

Counseling Officers: Perspectives of a Police Psychologist

Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

Gilbert Moore

00:16

Hello. I'm Gilbert Moore and welcome to *The Beat*. Today, we will be speaking with Dr. Mark Kirschner, a clinical psychologist who is certified by the American Board of Professional Psychology in Police and Public Safety Psychology. Dr. Kirschner is the managing partner of the Behavioral Health Consultants, LLC, and he's the immediate past chairman of the International Association of Chiefs of Police's psychological services section. Dr. Kirschner, welcome to *The Beat*.

Dr. Mark Kirschner

00:45

Good afternoon. Thank you for having me.

Moore

00:47

Oh, no worries. As a matter of fact, I should probably tell everybody that Dr. Kirschner is joining us from his offices in Connecticut so there may be a little bit of background noise, not to worry, we're still going to have an interesting conversation. Dr. Kirschner, to get started and so that our listeners have a better understanding of your connection to the law enforcement profession, can you tell us in plain language what you do for a living?

Kirschner

01:10

I, as you said, I'm a clinical psychologist, but one of my specialties is working with police and public safety psychology first responders. And in that, I sort of practice across a number of domains, conducting pre-employment psychological evaluations, fitness-for-duty evaluations. I also... my company does employee assistance programs for approximately 50 different departments in the state of Connecticut. We do peer-support training, we do critical incident debriefing, and then as well as training in the academies.

Moore

01:46

So in addition to being very busy, it seems like you're at the intersection between our first responders on the law enforcement side and the needs that they may have in remaining balanced so they can protect and serve in the best possible manner. What causes the need for the level of psychological

services that officers might benefit from? Is it repeated exposure to trauma? Is it one incident and maybe kind of the professional isolation that they experience? Or the need to be hypervigilant? Are there things in your work that you've seen that make it unavoidable that officers might need psychological counseling?

Kirschner

02:22

I would have to say it's the career in general and sort of everything that you listed is a potential problematic issue. As well as the fact that law enforcement officers are no different than the general public in terms of issues that they're confronted with outside of the job—family issues, substance abuse issues—that impact them as well, having nothing to do specifically with the job, but also are things that potentially have the need for services, for counseling, and intervention.

It's not, you know, it can be the exposure to one incident, it can be cumulative exposure to a career of incidents, and then it also is your reaction, or their reaction, the officer's reaction, to those things that they're exposed to as part of the career, and that can be situations, that can be peers, that could be administration. So there's multiple factors that contribute to how the law enforcement career changes an individual over the course of time.

Moore

03:28

And when it comes to the inevitable need for support services, I once heard a sheriff say something to the effect of when it comes to PTSD and profession in the law enforcement community, the question is not whether or not you will dance with those two issues, but it's how often you will dance with those two issues. Would you say that sentiment is on point based on what you've seen?

Kirschner

03:50

Not totally. I mean, as human beings, we're fairly resilient individuals. And most of us experience things, and we're... including police officers... and are fairly adept at handling them without significant negative implications. For law enforcement officers, I recently read a study that said law enforcement officers are exposed to almost 200 critical incidents over the course of their career. Critical incidents defined as shootings or suicides or horrific car accidents or domestic violence situations. So they're exposed to a much larger number than the general public, which then obviously puts them at a higher risk for things like PTSD or something we call accumulated stress disorder and depression. It's not that everyone's going to experience them, but there is a large number that do and, unfortunately, that often goes untreated.

Moore

04:49

And so when these situations remain untreated, what type of impact does it have on officers?

Kirschner

04:45

The failing to address the issues is often what causes ultimate problems in their career, and that could be things such as disciplinary issues, it can be substance abuse, it speaks to the high rate of divorce amongst law enforcement because of the impact on families and as well as the high suicide rate in law enforcement.

Moore

05:18

Speaking of which, we've seen what appears to be an increase in the number of suicides among law enforcement officers over the past few years. As a matter of fact now, every time we see a suicide of an officer, there's a sense of we're heading down a hole that we should be able to protect ourselves from. And, in a previous conversation with you, you talked to me about the numbers being uncertain. And how do we make sense of the risk that officers confront when it comes to suicide or doing some type of irreversible harm to themselves?

Kirschner

05:50

Well, I think the key to the suicide issue has to do with the, again, we're talking about mental health services and accessing them, and it's focusing on the prevention, the education and as well as providing appropriate intervention services for the officers while at the same time trying to reduce the stigma that exists from them seeking out those services. Things like depression, PTSD, are very treatable conditions amongst the mental health field. There are more and more treatments every day. There are medications. So they're very treatable conditions if the officer takes the step to sort of seek those services out. Unfortunately, if they don't seek services out, that tends to be when we have sort of career ending issues. In terms of whether it's substance abuse, we often see officers get into disciplinary problems or illegal activities, all secondary to their mental health concerns, which ends up being career ending.

Moore

06:52

You talked about officers availing themselves of services or somehow being provided with access. But there seems like there are two elephants in the room, one of them being stigma associated with it and the environment that exists in the precinct or in the district and how you get past that stigma, and the other would be a concern about privacy or being deemed unfit for duty. How is that navigated? You know, I might be feeling something that I could benefit from getting some support on, but at the same time, I'm concerned that if in fact my commander or the department finds out about it, it could mean my career in some way.

Kirschner

07:32

Well, here you brought up two, I think, are the key points in terms of the obstacles towards officers seeking mental health treatment. The first would be the stigma that goes against such treatment. There's sort of this RoboCop mentality that police officers don't feel, police officers take care of their own problems, police officers handle things on their own, and as such, they don't want to seek out treatment because they're concerned about what that will do in terms of they'll appear weak, they'll appear less of a person, less of an officer, because they can't handle situations.

I actually, with officers, try to twist that around and point out that actually seeking services and mental health treatment is actually a strength, not a weakness. And it speaks to what they, as officers, value, which is they're trained to come upon situations, take control over the situations, apprise what's going on, develop a plan, and enact a plan. In this case, their mental health issue is the problem such that if they take the steps towards addressing the problem, they're doing the very thing that they value in terms of taking control of the situation albeit that they're the situation themselves. So it's actually a strength, not a weakness.

Moore

08:52

How has that perspective been received in the field? How is it going over? I do understand it but, I mean, how does that land on people who are wearing the badge on a daily basis and operating in a very serious environment?

Kirschner

09:04

Well, it's hard to say because I don't have any way of tracking the people that I've said that to versus how many people then turned around and ended up in treatment. Often, the people I'm saying that to, is when I have an officer here in my office, so they've already taken that step and I'm now trying to work with them to show how the step that they took is actually a positive thing and not a negative thing and trying to sort of continue to break the stigma even though they're already in my office.

Moore

09:29

So, and that takes us down another road, I mean, what does that look like when an officer comes to you for counseling? And what I mean by that is, you know, I've looked at this issue across law enforcement and it doesn't seem to be one approach or one standard, you know. Some departments, they have regular quarterly, biannual, or annual check-ins. Some are really focused on post-incident counseling and support services. Others, on the other hand, you know, very comprehensive systems where they begin working with officers and indoctrinating them to the need for support services as early as the academy and maybe even have support services for family members as well. When an officer steps into your office to talk about whatever they need to talk about, what typically has been their course?

Kirschner

10:14

The majority of officers who come into treatment, at least in my offices, do so on a voluntary basis. And the voluntary basis is a key factor, goes back to a point you mentioned before about the confidentiality aspect of things. But yes, an officer can come get into treatment either because of a voluntary basis. They can come to treatment based on what we call supervisory referral where their sort of supervisors are sort of saying they need to come for treatment. But the way we try to get them here, as I said, my company, we do a lot of employee assistance programs, so we're spending a lot of time doing all the things that you talked about.

We teach in the academy. So as early as the academy, we're talking about mental health services, the impact of the career on them. We go to family nights and educate the families on the impact of the career on their loved one and talk about ways to sort of circumvent negative issues and let them know of available treatment as well, even if their loved one does not want to go. It's available to family members for them to access treatment as well.

So we try to get them to come voluntarily. We also utilize peer support teams and use peer support members as a way to sort of serve as an intermediary between the rank and file officer and the big bad mental health person. Our peer support people are there as an intermediary level to sort of reach out to people, identify problems, and then serve as facilitators to get them into treatment through us where they can vouch for us. They can say, "Dr. Kirschner is a really nice guy. I know him. You should talk to him." And we utilize them a lot as a way to get to the officers to sort of break through some of the stigma issue.

The confidentiality issue is a big obstacle as well that we face because there are employee assistance programs who have, over historically, not maintained confidentiality, but the reality is we as licensed mental health professionals are mandated by law to maintain the confidentiality. So if an officer comes in to me here in treatment, their department will never know that they're in treatment unless they themselves tell them. The exceptions to that being if they're danger to themselves, danger to others. Obviously if someone came in and told me that they were suicidal, I'm going to do whatever I need to do to protect them, keep them alive, have their gun taken away, et cetera. But just coming in for treatment of depression or coming in [for] treatment of substance abuse or coming in for treatment of difficulty handling distress in general is not something that would be ever reported to the department such that the department would ever know or question their fitness.

A fitness issue usually comes in when people don't address problems and they don't go for treatment and now those outside issues are starting to impact on their work performance or their behavior and now it's risen to the level because it's gone unchecked and untreated. It's now risen to the level that it's created such a problem that the department is now saying, we're questioning your fitness.

Moore

13:29

So are there any states that have laws in place that offer a guarantee of privacy to officers?

Kirschner

13:37

Well, the privacy is, like I said, the privacy is sort of mandated there based purely on the fact of being a licensed mental health professional. That's a legal right to confidentiality that's owned by the individual patient. I will say, in Connecticut, they recently passed legislation which prohibited departments from taking any negative actions against an officer purely because they sought out treatment. So if an officer comes and seeks out treatment for depression, purely on the basis of that, the department cannot take any disciplinary or negative actions against the officer questioning their fitness or anything like that as an aftermath of them just seeking out treatment. So that is definitely legislation in Connecticut that also now protects, and that was a positive thing because it does add that additional layer that sort of demonstrates the fear that it's going to jam them up in their career with the department, that the department cannot do anything purely because you sought out treatment.

Moore

14:37

Unless it presents as something that compromises your fitness for duty.

Kirschner

14:41

Right.

Moore

14:42

And so help me understand what the interaction is that creates the level of comfort for an officer when they are talking to a counselor. And so what's in my mind are things that I've heard, some of them from you, about officers finding it difficult to identify a counselor who they can trust and who they can be open and honest with who's prepared to hear the types of challenges that are a part of their profession and what they experience. How is that familiarity built with a counselor?

Kirschner

15:11

Well, as I've worked with law enforcement now over 20 plus years, what's come to light is the importance of having culturally competent clinicians to work with the officers. And many of the difficulties we have or have experienced in the past have to do with officers seeking out treatment but it's either the wrong kind of treatment or it's with an individual who's not culturally competent, familiar with the culture of law enforcement. And it's a unique culture. And it's important to understand those things in order to best be able to treat the individual.

For example, if an officer's coming to talk about a traumatic event, it's important that the clinician be aware of what officers do, what they're exposed to, what the events are, because you can't have the clinician be traumatized by what the officer's saying. We've had officers come in who said they went to

see somebody and they were talking about some trauma that they were exposed to and the clinician was crying. And then the officer felt like they had to take care of the clinician as opposed to getting help themselves.

So it's very important to find clinicians and have clinicians that are culturally competent to work with the officers. And if you don't, that's often where they get a negative flavor or a bad experience and then that sort of goes to another obstacle towards getting help.

Moore

16:39

So if someone listening is a police chief and they are responsible for identifying the best way to ensure the emotional health of their officers, how would they go about finding culturally competent service providers?

Kirschner

16:56

I think for chiefs who are looking and evaluating employee assistance programs, I think it is important to ask that question of when they're putting request for proposals and things like that, that they're asking the question of what experience does the EAP have in working with first responders and do they have any specialty or clinician specific to addressing those cultural issues in working with that particular culture. If they don't, that's where you potentially set up problems and difficulties.

Now the reality is, especially in more rural communities or smaller departments, access to, you know, a wide variety of clinicians may not be available and there's not going to necessarily be people who have had that experience. In that case, the recommendation is sort of for chiefs to reach out to clinicians in the area and work with them to become familiar with the culture, whether that's doing ride-alongs, whether that's coming in and attending a roll call, or doing something to familiarize themselves with the culture such that they can then make themselves as available as a community resource should an officer in the department need assistance.

Moore

18:13

In those cases, when a service provider or a clinician is exposed to the officers, does that help reduce the stigma?

Kirschner

18:23

I think it helps reduce the stigma and here again is the difficulty, the advantage of larger departments, who, say, have psychologists in house versus a smaller department who may have a consultant psychologist or who may not have a consultant psychologist. But yes, definitely, familiarity with the individual does help break down some of the barriers. So the fact that I'm at a department and it's

whether I'm doing training or I'm doing a debriefing or I'm doing something else where they actually see me there and they know who I am, and they identify who I am, makes it much easier for them to reach out.

I often will give out my cell phone directly to officers or to departments so that they can call me directly, which helps break down a barrier as opposed to them calling an 800 number and talking to an administrative person to try to set up an appointment. They can reach out to me directly and get me directly and address whatever issues, and then I could work to help set them up with whatever treatment is necessary. So absolutely, the familiarity helps break down the obstacle towards seeking treatment.

Moore

19:26

If you are just joining us, we are speaking with Dr. Mark Kirschner. Dr. Kirschner is a clinical psychologist who is certified by the American Board of Professional Psychology in Police and Public Safety Psychology, and he's also the immediate past president or past chair of the International Association of Chiefs of Police's Psychological Services section. So, Dr. Kirschner, when you talked about that familiarity and creating that, are there best practices that you've seen that you think would be most effective in creating the level of familiarity that is needed.

Kirschner

20:05

I don't know if there's any one thing that's most effective. Again, I think it's the familiarity and education. I think it's important to, on a regular basis, be making the officers aware of what services are available to them, how to access those services, stressing the confidentiality of those services, and not just sort of presenting that to them or doing a brochure, but that may be going to roll calls on a regular basis and just presenting that information. Again, I talked about peer support, that's another major avenue that we utilize to help break down the stigma and also serve as a way to help officers get the help that they need.

Moore

20:48

So peer support, these are officers who are working on the job in a department and they have a unique role of also being individuals who other officers can reach out to in a time of need possibly? Or are they actively engaged in identifying officers that may need somebody who they can share their experiences with?

Kirschner

21:09

They're officers who've been identified who go through a training that's provided by us. There are a number of peer support... there's all kinds of peer support programs across the country, everybody does it differently. Our model is we provide training for them and then remain as consultants to them across the course of time, so that if they have questions, if they don't know how to intervene, if they don't

know how to address an issue, we're always available there to consult with them. But basically, the peer support person serves as a peer that either A, is identified within the department such that if somebody is looking for someone to talk to, they could reach out to the person. More likely the way that it will happen is we're providing our peer support members with training on identifying warning signs for various things.

And so what happens is they're either on the lookout for those things amongst their colleagues or they hear about it from someone else who knows their peer support person to go to get them to address the issue. And whereas they can do things that I can't do. I can't go to somebody and say, "Gee, I hear you're drinking more," versus a peer support person as a peer can go up and say, "Gee, I've heard this. What's going on?" And it sort of helps to break that down. So that's the model that typically happens more is the peer support person reaching out to someone and trying to identify a problem and then facilitate some kind of assistance. And sometimes, that may just be a conversation with the peer support person, and that's all the individual needs. Other times, it's facilitating them getting in to some kind of treatment.

Moore

22:47

So one of the things that was a part of your answer is identifying issues that may warrant more attention and if I am a first line supervisor or a precinct or district commander, what kind of things would be indicators that there's an officer that might benefit from counseling?

Kirschner

23:04

There's sort of a laundry list of things that we could do. I mean, it depends on the specific topic that you're talking about. You're looking at issues related to substance use, you're looking at issues related to depression, looking at issues of stress-management issues or coping issues and those things could take many, many, many different forms in terms of how somebody is going to sort of evidence difficulties. It's really being, you know, aware of what's going on with the individuals and looking for changes in their behavior or their thoughts that they're sort of either expressing or evidencing.

Including when we worked with the departments that when they discipline an officer, that they should include and just sort of provide information about the EAP to the officer as part of when they're suspending an officer or demoting them or something like that, because we know that's a big stressor that often leads to difficulties, and we're trying to just jump ahead and prevent problems by sort of making those services aware to them.

Moore

24:08

And what about if I was a family member, are the answers the same? Is there behavior at home or other behavior that might indicate that my loved one is experiencing some challenges as a result of the job?

Kirschner

24:21

There are and there are lots of books on that. I don't get any royalties but I would recommend, my colleague, Ellen Kirschman, has written a book, *I Love a Cop*, for family members. I think it's an excellent resource that sort of talks about how the career impacts the officer over the course of time and then talks about the strategies that families can utilize to sort of mitigate against any negative impact on the family. So it really serves as a great resource that helps sort of talk about the things of how this career is going to change them. And it is going to change them over the course of time. And it does have an impact on the family.

One of the things we've more recently tried to do is increase our outreach to the families to make them aware of the services that are available, both for the officer themselves but as well as for the family members.

Moore

25:13

So as we get towards the end of this discussion, tell me, if I'm now the officer and I've been on the job a couple of years and I realize that my presence alone is not going to keep the world safe and that the ideals are just that, ideals, tired of working overnights, and I'm starting to feel the pressure of the job, what are the first steps that you would suggest an officer takes in receiving the support that they need?

Kirschner

25:39

The first step that I would say is to reach out to somebody to externalize what's going on in their head, and that somebody can be a family member, it can be a peer support person, it can be a chaplain, it could be a mental health clinician. The key is that they begin the process to sort of take what's in their own head and put it out there and start sharing it with someone. They may not feel comfortable sharing it with their family, and that's often the case, but then they may reach out to a peer and discuss it with them.

The problem comes in when people hold things in and just let them build over the course of time. Ultimately, it will get to a boiling point. So the key is taking the opportunities to get it out, and it doesn't really matter who you're venting to or who you're sharing it with as long as you're doing that. And like I said, most officers have great support systems and social networks and they avail themselves of those and talk about things and process things and come to their careers without significant negative impact.

I think the problem comes in when people don't do that. They want to spare their families, they don't want to share things, they don't want to talk to their peers because they're afraid of appearing weak. They don't want to go to the scary mental health person because they're worried it's going to jam them up on the job so that they do nothing. And I think that's the worst thing that you can do.

Moore

26:59

Well, Dr. Kirschner, we appreciate your time with us today, the insight that you provided I'm sure is going to be very helpful and impactful for some of our listeners. So we thank you very much and we again appreciate you spending time talking to us on *The Beat*.

Kirschner

27:14

Thank you, and it's been my pleasure.

Voiceover: *The Beat* Exit

27:16

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Voiceover: Disclaimer

28:15

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