2008

Police Stress

Dennis J. Stevens

Sacred Heart University

Recommended Citation

Stevens, D. J. (2008). Police stress. In B. L. Cutler (Ed.), *Encyclopedia of psychology and law* (3rd ed., pp.
587-590). Sage Publications.

Most police agencies recognize and use the psychological evaluation as one component of the police selection process, but not all states legislatively mandate it or require applicants to pass it. Those police agencies that do not use police selection procedures that include a psychological evaluation are mostly small departments. Some courts have looked at the failure to screen police applicants' mental fitness as negligence.

Despite the limitations associated with pre-employment psychological evaluations, psychologists predict a greater number of unsuitable police applicants than one would expect to find by chance alone. Psychologically evaluating police applicants continues to be an integral and evolving component of the selection of police officers.

Frank J. Gallo

See also Forensic Assessment; Police Decision Making; Police Psychologists; Police Psychology

Further Readings

Cocharane, R. E., Tett, R. P., & Vandecreek, L. (2003). Psychological testing and the selection of police officers: A national survey. *Criminal Justice and Behavior, 30*(5), 511–537.

Gough, H. G. (1975). *Manual for the California Psychological Inventory.* Palo Alto, CA: Consulting Psychological Press.

Hathaway, S. R., & McKinley, J. C. (1983). *The Minnesota Multiphasic Personality Inventory: Manual.* New York: Psychological Corporation.

Inwald, R. E., Knatz, H., & Shusman, L. (1983). *Inwald Personality Inventory manual.* New York: Hilson Research.

Varela, J. G., Boccaccini, M. T., Scogin, F., Stump, J., & Caputo, A. (2004). Personality testing in law enforcement employment settings. *Criminal Justice and Behavior, 3*(6), 649–675.

Wrightsman, L. S., & Fulero, S. M. (2005). *Forensic psychology* (2nd ed.). Belmont, CA: Wadsworth.

POLICE STRESS

This entry defines police officer stress and describes its consequences, origins, and the individual and organizational methods to control it. Controlling stress can enhance the delivery of police services and guide officers toward healthy lifestyles. One definition of stress is the wear and tear our bodies and minds experience as we react to physiological, psychological, and environmental changes throughout our lives. It is a nonspecific response of the body to a demand for change. Its centerpiece is the relationship between an external event and an internal response: For every action, there's a reaction.

Stress is fundamental to life, but its consequences are experienced differently. When, for example, Hurricane Katrina set down in August 2005, each of us reacted differently to it. Such reactions depend on many factors, according to Hans Selye, the individual who coined the term *stress*. Different reactions to similar events are expected because we are different: physically (age and health), psychologically (intelligence and experiences), and environmentally (family, community, and personal relationships). Also, our body contains its own unique pharmacy, which produces a chemical reaction of sorts, triggering a physiological and psychological response. Some responses are involuntary; for example, when we are extremely nervous, our palms moisten.

Good stress (*eustress*) and bad stress (*distress*) are everywhere. Without stress, there could be no life. Just as distress fosters sickness and failure, eustress promotes wellness and success. Every aspect of policing is stressful because experiences can instantly change: When an officer provides emergency care, that officer can become a victim, too. The FBI reports that each year, approximately 12 of every 100 (or 60,000) officers are assaulted. Police experiences can change from patrolling silent avenues to challenging dangerous suspects.

The consequences of uncontrolled or untreated stress among officers show that they are 30% more likely to experience health problems than other personnel, 3 times more likely to abuse spouses, 5 times more likely to abuse alcohol, 6 times more likely to experience anxiety, 10 times more likely to become depressed, and, oddly, the least likely of all occupational groups to seek help.

Stress is accumulative and, left untreated, can lead to a compromised immune system, illness, and death. Burnout or traumatic stress response is a coping device characterized by physical or psychological avoidance or distancing. Traumatic stress disorders include acute stress disorder (posttraumatic stress, consistent with overwhelming fear and revulsion), conversion reaction (hysteria, development of physical symptoms including

blindness or paralysis), counter disaster syndrome (excessive excitement and overinvolvement), peacekeepers' acute syndrome (rage, delusion, and frustration responding to atrocities), and Stockholm syndrome (identification with aggressors).

No one experiences all these disorders, but without treatment or individual resolution, officers are more likely to manifest some of these characteristics.

Sources of Stress in Police Work

Sources of police stress include stressors derived from critical incidents, general work, family, gender, and the organization. *Critical incidents* are events beyond the realm of usual experiences, igniting the emergence of a crisis reaction in those adversely affected. Characteristically, a critical incident is an unexpected occurrence disrupting an officer's control, beliefs, and values. It represents a life threat, triggering emotional or physical vulnerability, and might include events such as a fellow officer being killed or assaulted, barricaded subjects, apprehending emotionally disturbed offenders, or harming or killing an innocent person.

Events represent stressors, and reactions represent *critical responses*, which can be seen as an attempt at psychological homeostasis or a mental balance as a result of the experience of a stressor. The degree an officer is affected depends on the intensity, duration, and unexpectedness of the event. But it also depends on the officer's primary (participant) or secondary (observer) involvement, previous experiences, and mental health. (Clearly, an officer who was policing in Chicago when Hurricane Katrina arrived would have experienced a different degree of stress than a New Orleans officer.) Also, diagnostic criteria include actual or threatened death or serious injury, or a threat to an officer's integrity producing reactions of intense fear, helplessness, or horror.

Professional crisis intervention with officers experiencing critical events enhances self-esteem and discourages abusive behavior and substance abuse. Effective crisis intervention requires an immediate mandatory *debriefing*: a short-term psychological method of stabilizing and guiding an officer toward independent functioning. Debriefing includes ventilation and abreaction, social support, and adaptive coping.

Debriefing provides a standard of care, which may include making tactical plans to adapt to the incident, communication of coordinated actions, and avoidance of independent action or separation of partners during felony pursuits. However, officer resilience suggests that the same factors contributing to an officer's vulnerability to stress are the factors that contribute to resilience or *intuitive policing*: Experienced officers observe behaviors exhibited by criminals sending danger signals, moving an officer toward a reaction of public safety. Intuitive policing represents a decision-making process learned through critical-incident experiences. Critics of debriefing contend that while it would aid in immediate stress responses to some extent, it would not help resolve long-term psychological disturbances, it would accentuate stress responses, and it would exacerbate traumatic stress responses.

General Work Stressors. These are stressors arising during officer routines, such as conflict with regulations, paperwork, public disrespect, domestic violence stops, losing control on service calls, child abuse calls, another officer reported injured, lack of recognition, poor supervisor support, disrespect by the courts, shift work, death notification, poor fringe benefits, and accidents in patrol vehicles. General work stressors can change depending on experience.

Family Stressors. These stressors arise from personal relationships, but officers view family life as less of a stressor than expected. However, family members view the job of an officer as stressful for them. Officers' spouses report that shift work, concern over their spouse's cynicism, the need to feel in control at home, and an inability or unwillingness to express feelings frustrate them. Then, too, because officers seek adventure and work in distant neighborhoods at odd hours, infidelity is an option adding to family member stress and divorce.

Gender Stressors. Female and male officers share similar police stressors, but significant differences emerge for females because of differential treatment from male officers, supervisors, courts, and the public. Stress in association with gender comes from a lack of acceptance by a predominantly male force and subsequent denial of needed information, alliances, protection, and sponsorship from supervisors and colleagues; a lack of role models and mentors; the pressure to prove oneself to colleagues; exclusion from informal channels of support; and a lack of decision-making influence. A turning point leading to female officers' resignation can result from perceptions of stagnated

careers, an intense experience that brings accumulated frustrations to the foreground, lack of career fulfillment, family considerations, coworker conduct, policy, and new employment opportunities. Women tend to respond more directly to stress than men because they tend to talk about their feelings and take days off for professional and personal help to aid them.

Organizational Stressors. Police organizations differ in size, resources, and initiatives; however, organizational structures are consistent with a hierarchical bureaucracy. Therefore, the internal stressors affecting officers may include a political climate whereby commanders control policy less often than anticipated by police personnel; supervision is consistent with a hierarchical bureaucratic structure that stifles quality police services; paramilitary police models mandate strict enforcement practice, which alienates officers; local federal intervention targeting terrorists becomes a stress beehive among officers and supervisors; and officer professionalism is inhibited by the chain-of-command tradition.

Organizational stressors are a greater source of disruptive stress among officers and their supervisors than critical incidents, general work, family stressors, and gender stressors. This is consistent with officer resistance to new police initiatives and a lack of professionalism; consequently, officers band together in a police subculture for protection.

Resolving Stress

Officers and professionals can apply public health medicine's model of prevention in their development of a stress reduction model, which includes educating the healthy, educating those at risk, and treating those infected.

Individual initiatives include pervasive actions taken by an officer to curb stress because it is individually acknowledged that stress left unattended leads to poor police services and fewer quality-of-life choices among officers. Many officers believe that stress is a private matter and, consequently, resolve its effects silently through positive participation at church and in their families; through hobbies, school and training activities, and workouts; and sometimes through inappropriate activities such as substance abuse and other forms of deviant behavior.

Person-centered initiatives relate to professional or peer group intervention models. There are many choices available depending on departmental resources, objectives, and policy. Stress reduction providers include in-house units, external units, and hybrid services.

In-house units include formal employee assistance programs developed and administrated through a department to provide stress intervention services and pre-employment screening of police candidates. Informally, officers can develop volunteer peer groups to aid in stress control. Also, there are many peer groups initiated and developed among officers, and many patrol officers and supervisors admired by their peers are often sought out for guidance. In-house units are typified by stress units or volunteers employed by the organization.

External programs use an independent psychologically trained agency to provide stress intervention, including debriefing sessions and pre-employment screening.

Hybrid programs are typified by organizations that use both in-house and external programs. Departments can use personnel from other police agencies, as well; for example, the Massachusetts State Troopers stress unit also serves Boston police officers.

Obstacles associated with individual- and person-centered stress strategies include the following: (a) stress intervention is performed through a multimodal process; (b) treatment is not encouraged by the public, supervisors, and police subculture; (c) seeking help or showing feelings is seen as a weakness or shedding the uniform; (d) officers may hold an unrealistic view of the job; and (e) administrative expectation and demands.

Prescribed medication by some licensed stress practitioners includes antidepressants such as fluoxetine (Prozac) or sertraline (Zoloft), which may do little to achieve positive mood changes. However, some research suggests that such drugs may improve the way brain receptors (neurotransmitters) process crucial brain chemicals, most notably serotonin. Medication is intended to "readjust" brain functioning back to its optimal condition. Bupropion (Wellbutrin) works in a different way but may be equally effective. Most police psychologists discourage the use of medication, simply because it is too risky. In some situations, officers are drug tested, and in other situations, psychological dependence is possible. A good rule of thumb is that medication can be an alternative but only with recommendations from more than one physician.

Pre-employment screening can identify at-risk candidates who inappropriately rationalize excessive use of force, have engaged in substance abuse and crime,

hold racist attitudes, or experience severe family conflicts. Departments can develop systems of intervention targeted toward different groups of officers at different phases of their careers, resulting in the identification, treatment, and resolution of suspect officers. If potentially problematic officers go undetected, it is more likely that they will engage in the use of lethal force regardless of the situation because risk behaviors are intensified through other experiences. Desirable personality traits could be enhanced through preservice and in-service training, which would aid in the development of a personnel standard resulting in higher officer morale, fewer human rights violations, and enhanced quality of police services.

Dennis J. Stevens

See also Crisis and Hostage Negotiation; Critical Incidents; Fitness-for-Duty Evaluations; Police Decision Making; Police Occupational Socialization; Police Psychology; Police Selection; Police Training and Evaluation

Further Readings

Ellison, K. W. (2004). *Stress and the police officer* (2nd ed.). Springfield, IL: Charles C Thomas.

Selye, H. (1979). Stress, cancer, and the mind. In J. Tache, H. Selye, & S. B. Day (Eds.). *Cancer, stress, and death* (pp. 11–27). New York: Plenum Press.

Stevens. D. J. (2007). *Police officer stress: Sources and resolutions.* Upper Saddle River, NJ: Prentice Hall.

Toch, H. (2001). *Stress in policing.* Washington, DC: American Psychological Association.

POLICE TRAINING AND EVALUATION

Police training is a process by which teachers communicate to police personnel job-related knowledge and skills and assist them in mastery of the material. Training occurs at recruit, field, and in-service levels. Sworn police personnel, nonsworn personnel, or police psychologists, who have special knowledge of police behavior, present the training topics. Psychological knowledge, in part from experimental, social, heath, clinical, industrial-organizational, educational, and sport psychology, has informed police recruits and incumbent officers in three general topical areas of training: wellness, information and skills, and supervision and management. Training sometimes crosses over

all three areas. Police trainers make informed decisions about the effectiveness of training when they evaluate police performance and training curricula. Psychological knowledge has provided trainers an understanding of the conceptual grounding and application of evaluation methods at the individual officer level and at the training program level.

Recruit, Field, and In-Service Training

Agency-affiliated, regional, and college-sponsored police academies provide recruit (or basic) training. Large municipal and state police agencies usually establish agency-affiliated (or individual) academies. Regional (or statewide) academies typically provide basic training for local city and town police recruits. In some states such as California, some individuals interested in becoming police officers attend college-sponsored police-training academies, where they take part in basic police training and earn college credit. Among academies, the length of training time varies. Some recruits receive as little as 8 weeks of training, whereas others receive as much as 32 weeks. State Peace Officer Standards and Training (POST) commissions set the minimum length of recruit training time. Police academies may add training time to the minimum required by state POST commissions. Generally, agency-affiliated training academies require more hours of training than do regional or college-sponsored ones.

When police recruits graduate from basic training, most of them enter Field Training Officer (FTO) programs implemented by their agencies. FTO programs have recruits—now field trainees—ride along with incumbent officers who have formal training in teaching established program curricula and evaluating trainee performance in actual work conditions. Police trainees learn agency-specific policies and practices and work-area-relevant information. The duration of their field training and evaluation period may be as little as 10 weeks or as much as 24 weeks.

Once police trainees complete their FTO programs, they receive periodic in-service (or refresher) training during which they relearn, practice, and correct acquired job-related knowledge and skills. In-service training aims to reduce forgetting and performance deterioration, which naturally result from the passage of time. It sometimes involves acquiring new knowledge or specialized skills. Some police agencies require officers from all organizational levels to participate in in-service training. Some agencies excuse