Recommendations for Police Psychological Services and Police Wellness Programs

Wellness Programs, Policy, and Training

- Pre-employment psychological screenings, per the guidelines set forth by the IACP, should occur with every officer hire.
- Holistic Wellness programs should begin in the Academy and continue through field training and across the career of an officer. These services should be provided by a culturally competent licensed mental health professional who has an in-depth understanding of the law enforcement culture.
- Embedded Programs include culturally competent licensed mental health professionals who focus on officer mental health and wellness. These individuals generally provide regular office hours at a unit or station and participate in activities including ride-alongs. Telehealth services may also be provided. These individuals should not provide social service functions nor be the same professional who provides fitness for duty evaluations for the department.
- Law enforcement specific and general mental health resources should be made available for use by officers, through a departmental lending resource library, designated folder on the department shared drive, website and/or app. These resources should include a statement of support from the Leadership normalizing the use of mental health services. Information related to all aspects of physical, mental, social, financial and spiritual health and wellness, including the availability and use of Peer and Family Support Services is recommended. Meditation and sleep apps (Calm, Headspace, Unplug, Breath Ball, Meditate OM, Virtual Hope Box, Better Sleep, Sleep Waves and/or Tapping Solution etc.) have also been found to be beneficial.
- The department should have a suicide prevention, intervention and postvention policy with training and vetted resources available to all personnel.
- Mental Health Trainings with culturally competent clinicians should be provided on the following topics when possible:
  o Training for employees (especially supervisors) on Fitness for Duty Evaluations
  o Police Officer Wellness
  o Trauma Spectrum including work related cumulative stress
  o Stress Management and Intervention
  o Resiliency Training

---

o Family Relations
o Mental Health Awareness
o Suicide Prevention, Intervention and Postvention Issues
o Substance Misuse and other Addictions
o Worker’s Compensation Claims for Physical and Psychological Injuries
o Impact of Officer Involved Shootings
o How to Handle a Line of Duty Death
o Dispatcher Wellness
o Wellness Training and Psychoeducation for Retirees (what to expect in retirement and coping strategies)

• Conduct a needs assessment to survey personnel regarding the stressors that impact them and the resources that could help mitigate those stressors. Evaluate whether changes implemented are addressing the issues identified.
• Identify and address Department policies and practices that contribute to work related stress including policies and practices related to shift work, schedules and child or dependent care particularly those faced by subgroups (single parents, two-officer households, etc.).
• Organize assistance and support to those injured who may live alone, or for those who need additional support. This may include food delivery, doctor’s appointments, pet care, house cleaning/yard work.
• Provide alcohol, substance and process addiction (sex, gambling, etc.) prevention training. Process Addictions include situations where the individual is engaging in a behavior despite negative consequences.
• Connect to the AA First Responder Fellowship meetings throughout the state/region.
• Additional trainings related to stress management should be offered throughout an officer’s career. Topics recommended include stress management, Meditation and Mindfulness, physical health and well-being, nutrition, financial planning, retirement planning and career transition, etc.
• Holistic Wellness Resources for police employees should be vetted by the department’s psychologist, wellness and/or peer support team. These providers can offer additional support and services including: financial wellness, nutrition, personal training, yoga, martial arts, Tai Chi, massage therapy, etc. Preferably these vendors should have familiarity with and in-depth understanding of the law enforcement culture and/or be vetted by department personnel.
• Additional support should be considered for particularly high stress positions such as sex crime investigations and under-cover work.
• Performance and stress management training specific to tactical and specialty teams (i.e., SWAT, CAN, WMD) should occur.
• Consider establishing a stipend fund for the development of culturally competent psychological-based trainings relevant to first responder regarding police culture, emergency and mass disaster events and the potential trauma resulting from these.
• In addition to providing an American flag to the spouse of an officer, Department’s should consider providing flags to all the children and to the parents (both if divorced), of those killed in the line of duty.
Wellness Visits

- Annual wellness visits, based on the guidelines set forth by the IACP, should be provided by culturally competent licensed mental health professionals. This individual should not provide social service functions nor be the same professional who provides fitness for duty evaluations for the department.

Critical Incident Response

- Psychological debriefings for officers involved in shootings, pediatric death calls, and in-custody deaths, should be provided as per guidelines set forth by the IACP. Agencies are encouraged to employ a broad definition of involved personnel. These debriefings should be provided by culturally competent professionals with an in-depth understanding of law enforcement personnel and critical incident stress management best practices.
- A Police Psychologist or licensed culturally competent mental health professional should be vetted in advance of and available to police employees for immediate response to critical incidents.
- The incorporation of in-vivo exposure therapy after officer involved shootings wherein the officer would be accompanied to the scene of the incident, by either the psychologist or a trained peer support member before returning to duty, should be considered. Shooting at the range is also recommended before returning to duty. Modified duty or any transitional needs for returning to full and unrestricted duty should be determined by the psychologist in collaboration with the officer.
- Development of a mental health fund to provide access to immediate individual-based psychological services to employees after exposure to traumatic on-duty incidents in order to avoid waiting for worker’s compensation approved care should be considered. This trauma-related treatment may include a range of interventions (i.e., EMDR, grief counseling, psychiatric medication), as needed for 30-days following a critical incident.

Mental Health Treatment

- Provide a list of resources related to retreats and organizations that focus on first responder wellness and trauma recovery throughout the country. Encourage and normalize attendance at OIS and Post-Trauma Retreats. If feasible, develop agency policy and procedures to accommodate attendance at these supportive events.
- The use of “blind billing” practices should be adopted with culturally competent licensed mental health practitioners who provide services to the agency. This practice allows submission of billing statements to the department without names or specifics related to services. This allows for a shame- and stigma-free way of accessing mental health support services. A designated peer support member may be used to verify/approve the sessions. Using a peer support member rather than other department members is recommended to maintain confidentiality (per The COPs Counseling Act and LEMHWA).

Peer Support

- It is recommended that Peer Support Program Personnel are trained by Police Psychologists or licensed culturally competent mental health professionals. It is also

---

recommended that peer support members are elected by the employees within their department, and that all members received a Basic 3-Day Peer Support Training and regular quarterly trainings. Peer support members should have 24/7 access to a Police Psychologist or a licensed culturally competent mental health professional. It is recommended that all agencies follow the IACP Peer Support Guidelines.

- Provide availability of peer-led support groups as needed.
- Support Regional Peer Support Trainings by providing food/coffee and staff availability for mutual aid response to critical incidents, (line of duty deaths at other agencies etc.).
- Support use of a Peer Support Companion Dog Program.
- Develop a Chaplaincy Program
- Provide cross-training to both peer support and wellness teams. Include chaplains to ensures regular training of all peer members and effective teamwork.

**Family Services**

- Family Orientation and Wellness Trainings and Family Support groups should begin at the training academy and continue throughout an officer’s career.
- Efforts to involve families via direct communication and/or the development of family friendly department sponsored events should be considered
- Assessment of childcare need should be conducted and support provided as feasible (child care services, financial support or family stipend, resource information and referral services etc.). Childcare support and assistance can positively impact both recruitment and retention of all personnel.