

Managing Stigma via Training

In Law Enforcement- Military Veterans returning from Military Deployment-

A Specific Training Option for Law Enforcement Agencies to Consider

By: **Robert J. Cipriano Jr., Psy.D., ABPP**, Licensed Psychologist in Florida and Board Certified in Police and Public Safety Psychology; Owner SIMCIP Group Forensic-Psychological Consultants, LLC. www.simcipgrouptrainingandconsultingservices.com

Steve Rothlein, Retired Deputy Director for Miami-Dade Police Department (MDPD); Expert Witness for the Legal & Liability Risk Management Institute (Public Agency Training Council-PATC) www.patc.com

Stigma is a significant factor that the general public experiences whenever the words “psychological treatment” is introduced. Unfortunately, psychological treatment is even more stigmatized within the law enforcement and military culture predominately because it infers the police officer who is also military veteran (reservist) cannot perform his/her job duties. This issue may become more complex if the police officer/military reservist is experiencing any post trauma features upon his/her return to police work from military duty. Each police department in our country handles this issue differently. Some departments elect a psychological fitness for duty evaluation (FFDE) depending on any egregious behaviors displayed by the individual in question. The International Association for Chiefs of Police, Psychological Services Section has a set of guidelines to aid an agency and the practice of examiners who perform them called Psychological Fitness-for-Duty Evaluation (FFDE) Guidelines (2013). Section 1.2 of the (2013) FFDE guidelines states that such guidelines are most effectively used through collaboration between examiners and public safety agencies. It is desirable that these guidelines be reviewed by both the referring agency and the examiner and that any conflicts between an agency’s or examiner’s policies or practices and these guidelines be discussed and the rationale for action contrary to the guidelines be documented before commencing the FFDE.

Agencies that have “in-house” or a contractual psychological services program may encourage contact with a mental health provider, preferably a clinician who has a background working with law enforcement, military, and various public safety professions.

One subgroup class that has created some discussion and complexity for some law enforcement agencies entails police officers/military reservists returning from multiple deployments. Law enforcement agencies may or may not provide some approaches for addressing the topic. In fact, some agencies don't have a clear cut answer and the topic in itself is complex and "gray in nature." Ideally, a positive goal would be to aid the officer/reservist in understanding mental health reactions to trauma and stress as well as provide a venue of support during the post deployment adjustment period.

Maintaining a healthy "balance", at one end of the spectrum, between offering support via education through agency training and at the other end, a supervisor over reacting to a report of an officer/military reservist with residual post-trauma characteristics could present a challenge. How such cases are handled can determine the degree of mental health stigma within that respective law enforcement agency. Education via topic specific training by a police psychologist to law enforcement agencies can be that first step for handling such a complex issue.

There is more awareness and education today on the signs and symptoms of Post-Traumatic Stress Disorder and post trauma stress reactions than there was five to ten years ago. One of the factors contributing to this occurrence is partly due to the number of tours of duty our military veterans have experienced during Operation Enduring Freedom, Operation Iraqi Freedom, and the Global War on Terrorism that increase the risk of a returning veteran having a psychological reaction within the spectrum of trauma and stress. It is more than just experiencing combat in war that places extraordinary stress on our veterans.

The family system may go through an unbalanced period and what affects one person within that system clearly affects others. Enclosed is a listing of the pre-deployment stressors that our veterans experience: a "roller coaster" of high emotions- the family prepares for the deployment, the family separates, and the "fear" based response experienced by family members that something may happen to their loved one being deployed such as suffering from a severe injury and/or dying is real and consistent (Poveda, & Valdes, 2010).

Some of the deployment stressors that a veteran experiences include: the family attempts to move from crisis to motivation for balance; the emotional stressors may continue to occur; responsibilities shift and roles change within the family; many families feel they are alone in their survival; some families isolate, some remain in crisis, some stabilize, and some experience triggers that lead to feelings of guilt (Poveda, & Valdes, 2010).

Some of the post-deployment stressors that our veterans and family experience: the balance is disrupted again and requires an adjustment; there may be high emotions once again similar to the pre-deployment “roller coaster” analogy; there may be attempts to renegotiate roles; and there may be attempts at adapting to routines and responsibilities that alter the family system and the degree of it. Also, not losing sight that our veterans can be re-deployed, warranting a sustained and heightened level of vigilance for both our veterans and their families (Poveda, & Valdes, 2010).

One veteran returning to police work informed me, “Two months ago I was hunting Al-Qaeda; I’m now writing traffic tickets. It takes some getting used to coming back to civilian life. One minute you are living on the edge, the other you are back at home. Things seem so trivial and routine. I’m still having a hard time sleeping, being in crowds, and connecting with my family and friends.” Cultivating a law enforcement culture of awareness and de-stigmatization for receiving mental health support via training may be that first step in understanding and “normalizing” reactions our police officers/military reservists face during all phases of deployments, especially post-deployment.

This healthy cultivation for support via training can “open” the door and provide an avenue for those to accept help and potentially manage mental health stigma within the law enforcement culture. Returning law enforcement veterans are heroes who have served our country with honor and great personal sacrifice. Agencies have a responsibility to provide assistance to these heroes and their families following their return from military duty.

Considering an option for a police psychologist to perform such specialized training, law enforcement agencies may have a greater likelihood for managing mental health stigma within this subgroup. Such training may have far reaching positive effects for the officer/military veteran and respective agency. Training can also foster a normalizing phase for transition, minimize the officer’s/veteran’s risk of accident/death (suicide) in extreme cases, reduce time lost for the agency and employee, provide direction for the (2013) IACP FFDE guidelines to an agency, and potentially reduce liability. This can be achieved by providing a forum of education, support, and a venue for a liaison with a police psychologist to aid such heroes in their transition back into non-military police operations.

References:

IACP Police Psychological Services Section, Psychological Fitness-for-Duty Evaluation Guidelines, ratified at the 120th Annual Conference of the International Association of Chiefs of Police (Philadelphia, Pennsylvania, 2013)

Poveda, R. & Valdes, S. (2010, December). The Battle Within: Post Traumatic Stress Disorder in the Returning Combat Veteran. Department of Veteran Affairs. (Lecture) conducted at Nova Southeastern University, Fort Lauderdale, FL.