, infantilizing experience in which they lie on a couch and sob about their toilet training. . . the idea of needing "mental help" implies weakness, cowardice, and lack of ability to do the job.

—Laurence Miller (1995, p. 596, police psychologist)

Challenges of Police Work: A Multi-Faceted Perspective

Police work is challenging in multiple ways. Police officers are often mandated to respond to and resolve violent situations (e.g., violent criminals, terrorist attacks, domestic violence). Thereby, they may often be forced to use lethal force to resolve such dangerous incidents effectively (Karlsson & Christianson, 2006). However, the coin has two sides. Officers are called upon to save and protect victims of crimes (e.g., battered women, abused children) and be what Chopko (2011) refers to as compassionate warriors. It can be inferred that police officers, as frontline professionals, adopt a dual role: that of the "crime fighter" and that of the "social service worker" (Manzella & Papazoglou, 2014).

The Idiosyncrasies of Police Stress and Trauma

What is intriguing is that police officers are exposed to potentially traumatic incidents and extreme stress over the course of their career; that is, 30 to 35 years on average. Furthermore, Rudofossi (2009), a uniformed police psychologist with the New York City Police Department, estimated that police officers might be exposed to at least 900 potentially traumatic incidents over the course of their career. While research has shown that officers show more resilience compared to the general population (Galatzer-Levy et al., 2013; Marmar et al., 2006), the prolonged, chronic, and ongoing exposure to potentially traumatic incidents, loss, and extreme stress may come with the cost of police officers'

¹Ontario Ministry of Community Safety and Correctional Services - Justice Section, Brampton, ON, Canada

²University of Toronto, Mississauga Campus, Department of Psychology, Mississauga, ON, Canada

³Oklahoma State University, Center for Family Resilience, Tulsa, OK, USA

Corresponding Author:

Konstantinos Papazoglou, Ontario Ministry of Community Safety and Correctional Services - Justice Section, 109 McLaughlin Rd. S., Brampton, ON L6Y 2C8, Canada.

Email: konstantinos.papazoglou@ontario.ca; kons.papazoglou@mail.utoronto.ca



health and well-being (Papazoglou, 2013; Steinkopf, Hakala, & Hasselt, 2015; Stepka & Basinska, 2014; White, Shrader, & Chamberlain, 2015).

Previous research has clearly demonstrated the link between line of duty stress and deleterious effects on health outcomes through officer self-report and physiological stress response system measures that assess stress-related cardiovascular and hormonal reactivity during exposure to critical incident scenario training (Andersen, Dorai, Papazoglou, & Arnetz, 2016; Andersen, Papazoglou, & Collins, 2015; Andersen, Papazoglou, Koskelainen, & Nyman, 2015). Research has indicated that by the time police officers put on their uniform and begin general patrol, their stress-related cardiovascular reactivity is already elevated (Anderson, Litzenberger, & Plecas, 2002). Nonetheless, police stress is not operational per se. Indeed, police officers also experience organizational stress as a result of authoritarian supervisors, rapid shift rotations without days off, heavy workloads, and so forth (McCreary & Thompson, 2006; Stepka & Basinska, 2014; Zhao, He, & Lovrich, 2002). John Violanti, a research professor at State University of New York—Buffalo, has devoted his research to examining the impact of work-related stress and trauma on police officers' health and well-being. Violanti and colleagues have found empirical evidence that police officers have a higher risk of experiencing cardiovascular disease compared to the general population (Hartley, Burchfiel, Fekedulegn, Andrew, & Violanti, 2011; Joseph et al., 2009). Additional findings have indicated that officers are also at risk for elevated triglycerides, hypertension, and glucose intolerance (Violanti et al., 2009; Wirth et al., 2014).

Staying Healthy Is Not Enough: Other Challenges in Policing

Police officers are expected to perform well and make the right decisions under extreme stress. Police organizations, the government, and the public in general, expect police officers not only to be healthy, but also to maintain high performance levels in the line of duty. Expectations for high police performance is evidenced by the fact that the U.S. federal government invested more than US\$170 billion in law enforcement and fire protection over the fiscal year 2014 to 2015 (Andersen, Papazoglou, Nyman, Koskelainen, & Gustafsberg, 2015). As noted above, during their shift work, police officers are expected not only to use force to arrest a criminal, but also to suppress certain emotions (e.g., police are not expected to cry) when responding to calls for service. However, police officers are human beings and they have their own personal and family lives to consider. At the end of their shift, they return back home and undertake the role of the parent, spouse, sibling, friend, and so on. In turn, their intimate others (e.g., family members, friends) expect them to behave as such and not as police officers. Therefore, it is paramount that police officers have the dexterity to transition

roles—hence, identities—from police life to personal life and vice versa (Wester & Lyubelsky, 2005). When individuals manage multiple roles they may experience role strain, or the difficulty in meeting given role demands due to allocation of energy, skills, and resources into multiple roles (Goode, 1960).

Seeking Psychological Help in Policing: The Elephant in the Dining Room

Tough job personnel, cops especially, have a reputation for shunning mental health services, perceiving its practitioners as softies and bleeding hearts who help rotten criminals go free with wussy excuses or overcomplicated psychobabble. (Laurence Miller, 1995, p. 596, police psychologist)

In their systematic review of the literature on military officers' potential barriers to seeking mental health support, Sharp and colleagues (2015) concluded that 60% of military officers who experienced mental health problems did not seek help. The stigma for seeking help for a mental health issue has a prominent impact on precluding officers from psychological help-seeking. Analogously, police officers are often skeptical to seek psychological help; that is, such a process is considered as stigmatizing in policing (Hansson & Markstrom, 2014; Royle, Keenan, & Farrell, 2009).

Moreover, police officers may harbor fears both of being newly diagnosed as well as of having their previous psychological histories revealed in a such a way that it could adversely affect their police career (e.g., performance ratings, getting promoted; Barren, 2005; White et al., 2015). As a result, some police officers prefer to employ maladaptive coping skills (e.g., alcohol, avoidance) as a desperate attempt to dissipate symptoms related to extreme stress and trauma (Lindinger-Sternart, 2015; Lindsay & Shelley, 2009; Ménard & Arter, 2013; Patterson, 2003; Stepka & Basinska, 2014). Alternatively, officers may employ certain defense mechanisms such as repression, displacement, isolation of feelings, and humor (callous or crass type of humor) to shun the debilitating impact of trauma and stress (Berking, Meier, & Wupperman, 2010; Miller, 1995). Consequently, officers are trapped in a vicious circle that entails the following components: occupational trauma and stress; maladaptive coping with respect to traumatic thoughts, emotions, and memories; and deterioration of mental and physical health (Pasillas, Follette, & Perumean-Chaney, 2006). In addition to stress and coping related to occupational and organizational stressors of policing, officers experience interpersonal and family stress which may compound their line of duty stress. Furthermore, officers may consider health-related symptoms of extreme stress, trauma, or distress as somatic (e.g., express somatic complaints) or as purely physical. A nationwide study of police officers in Norway ($n = 3,272$) indicated that only 10% of study participants who reported anxiety or depressive symptoms sought psychological support (Berg,

Hem, Lau, & Ekeberg, 2006). Officers who reported elevated mental health distress to include suicidal ideation, anxiety, and depressive symptoms preferred to seek help from a chiropractor or physiotherapist rather than a clinician or mental health provider (Berg et al., 2006).

Traditional (Masculine) Police Culture as an Antagonist to Seeking Psychological Help: Police Officers' Health and Well-being Are in Jeopardy

To better comprehend police skepticism regarding seeking out psychological help in the face of extreme stress and trauma we contend that one should consider police culture as a prism that allows such a phenomenon to be viewed more transparently. Police culture is permeated by a unique subculture, with its own tenets, values, beliefs, and jargon. Furthermore, acculturation to police culture is initiated at the time when new members join the police force (Andersen & Papazoglou, 2014; Woody, 2005). The sense of loyalty to one another, brotherhood/sisterhood, and solidarity are pervasive values in police culture (Steinkopf et al., 2015; Woody, 2005). Police culture is not monolithic, but rather encompasses specialized police teams and units that have their own unique values, beliefs, and tenets (e.g., police detectives, K-9 handlers, crime scene investigators, child sex crimes units, SWAT; Miller, 2004). For the sake of brevity, this article refers to the commonly accepted characteristics pervasive within police culture across different areas of policing.

Police officers are often acculturated into police culture by the notion that they are supposed to be stronger than the rest of civilians on account of their mandate to serve and protect the public, and above all to respond to critical incidents in which civilians lack the proper training and competency to respond on their own (Royle et al., 2009). The notion “to be stronger and braver than ordinary civilians” may help officers’ survival on the street; however, it may also be antagonizing in situations when officers need to ask for psychological help. For instance, the “us versus them” mentality often inhibits officers from seeking psychological help as clinicians are considered as “outsiders” and hence, clinicians may be viewed as adversaries rather than allies (Steinkopf et al., 2015). In other cases, officers may consider their receipt of a mental health referral as a form of punishment or as an indication that they lack professional competency (Miller, 2004). Other times, officers may hold certain stereotypes or attitudes toward clinicians. For instance, they may feel a lack of trust toward clinicians or they may embrace the premise that clinicians will treat them as inferior, incompetent, or weak (White et al., 2015). In their study of police officers from the state of Wisconsin ($n = 178$), researchers found that officers’ anticipation of negative outcomes akin to psychological help, exacerbated officers’ perception of stigma toward seeking psychological help (Hyland,

Boduszek, Shevlin, & Adamson, 2012; Wester, Arndt, Sedivy, & Arndt, 2010). Alternatively, psychological help provided to police officers may be deemed as redundant, as exposure to extreme stress and trauma is considered to be an integral part of police work (Karlsson & Christianson, 2005).

Police culture has been established on the ethos and values of a largely Euro-American male dominated cultural group consisting of white, heterosexual, male officers (Wester & Lyubelsky, 2005). Although the characteristics of the traditional police culture (e.g., masculine, macho-like attitudes) have gradually been shifting over the past 10 years toward a more diverse and inclusive perspective (Andersen & Papazoglou, 2014), Euro-American masculine ethos remains an integral part of police culture. Such an ethos is best characterized by independence, self-reliance, restriction (or suppression) of emotional expression, toughness, reinforcement of approved behavior, and punishment for deviant behavior (Addis & Mahalik, 2003; Wester & Lyubelsky, 2005). Paradoxically, in opposition to the aforementioned societal expectations of police officers, men (and of course male police officers) are also expected to be caring, warm, and supportive in their family context (Addis & Mahalik, 2003; Wester & Lyubelsky, 2005).

The conception that men are supposed to be tough, self-reliant, and independent comes with a severe cost to police officers. Help-seeking behaviors, especially those related to mental health support, are incongruent to the traditional ethos of policing. Therefore, stress or trauma-related issues may become detrimental for male police officers mental and physical health (Addis & Mahalik, 2003; Lindinger-Sternart, 2015); that is, gender role conflict, which refers to the traditional male roles that thwart positive outcomes in situations traditionally considered as nonmasculine, is often incompatible to psychological help seeking among male police officers (Addis & Mahalik, 2003; Wester et al., 2010). Nevertheless, minority police officers (female officers, officers of color, lesbian, gay, bisexual, and transgender [LGBT] officers, officers of different ethnicity or religion) are not the exception compared to their male counterparts. As already discussed, research findings have indicated that male officers are more skeptical (and hesitant) to see a clinician compared to female officers. However, minority police officers often struggle—within a male heterosexual context—to prove that they are “real officers” (Bernstein & Kostelac, 2002; Haar & Morash, 2013).

Evidence of the Scientific Research: Psychological Intervention Improves Police Officers' Health and Well-Being and Protects Them Against Extreme Stress and Trauma

To date, there is a plethora of scientific research studies that support the salient role of psychological intervention in helping officers effectively handle police-related stress and trauma

(Andersen, Papazoglou, Koskelainen, Nyman, Gustafsberg, & Arnetz, 2015; Chopko & Schwartz, 2009, 2013; Papazoglou & Andersen, 2014; Tolin & Foa, 1999). In the following paragraph, authors discuss empirical studies conducted nationally and internationally to justify the aforementioned perspective.

In the case study in question, Tolin and Foa (1999) at the University of Pennsylvania, applied exposure therapy to a 38-year-old white male police officer who had been exposed to multiple traumatic incidents over the course of his career and who had been diagnosed with chronic posttraumatic stress disorder (PTSD). The officer was provided with exposure therapy (imaginal and in vivo) for five weekly sessions (90 min each session) along with exposure homework between the sessions. At the completion of the exposure therapy, Tolin and Foa (1999) reported that the officer showed improved PTSD symptomatology, reduced trauma-related guilt, and improved depressive symptoms. In their randomized controlled trial with German police officers ($n = 31$), Berking et al. (2010) reported that police officers who completed emotion-regulation training managed to better accept and tolerate negative emotions and support themselves when faced with challenging situations. Furthermore, Peres and colleagues (2011) recruited a group of police officers in Brazil ($n = 36$) diagnosed with PTSD symptoms and conducted a randomized clinical trial in which officers in the experimental group attended a 28-day multidisciplinary psychological rehabilitation program that entailed psychotherapy (exposure and cognitive restructuring therapy). Results indicated that participants in the experimental group showed significant psychophysiological improvement (fMRI, psychosocial scales for anxiety, depression, resilience, dissociation, PTSD) compared to the officers enlisted in the control group. Likewise, a study with Thai police officers ($n = 42$; experiment—controlled trial) indicated that officers who attended a 12-session eclectic psychotherapy program managed to achieve—compared to those officers in the controlled group—reduced anxiety, hostility, depressive symptoms, social dysfunction as well as improved interpersonal sensitivity and physical symptoms (Chongruksa, Parinyapol, Sawatsri, & Pansomboon, 2012). The abovementioned applied eclectic psychotherapy intervention embraced the following components: cognitive-behavioral therapy, religious interventions, mandala drawing, and reality therapy. From a different psychotherapeutic approach, Vallejo (2011) applied psychoanalytically oriented group psychotherapy (2 times per week over 3 months) to a group of police officers ($n = 8$) from Colombia diagnosed with posttraumatic stress symptoms and found that posttraumatic stress symptomatology improved among participants after the completion of the group psychotherapy. In another study, a group of Dutch police officers (randomized clinical trial; $n = 42$) were divided into an experimental group and a control group (wait list; Gersons, Carlier, Lamberts, & van der Kolk, 2000). The experimental group was provided with a

combination of cognitive-behavioral and psychodynamic approaches for 16 weekly sessions. The findings of this study indicated that officers who attended psychotherapy for PTSD produced significant improvement in PTSD symptomatology compared to officers in the control group with benefits detected at 3 months posttreatment (Gersons et al., 2000).

The aforementioned research findings illustrate the beneficial impact of psychological services in helping police officers to maintain their mental and physical health and to reduce the egregious impact of trauma and stress. Ways in which clinicians can increase officer awareness of mental and emotional health risks associated with policing and ultimately motivate officers to seek out psychological support for line of duty stress and trauma is a question that remains.

Rationale and Aims of the Present Article

The challenges met by clinicians in pursuit of building alliances with officers are not new to the field of mental health. Police psychologist, Laurence Miller (1995) analyzed the complexity of this issue suggesting possible strategies that clinicians may employ in their work with first responders. The present article aims to build on Miller's work and lists recommendations for clinicians who work or intend to work with police officers suffering from extreme stress and trauma. The goal of the present article is to assist clinicians in their approach to working with law enforcement by providing recommendations that will support rapport building with police officers in a therapeutic context. These recommendations are intended to improve the efficacy of psychological services provided to police officers exposed to extreme stress and trauma in the line of duty.

Clinical and Training Recommendations: Action Plan

In this section, authors list a number of recommendations for effective clinical practice with police officers who suffer from the adverse effects of trauma and stress. These recommendations aim to guide clinicians toward acquiring in-depth knowledge of the idiosyncrasies of police work. In addition, authors' suggestions support clinicians by recommending the best ways of approaching police officers to establish trust and rapport, which is an integral part of effective clinical work.

Familiarity With Police Culture and the Unique Nature of Police Work

Clinicians are encouraged to familiarize themselves with the values, tenets, notions, and lingo that are pervasive in policing. An effective way for clinicians to familiarize themselves

with police culture and the unique nature of police work (e.g., hierarchy, policy) is by subscribing to official (and widely recognized) law enforcement journals and magazines that illustrate police issues, police news in the media, police-related policy programs and so forth. Law enforcement journals and magazines include the following: *FBI Law Enforcement Bulletin* published by the Federal Bureau of Investigations (FBI; <https://leb.fbi.gov/>); *The Police Chief* published by the International Association of Chiefs of Police (IAPC; <http://www.policechiefmagazine.org/>); *International Law Enforcement Educators and Trainers Association Journal* published by the International Law Enforcement Educators and Trainers Association (ILEETA; <https://ileeta.org/>). Clinicians may actively participate in police psychology developments at scientific conferences and professional meetings. Some of those major police psychology-related scientific and professional venues are listed as follows: American Psychological Association (APA)—Division 18—Police and Public Safety Section (<http://www.apadivisions.org/division-18/sections/police/>); Canadian Psychological Association (CPA)—Criminal Justice Section (<http://www.cpa.ca/aboutcpa/cpasections/criminaljusticepsychology/>); Society for Police and Criminal Psychology (<http://www.policepsychology.org/>); Academy of Criminal Justice Sciences (ACJS)—Police Section (http://www.acjs.org/pubs/167_2134_14446.cfm); European Police College (CEPOL; <https://www.cepol.europa.eu/>).

Knowledge About the Complexity of Police Stress and Trauma

As already discussed, police stress and trauma are complex in nature (and may involve frequent, chronic, or ongoing exposure to operational-organizational stress and potentially traumatic incidents). Clinicians are expected to engage in evidence-based practices and are, therefore, encouraged to review scientific literature findings akin to the complexity of police stress and trauma. To date, a plethora of peer-reviewed journals publish research articles on police stress and trauma. Practitioners may search large databases (e.g., PsychInfo, EBSCO, Scopus, PubMed, MedLine, etc.) and review current research outcomes related to police stress and trauma. If access to large scientific databases is unavailable (e.g., when there is no access to academic libraries or when fees are required to access scientific databases), then practitioners may review police stress and trauma research articles published in open access peer-reviewed journals, where access to scientific knowledge is available to the public with no required access fees. When access to scientific databases is not available, clinicians are advised to contact the authors directly to request a copy of their published work. Some publishers allow authors of published works to allocate a certain number of research article copies at no charge to the reader. The scientific and professional organizations (e.g., APA, CPA, ACJS) listed in the aforementioned section organize

conferences on an annual basis; hence, practitioners may also attend police-related conferences and update themselves about the current scientific findings in the area of police stress and trauma. In addition, prestigious police psychologists have acknowledged a number of books that have been utilized by clinicians working with law enforcement officers. The following books have been recognized in the area of police stress and trauma: *Dying for the Job: Police Work Exposure and Health* by Professor John Violanti, PhD, a police psychology researcher at SUNY-Buffalo and a retired police officer with the New York State Police Force; *Emotional Survival for Law Enforcement: A Guide for Law Enforcement Officers and their Families*, by Professor Kevin Gilmartin, PhD, an instructor in several universities and police academies, a retired police officer in Arizona, and U.S. Marine Corps Veteran; *Working with Traumatized Police Officer-Patients: A Clinician's Guide to Complex PTSD Syndromes in Public Safety Professionals*, by Professor Daniel Rudofossi, PhD, adjunct professor at New York University (NYU) and retired police officer in the New York City Police Department.

Police Moral Injury, Loss, and Compassion Fatigue

Police moral injury, loss, and compassion fatigue are often intertwined with police stress and trauma. Clinicians may be prepared to process the aforementioned issues in the clinical context on the grounds that these issues often permeate police work. In what follows, we provide some rudimentary (but crucial) information about moral injury, loss, and compassion fatigue in police work.

Death itself is pervasive in police work. As part of their work, officers respond to violent crimes, natural disasters, and fatal motor vehicle accidents where they are often confronted with death and dying. Subsequently, officers routinely make death notifications to families of victims. Not only do officers jeopardize their own lives in the line of duty, but they might also lose colleague(s) in the line of duty. Consequently, officers may avoid sharing their experiences of loss with other people and, in a similar way that they react to trauma, prefer to suppress their emotions (Manzella & Papazoglou, 2014). Nevertheless, the mourning process is unique and omnipresent within the police community. Many police organizations honor those who have given the ultimate sacrifice by displaying pictures and names of fallen officers or hanging ribbons at the entrance of police agencies (Henry, 1995, 2004; Manzella & Papazoglou, 2014). In his book *Death work: Police, trauma, and the psychology of survival* (2004), Dr. Vincent Henry (a former police officer with the New York City Police Department) illustrated the death-related issues inherent in police work. Clinicians may benefit by reviewing Dr. Henry's work and develop a better understanding of the topic.

Police officers are often the first frontline professionals who respond to critical incidents. As a result, they are the

ones who provide support to victims of crimes or survivors of natural disasters, and are simultaneously expected to coordinate actions until other frontline professionals (e.g., paramedics, fire department) respond to the scene. In other cases, officers may investigate crimes and, thus, they are mandated to examine victims' experiences. Figley (1995) coined the term "compassion fatigue" (p.9) that refers to the cost of caring experienced by frontline professionals in their work with victims of crimes, accidents, natural disasters, and other traumatic phenomena. Expectedly, compassion fatigue is pervasive in police work as the support of traumatized victims is also inherent to police work (Andersen & Papazoglou, 2015; Violanti & Gehrke, 2003). Clinicians are encouraged to review the scientific literature and attend scientific-professionals conferences to familiarize themselves with the repercussions and adverse impact of compassion fatigue in police officers' lives.

Moral injury is a prevalent issue in the police and military literature (i.e., Cohen, Cohen, & Feldberg, 1991; Litz et al., 2009; Maguen & Litz, 2016). Moral injury refers to the moral and ethical challenges experienced by frontline professionals in the line of duty (Cohen et al., 1991; Litz et al., 2009). Police officers are mandated to maintain peace and order. Certainly, they are not trained to be "killing machines." Nevertheless, in certain situations police officers are obligated to shoot another human being (violent armed offender) to defend themselves and/or to protect the lives of civilians. In such cases, police officers experience moral injury as they attempt to reconcile the fact that they had been obligated to perform their duties (e.g., defend a civilian) with the fact that they had been obligated to shoot (often fatally) another human being (e.g., violent armed offender). To better illustrate the moral injury issue, we refer to the personal experience of the first author (K.P.) of this manuscript, who during his past research data collection with police special forces (often referred to as SWAT teams) noticed that SWAT platoons were not only equipped with medical equipment, but that one member of the SWAT team was mandated to provide medical first aid support to victims of critical incidents as well as to perpetrators of crimes who may have become injured during their encounters with police ("We help everybody in the scene. . . we are not murderers," Harri Gustafsberg, March 2014, former Commander of the SWAT team of the National Police of Finland). In addition to the topic of compassion fatigue, practitioners may review scientific literature and attend academic/professional events to enlighten their understanding of the nature and deleterious effects of moral injury on police officers' personal and professional lives.

Including Officers' Families in Treatment Planning

Line of duty stress experienced by officers carries implications for the family system as the interplay between officer stress and family stress can accumulate to impact family relationships. Police stress and trauma may have contagious

effects on officers' family members and friends (Papazoglou, 2016; Salston & Figley, 2003). Families of police officers may experience multiple stressors in addition to secondary trauma. Prior research on police romantic relationships has found that spouses of officers absorb emotional distress from law enforcement work (Burke, 1993). From a systems perspective, extreme stress and trauma will significantly affect officers' lives (e.g., behaviorally, cognitively, emotionally) and, in turn may affect officers' family members (Miller, 2007). Families of law enforcement officers have reported that communication, emotion management, and daily family activities are negatively affected by stress that is brought home by officers (Brodie & Eppler, 2012; Roberts, Leonard, Butler, Levenson, & Kanter, 2013; Roberts & Levenson, 2001). While officers are expected to identify with dual roles on duty, to fulfill the role of a compassionate warrior, they must also negotiate the role transition from officer to family member at the end of their shift.

It is imperative that clinicians maintain open channels of communication with police officers' families to assess stress on the family system as well as inherent strengths within the system from which to build upon for officer wellness. Clinicians should be aware of potential family needs for psychological support and take preventive measures to educate police families about the complexity of police stress and trauma and provide them with the necessary psychoeducation or counseling services, if needed.

Partnership With Peer-Support Programs

Police peer-support programs have been flourishing in the United States, Canada, and other countries around the globe. To date, a plethora of police departments have established peer-support programs. The goal of peer-support programs is to help police officers handle exposure to extreme stress and trauma. For instance, a peer-based assistant program was found to be beneficial in screening for stress-related symptoms among police officers as well as helping them to process the aftermath of exposure to the 9/11 terrorist attacks in New York (Dowling, Moynihan, Genet, & Lewis, 2006). Clinical practitioners are advised to partner with officers who are involved in peer-support programs. Collaboration with officers who are actively involved in peer support may enrich understanding of prominent issues experienced by police officers, as police officers participating in peer-support programs are "deployed" in the frontline in regards to providing support to their peers. In addition, the role of police officers involved in peer-support programs may be catalytic on the grounds that they may act as the liaison between police officers and clinicians. Other well-known police support nonprofit organizations provide clinicians with the opportunity to participate in professional meetings, social events, peer-support programs, and even psychological support services to officers, who suffer from extreme stress and trauma, as well as their families. Readers are encouraged to participate in any of the following

organizations or in any other legitimate peer-support organization available in their region: The Badge of Life (<http://www.badgeoflife.com/>), Badge of Life Canada (<https://www.badgeoflifecanada.org/>), Concerns of Police Survivors (C.O.P.S.; <http://www.nationalcops.org/>). By engaging with such organizations, clinicians may familiarize themselves with police culture, initiate a rapport with police officers and their families, as well as receive more clinical experience by providing psychological support to officers as well as to their family members.

Understanding the Law Enforcement Experience and Building Trust With Officers Through Ride-Along Programs

Gaining deeper understanding of the complexities of police stress is also made possible through ride-along programs offered by many police agencies. Across the United States, it is common for city, county, and state law enforcement agencies to offer ride-along programs in which civilians can ride with an officer during the course of his or her tour of duty. One example is the New York City Police Department's (2017) community participation program (http://www.nyc.gov/html/nypd/html/community_affairs/community_participation_programs.shtml). Ride-along programs allow members of the public to gain insight into the day-to-day duties of an officer and become familiar with the responsibilities of an officer. Ride-along programs are useful for increasing transparency on behalf of the police department, promoting community engagement in policing, and providing insight into police work for potential police recruits and interested citizens (Payne, Sumter, & Sun, 2003; President's Task Force on 21st Century Policing, 2015). Clinicians are encouraged to seek out opportunities to ride with officers from their local agencies to learn more about the hazards and stressors encountered by officers in the line of duty. Clinicians may meet multiple officers throughout the duration of the ride-along and potentially have the opportunity to sit down and have lunch or dinner with officers. The ride-along experience would allow a clinician to gain familiarity with law enforcement operational stressors and police jargon. Reaching out to local agencies to inquire about ride-along opportunities is the first step toward gaining deeper understanding of police officer stress. Clinicians who are interested in ride-along opportunities should expect to sign a waiver, or release, and submit to a background check prior to being approved to accompany an officer during the course of their duties. Participation in a ride-along program would lend itself to increased authenticity and credibility in clinical practice with the law enforcement population and could provide a foundation from which to build rapport with officers.

Participation in Police Social Events

Clinical practitioners may also participate in events organized by police organizations during Peace Officers National

Day (May 15) and the week following May 15 designated as National Police Week in the United States (<http://www.policeweek.org/index.html>). Similarly, to the United States, the Canada National Police Week is celebrated in mid-May (<http://www.rcmp-grc.gc.ca/en/national-police-week>). The aforementioned days refer to the United States and Canada. Different countries may have established different dates designated to honor police officers and celebrate police services. As previously mentioned, a police day or a national police week is aimed at increasing community awareness about police services and to honor those who maintain peace and order. Thereby, clinicians may get involved in such events to get accustomed to police culture, police services, issues experienced by police officers, and other topics relevant to police services.

Marketing Psychological Support to Police Circles

Unlike the perspectives revealed by researchers who recommend that counseling services for police officers ought to be mandatory (Carlan & Nored, 2008), other authors argue that clinicians should intend to persuade officers that psychological support is beneficial for police work (Hyland et al., 2012). In this direction, clinical practitioners may attempt to promote the benefits of psychological services by publishing articles in professional police magazines, presenting practice-based didactics to police organizations (e.g., role-playing, relaxation techniques; Manzella & Papazoglou, 2014; Miller, 2004; Pinfold, Thornicroft, Huxley, & Farmer, 2005), and by actively participating in professional police organizations (e.g., peer-support, minority officers associations; Hansson & Markstrom, 2014; Miller, 2004; Wester et al., 2010). Furthermore, clinicians may attempt to partner with high-ranked police officials or other police trauma survivors who may be amenable to sharing their experiences with new police officers while emphasizing the crucial role of psychological support for officers' well-being (Wester et al., 2010). For instance, the Chief of Police in Halifax, Jean-Michel Blais, has spoken openly about his PTSD symptomatology and has established an organizational culture amenable to providing psychological support to those officers who suffer from extreme stress and trauma ("Halifax Police Chief Jean-Michel Blais speaks about PTSD diagnosis," 2015). Furthermore, clinicians—in collaboration with police trainers—may attempt to incorporate psychological components in the police training curricula (Andersen & Papazoglou, 2014). Previous research has successfully incorporated psychological training into police tactical training and participants have appreciated the prominent role of a psychological component aimed at helping them improve their job performance and resilience (Andersen et al., 2015; Andersen, Papazoglou, & Collins, 2016). Results imply that officers are in fact beginning to view psychological support as beneficial to their psychological well-being as well as to their job performance. Furthermore, clinicians may utilize positive,

strengths-based, resilience-oriented language when attempting to promote psychological services to police officers (Wester et al., 2010; White et al., 2015). For instance, if clinicians aim to present psychological services through the prism of psychopathology, officers may become reserved and less open to psychological support on the grounds that many officers may associate psychopathology or psychological symptomatology with cases of severe mental illness, such as they often experience in the line of duty.

Establishing a Sense of Equality

Police officers are professionals who often experience a plethora of critical incidents in the line of duty. They are trained to enforce the law and maintain peace and order in the communities they serve. Authors argue that within the context of psychological assessment and treatment, police officers should be treated with the sense of equality, appreciation, and respect for their services (Miller, 2004; Wester et al., 2010; White et al., 2015); that is, clinicians should seek to establish a clinical relationship of trust and intimacy with police officers (White et al., 2015). Alternatively, if clinical practitioners treat officers as patients or “students” who are supposed to learn or comply with clinicians or view clinicians as authority figures, then the therapeutic context may be counterproductive. In such cases, officers may feel that therapists aim to patronize them or treat them as inferior. Partnership between police officers and clinical practitioners has been successfully established in the context of the treatment and referral of victims of crime. For example, Professor Steven Marans at Yale University School of Medicine has developed partnership policy programs between clinical practitioners and police officers from the local police department to improve the quality of services responding to child abuse and domestic violence calls (Marans & Adnopo, 1995; Stover, Poole, & Marans, 2009; Stover, Rainey, Berkman, & Marans, 2008). Analogously, partnership between police officers and clinicians may be developed to support police officers’ handling of their own police-related stress and trauma.

Discussion and Conclusion

Extreme stress and trauma are inherent to police work. Although police officers are more resilient compared to the general population, they are human beings; hence, the role of psychological support is imperative in helping officers maintain their health and high levels of job performance in the line of duty. Nonetheless, police officers may avoid seeking psychological support because certain stereotypes about psychological support still permeate police culture. For instance, police officers may believe that clinicians may attempt to patronize them, ask them questions about their childhood years, or vilify their police identity (that of the crime fighter) with a number of psychopathology-used terms. However,

many clinicians lack appropriate ways to approach police officers (or work with them in the psychotherapeutic context efficiently) on the grounds that police culture is distinct and that the police officers’ job entails its own idiosyncrasies in terms of exposure to extreme stress and trauma.

In the present article, authors have attempted to address the gap in the psychology and law enforcement literature by recommending new ways for clinical practitioners to approach police officers and improve their psychological services for police officers suffering from the adverse impact of police stress and trauma. The actions suggested for clinicians were derived from the scientific literature (evidence-based outcomes) as well as from authors’ practice-based experience in their professional work with law enforcement personnel and their families. The authors hope that this article will enlighten clinicians’ paths toward assisting those who serve our communities to maintain peace and order. While the presented recommendations provide direction for building partnerships between clinicians and officers, additional work needs to be done to promote psychological support for members of law enforcement. Specifically, future researchers, police psychologists, and police professionals may be called upon to develop empirical research that aims to examine which specific actions are more efficient in helping clinicians support police officers who suffer from the deleterious effects of police-related extreme stress and trauma.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 4-15. doi:10.1037/0003-066X.58.1.5
- Andersen, J. P., Dorai, M., Papazoglou, K., & Arnetz, B. B. (2016). Diurnal and reactivity measures of cortisol in response to intensive resilience and tactical training among special forces police. *Journal of Occupational and Environmental Medicine, 58*, e242-e248. doi: 10.1097/JOM.0000000000000756
- Andersen, J. P., & Papazoglou, K. (2014). Friends under fire: Cross-cultural relationships and trauma exposure among police officers. *Traumatology, 20*, 182-190. doi:10.1037/h0099403
- Andersen, J. P., & Papazoglou, K. (2015). Compassion fatigue and compassion satisfaction among police officers: An understudied topic. *International Journal of Emergency Mental Health and Human Resilience, 17*, 661-663. doi:10.4172/1522-4821.1000259
- Andersen, J. P., Papazoglou, K., & Collins, P. (2016). Reducing robust health-relevant cardiovascular stress responses among active-duty special forces police. *General Medicine: Open Access, 4*(2), 1-6. doi:10.4172/2327-5146.1000225

- Andersen, J. P., Papazoglou, K., Koskelainen, M., & Nyman, M. (2015). Knowledge and training regarding the link between trauma and health: A national survey of Finnish police officers. *SAGE Open*, 5, 2158244015580380.
- Andersen, J. P., Papazoglou, K., Koskelainen, M., Nyman, M., Gustafsberg, H., & Arnetz, B. B. (2015). Applying resilience promotion training among special forces police officers. *SAGE Open*, 5(2), 1-8. Open Access: doi:10.1177/2158244015590446
- Andersen, J. P., Papazoglou, K., Nyman, M., Koskelainen, M., & Gustafsberg, H. (2015). Fostering resilience among police. *The Journal of Law Enforcement*, 5(1), 1-13. Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/73820/1/fostering_resilience.pdf
- Anderson, G. S., Litzenger, R., & Plecas, D. (2002). Physical evidence of police officer stress. *Policing: An International Journal of Police Strategies & Management*, 25, 399-420. doi:10.1108/13639510210429437
- Barren, J. (2005). Use of existential-phenomenological counseling for police officers. *Policing: An International Journal of Police Strategies & Management*, 28, 255-268. doi:10.1108/13639510510597898
- Berg, A. M., Hem, E., Lau, B., & Ekeberg, Ø. (2006). Help-seeking in the Norwegian police service. *Journal of Occupational Health*, 48, 145-153. doi:10.1539/joh.48.145
- Berking, M., Meier, C., & Wupperman, P. (2010). Enhancing emotion-regulation skills in police officers: Results of a pilot controlled study. *Behavior Therapy*, 41, 329-339. doi:10.1016/j.beth.2009.08.001
- Bernstein, M., & Kostelac, C. (2002). Lavender and blue: Attitudes about homosexuality and behavior toward lesbians and gay men among police officers. *Journal of Contemporary Criminal Justice*, 18, 302-328. doi:10.1177/1043986202018003006
- Brodie, P., & Eppler, C. (2012). Exploration of perceived stressors, communication, and resilience in law-enforcement couples. *Journal of Family Psychotherapy*, 23, 20-41. doi:10.1080/08975353.2012.654082
- Burke, R. (1993). Work-family stress, conflict, coping, and burnout in police officers. *Stress Medicine*, 9(3), 171-180. doi:10.1002/smi.2460090308
- Carlan, P., & Nored, L. (2008). An examination of officer stress: Should police departments implement mandatory counseling? *Journal of Police and Criminal Psychology*, 23, 8-15. doi:10.1007/s11896-008-9015-x
- Chongruksa, D., Parinyapol, P., Sawatsri, S., & Pansomboon, C. (2012). Efficacy of eclectic group counseling in addressing stress among Thai police officers in terrorist situations. *Counselling Psychology Quarterly*, 25, 1-14. doi:10.1080/09515070.2012.666424
- Chopko, B. A. (2011). Walk in balance: Training crisis intervention team police officers as compassionate warriors. *Journal of Creativity in Mental Health*, 6, 315-328. doi:10.1080/15401383.2011.630304
- Chopko, B., & Schwartz, R. (2009). The relation between mindfulness and posttraumatic growth: A study of first responders to trauma-inducing incidents. *Journal of Mental Health Counseling*, 31, 363-376. Retrieved from <https://doi.org/10.17744/mehc.31.4.9w6lhk4v66423385>
- Chopko, B. A., & Schwartz, R. C. (2013). The relation between mindfulness and posttraumatic stress symptoms among police officers. *Journal of Loss & Trauma*, 18, 1-9. doi:10.1080/1525024.2012.674442
- Cohen, H., Cohen, H. S., & Feldberg, M. (1991). *Power and restraint: The moral dimension of police work*. New York, NY: Greenwood Publishing.
- Dowling, F., Moynihan, G., Genet, B., & Lewis, J. (2006). A peer-based assistance program for officers with the New York City Police Department: Report of the effects of Sept. 11, 2001. *American Journal of Psychiatry*, 163, 151-153. doi:10.1176/appi.ajp.163.1.151
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3-28). Baltimore, MD: The Sidran Press.
- Galatzer-Levy, I. R., Brown, A. D., Henn-Haase, C., Metzler, T. J., Neylan, T. C., & Marmar, C. R. (2013). Positive and negative emotion prospectively predict trajectories of resilience and distress among high-exposure police officers. *Emotion*, 13, 545-553. doi:10.1037/a0031314
- Gersons, B. P., Carlier, I. V., Lamberts, R. D., & van der Kolk, B. A. (2000). Randomized clinical trial of brief eclectic psychotherapy for police officers with posttraumatic stress disorder. *Journal of Traumatic Stress*, 13, 333-347. Retrieved from <https://link.springer.com/article/10.1023/A:1007793803627>
- Goode, W. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496. Retrieved from <http://www.jstor.org.ezproxy.osu-tulsa.okstate.edu/stable/2092933>
- Haarr, R. N., & Morash, M. (2013). The effect of rank on police women coping with discrimination and harassment. *Police Quarterly*, 16, 395-419. doi:10.1177/1098611113489888
- Halifax Police Chief Jean-Michel Blais speaks about PTSD diagnosis. (2015, November). *CBC News*. Retrieved from <https://www.cbc.ca/news/canada/nova-scotia/ptsd-diagnosis-police-chief-treatment-1.3313321>
- Hansson, L., & Markstrom, U. (2014). The effectiveness of an anti-stigma intervention in a basic police officer training programme: A controlled study. *BMC Psychiatry*, 14, Article 55. doi:10.1186/1471-244X-14-55
- Hartley, T. A., Burchfiel, C. M., Fekedulegn, D., Andrew, M. E., & Violanti, J. M. (2011). Health disparities in police officers: Comparisons to the U.S. general populations. *International Journal of Emergency Mental Health*, 13, 211-220. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734372/pdf/nihms742875.pdf>
- Henry, V. (1995). The police officer as survivor: Death confrontations and the police subculture. *Behavioral Sciences & the Law*, 13, 93-112. doi:10.1002/bsl.2370130107
- Henry, V. (2004). *Death work*. Oxford, UK: Oxford University Press.
- Hyland, P., Boduszek, D., Shevlin, M., & Adamson, G. (2012). Investigating the latent structure of the theory of planned behavior and its effectiveness in explaining intentions to participate in counseling among a sample of police officers. *Journal of Police and Criminal Psychology*, 27, 129-140. doi:10.1007/s11896-012-9103-9
- Joseph, P. N., Violanti, J. M., Donahue, R., Andrew, M. E., Trevisan, M., Burchfiel, C. M., & Dorn, J. (2009). Police work and subclinical atherosclerosis. *Journal of Occupational and Environmental Medicine*, 51, 700-707. doi:10.1097/JOM0b013e3181a02252
- Karlsson, I., & Christianson, S. Å. (2006). Police officers involved in a manhunt of a mass murder: Memories and psychological responses. *Policing: An International*

- Journal of Police Strategies & Management*, 29, 524-540. doi:10.1108/13639510610684746
- Lindinger-Sternart, S. (2015). Help-seeking behaviors of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies*, 3(1), 1-6. doi:10.11114/ijsss.v3i1.519
- Lindsay, V., & Shelley, K. (2009). Social and stress-related influences of police officers' alcohol consumption. *Journal of Police and Criminal Psychology*, 24, 87-92. doi:10.1007/s11896-009-9048-9
- Litz, B., Stein, N., Delaney, E., Lebowitz, L., Nash, W., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29, 695-706. doi:10.1016/j.cpr.2009.07.003
- Maguen, S., & Litz, B. (2016). *Moral injury in the context of war*. US Department of Veteran Affairs, National Center for PTSD, Professionals. Retrieved from http://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp
- Manzella, C., & Papazoglou, K. (2014). Training police trainees about ways to manage trauma and loss. *International Journal of Mental Health Promotion*, 16, 103-116. doi:10.1080/14623730.2014.903609
- Marans, S., & Adnopo, J. (1995). *The police-mental health partnership*. New Haven, CT: Yale University Press.
- Marmar, C. R., McCaslin, S. E., Metzler, T. J., Best, S., Weiss, D. S., Fagan, J. A., . . . Neylan, T. (2006). Predictors of posttraumatic stress in police and other first responders. *ANNALS of the New York Academy of Sciences*, 1071, 1-18. doi:10.1196/annals.1364.001
- McCreary, D. R., & Thompson, M. M. (2006). Development of two reliable and valid measures of stressors in policing: The Operational and Organizational Police Stress Questionnaires. *International Journal of Stress Management*, 13, 494-518. doi:10.1037/1072-5245.13.4.494
- Ménard, K., & Arter, M. (2013). Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors. *International Journal of Stress Management*, 20, 37-56. doi:10.1037/a0031434
- Miller, L. (1995). Tough guys: Psychotherapeutic strategies with law enforcement and emergency services personnel. *Psychotherapy: Theory, Research, Practice, Training*, 32, 592-600. doi:10.1037/0033-3204.32.4.592
- Miller, L. (2004). Good cop—Bad cop: Problem officers, law enforcement culture, and strategies for success. *Journal of Police and Criminal Psychology*, 19, 30-48. Retrieved from <https://link.springer.com/article/10.1007/BF02813871>
- Miller, L. (2007). Police families: Stresses, syndromes, and solutions. *The American Journal of Family Therapy*, 35, 21-40. doi:10.1080/01926180600698541
- New York City Police Department. (2017). *Community affairs: Community participation programs*. Retrieved from http://www.nyc.gov/html/nypd/html/community_affairs/community_participation_programs.shtml
- Papazoglou, K. (2013). Conceptualizing Police Complex Spiral Trauma and its applications in the police field. *Traumatology*, 19, 196-209. doi:10.1177/1534765612466151
- Papazoglou, K. (2016). Managing effective transitions: Presenting the different shades of police life and the pivotal role of mental health care providers in promoting officers' wellbeing. *International Journal of Medical and Health Sciences*, 5, 121-122. Retrieved from: <http://www.ijmhs.net/journals-aid-331.html>
- Papazoglou, K., & Andersen, J. P. (2014). A guide to utilizing police training as a tool to promote resilience and improve health outcomes among police officers. *Traumatology: An International Journal*, 20, 103-111. Retrieved from <http://psycnet.apa.org/doi/10.1037/h0099394>
- Pasillas, R. M., Follette, V. M., & Perumean-Chaney, S. E. (2006). Occupational stress and psychological functioning in law enforcement officers. *Journal of Police and Criminal Psychology*, 21, 41-53. doi:10.1007/BF02849501
- Patterson, G. (2003). Examining the effects of coping and social support on work and life stress among police officers. *Journal of Criminal Justice*, 31, 215-226. doi:10.1016/s0047-2352(03)00003-5
- Payne, B. K., Sumter, M., & Sun, I. (2003). Bringing the field into the criminal justice classroom: Field trips, ride-alongs, and guest speakers. *Journal of Criminal Justice Education*, 14, 327-344. doi:10.1080/10511250300085821
- Peres, J. F., Foerster, B., Santana, L. G., Fereira, M. D., Nasello, A. G., Savoia, M., . . . Lederman, H. (2011). Police officers under attack: resilience implications of an fMRI study. *Journal of Psychiatric Research*, 45, 727-734. doi:10.1016/j.jpsy-chires.2010.11.004
- Pinfold, V., Thornicroft, G., Huxley, P., & Farmer, P. (2005). Active ingredients in anti-stigma programmes in mental health. *International Review of Psychiatry*, 17, 123-131. doi:10.1080/09540260500073638
- President's Task Force on 21st Century Policing. (2015). *Final report of the President's Task Force on 21st Century Policing*. Washington, DC: Office of Community Oriented Policing Services.
- Roberts, N. A., Leonard, R., Butler, E., Levenson, R., & Kanter, J. (2013). Job stress and dyadic synchrony in police marriages: A preliminary investigation. *Family Process*, 52, 271-283. doi:10.1111/j.1545-5300.2012.01415.x
- Roberts, N. A., & Levenson, R. W. (2001). The remains of the workday: Impact of job stress and exhaustion on marital interaction in police couples. *Journal of Marriage and Family*, 63, 1052-1067. doi:10.1111/j.1741-3737.2001.01052.x
- Royle, L., Keenan, P., & Farrell, D. (2009). Issues of stigma for first responders accessing support for post traumatic stress. *International Journal of Emergency Mental Health*, 11(2), 79-85. Retrieved from <http://europepmc.org/abstract/med/19927494>
- Rudofossi, D. (2009). *A cop doc's guide to public safety complex trauma syndrome: Using five police personality styles (death, value, and meaning)*. Amityville, NY: Baywood Publishing Company.
- Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*, 16, 167-174. doi:10.1023/A:1022899207206
- Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic Reviews*, 37, 144-162. doi:10.1093/epirev/mxu012
- Steinkopf, B., Hakala, K., & Hasselt, V. (2015). Motivational interviewing: Improving the delivery of psychological services

- to law enforcement. *Professional Psychology: Research and Practice*, 46, 348-354. doi:10.1037/pro0000042
- Stepka, E., & Basinska, M. (2014). Chronic fatigue and strategies of coping with occupational stress in police officers. *Medycyna Pracy*, 65, 229-238. doi:10.13075/mp.5893.2014.033
- Stover, C., Poole, G., & Marans, S. (2009). The domestic violence home-visit intervention: Impact on police-reported incidents of repeat violence over 12 months. *Violence and Victims*, 24, 591-606. doi:10.1891/0886-6708.24.5.591
- Stover, C., Rainey, A., Berkman, M., & Marans, S. (2008). Factors associated with engagement in a police-advocacy home-visit intervention to prevent domestic violence. *Violence Against Women*, 14, 1430-1450. doi:10.1177/1077801208327019
- Tolin, D. F., & Foa, E. B. (1999). Treatment of a police officer with PTSD using prolonged exposure. *Behavior Therapy*, 30, 527-538. doi:10.1016/S0005-7894(99)80023-9
- Vallejo, A. (2011). Symptomatic changes in police officers with post-traumatic stress and group psychotherapy. *Terapia Psicologica*, 29(1), 13-23. doi:10.4067/S0718-480820110.010.002
- Violanti, J. M., Burchfiel, C. M., Hartley, T. A., Mnatsakanova, A., Fekedulegn, D., Andrew, M. E., & Vila, B. J. (2009). Atypical work hours and metabolic syndrome among police officers. *Archives of Environmental & Occupational Health*, 64, 194-201. doi:10.1080/19338240903241259
- Violanti, J. M., & Gehrke, A. (2003). Police trauma encounters: Precursors of compassion fatigue. *International Journal of Emergency Mental Health*, 6(2), 75-80. Retrieved from <http://europepmc.org/abstract/med/15298078>
- Wester, S. R., Arndt, D., Sedivy, S. K., & Arndt, L. (2010). Male police officers and stigma associated with counseling: The role of anticipated risks, anticipated benefits and gender role conflict. *Psychology of Men & Masculinity*, 11, 286. doi: 10.1037/a0019108
- Wester, S. R., & Lyubelsky, J. (2005). Supporting the thin blue line: Gender-sensitive therapy with male police officers. *Professional Psychology: Research and Practice*, 36, 51-58. doi:10.1037/0735-7028.36.1.51
- White, A. K., Shrader, G., & Chamberlain, J. (2015). Perceptions of law enforcement officers in seeking mental health treatment in a right-to-work state. *Journal of Police and Criminal Psychology*, 82(2), 16-17. doi:10.1007/s11896-015-9175-4
- Wirth, M. D., Burch, J., Shivappa, N., Violanti, J. M., Burchfiel, C. M., Fekedulegn, D., & Charles, L. E. (2014). Association of a dietary inflammatory index with inflammatory indices and metabolic syndrome among police officers. *Journal of Occupational and Environmental Medicine*, 56, 986-989. doi:10.1097/JOM.0000000000000213
- Woody, R. H. (2005). The police culture: Research implications for psychological services. *Professional Psychology: Research and Practice*, 36, 525-529. doi:10.1037/0735-7028.36.5.525
- Zhao, J., He, N., & Lovrich, N. (2002). Predicting five dimensions of police officer stress: Looking more deeply into organizational settings for sources of police stress. *Police Quarterly*, 5, 43-62. doi:10.1177/109861110200500103

Author Biographies

Konstantinos Papazoglou has completed his doctoral degree (PhD) in psychology (clinical - forensic area) as Vanier Scholar at the University of Toronto. He is a police major (former) of the Hellenic Police Force and European Police College and holds a master's degree in applied psychology from New York University (NYU) as Onassis Scholar. His research focuses on stress, trauma prevention, and resilience promotion among police officers. In terms of clinical work, Konstantinos currently works as a clinical-forensic psychologist (supervised practice) with the Ontario Ministry of Community Safety and Correctional Services - Justice Section where he conducts assessments and treatment to criminal justice offenders.

Brooke McQuerrey Tuttle serves as the project coordinator for the Center for Family Resilience at Oklahoma State University where she leads community-based research. She received her MS in Criminal Justice from the University of Central Missouri and is a current PhD student in Human Development and Family Science at Oklahoma State University. Her research interests include risk and resilience for justice involved youth, police officers, and law enforcement families.