Mitigating Workplace Stress and Trauma in the Civilian Sector

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Analytical Report Acceptance

We certify that Andrew Baxter has successfully completed the Analytical Report as required in GEN 202.00 Promotional Process.

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Certification Statement

I hereby certify that this Analytical Report is my own product; that the analysis is original to me; that where the language of others is used, quotation marks so indicate; and that other appropriate credit is given where I have used the language, ideas, expressions, or writing of another.

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Introduction

In recent years, great efforts have been made to address the psychological needs that members of a law enforcement agency the size of the Hillsborough County Sheriff's Office (HCSO) require in order to sustain officer wellness. The services that are offered are underused in law enforcement as a whole, and there is an extensive body of research that shows both the psychological and cost benefit of establishing and sustaining an officer wellness program. A non-profit organization known as "Blue H.E.L.P." reported that in 2018, there were 160 police officer suicides in the United States ("Home- Blue H.E.L.P.", 2019). That number eclipses the 150 officers that died in the line of duty during the same period (2018 Statistics, 2019)- a stark reminder that for the second straight year, suicide is a more prevalent cause of death in the profession than the already high mortality rate.

In addition to the stigma attached to addressing these issues, there are "civilian" subcultures within the organization that are exposed to the same stressors, but aren't as informed that the services are available to them. This Analytical Report seeks to reveal some issues within the subcultures, and to suggest solutions to establish and maintain a trauma-aware culture within the organization. All employees should be aware or exposed to the types of hidden stressors they will face, and that the programs are universally available. Efforts to increase the overall trauma awareness of the HCSO will benefit the employees, the agency as a whole, and the public it is charged with protecting.

The psychological well-being efforts of the HCSO are multi-faceted and include health and wellness education programs (some of which are incentive-based) and

several policies that guide employees and supervisors through the aftermath of critical or traumatic incidents. Becoming a more trauma-informed agency will address the need to inoculate our employees before the inevitable critical incidents occur. This report will provide insight and analysis of the types of exposure the employees endure, and the methods of addressing workplace stress, trauma, secondary-trauma, and post-trauma within the civilian ranks of the Hillsborough County Sheriff's Office (HCSO), and recommend a solution.

The HCSO employs approximately 3,500 people. Informally, the employees are split into two separate categories: sworn and non-sworn (or civilian). The sworn population is comprised of approximately 2,000 employees who are certified by the State of Florida in either law enforcement or corrections. The remaining employees represent a population of professionals who are conflated as "civilian" support personnel. There are varying degrees of support, and some of the civilian personnel are more vulnerable than others to the same or similar types of trauma that the sworn population is exposed to. At times, this breakdown into subcultures of "sworn" or "civilian" can lead to confusion and identity crises. For example, the communications portion of the Communications and Records Bureau operates in a very similar style to the sworn elements of the agency. In the Communications Center, approximately 160 out of the 180 employees are vulnerable to traumatic situations. The Communications Center represents the largest concentration of non-sworn employees in the agency. The division of labor is set up in a para-militaristic style. The actual shifts mimic the Department of Patrol Services. There are two day shifts and two midnight shifts. Each shift works on an A or B rotation (known in military circles as a Panama Schedule).

There are two squads on each shift, with a Communications Supervisor for each squad who both report to a shift leader, known by title as a Communications Manager. The shifts all begin with a roll call, and the personnel are required to wear and comply with a uniform policy that specifically addresses Deputy Sheriff Uniform and Equipment. Though they are not in face-to-face confrontations with the public, a dispatcher on a typical shift endures very similar auditory and psychological trauma as a deputy sheriff (Pierce & Lilly, 2013). Even with all of the similarities, Communication Center personnel are non-sworn members of the agency, and lumped in with the clerical and support staff. Though all roles are vital to the success of the agency and the protection of the public, Emergency Call Takers, Digital Communications Dispatchers, and their supervisors and managers are caught in between two worlds. They may not be in direct danger like a law enforcement officer, but they are hearing the raw emotion and terror of the caller, in real time. They consistently experience trauma and suffering without being at the scene.

Stressors that are somewhat unique to the Communications area are the lack of warning before traumatic calls, the inability to be present at the scene to visually process the traumatic information they heard or experienced, and an absence of closure after distressing calls. The call taker is normally left to use their imagination to paint the picture. It is a rare occasion that a telecommunicator gets to hear “the rest of the story”, which could help in the closure after experiencing the initial trauma.

Similarly, the other main area where civilians are frequently exposed to traumatic incidents is the Child Protective Investigations Division (CPID) where the HCSO employs 78 Child Protective Investigators (CPIs). They too have similarities with the

sworn element that sometimes create an identity confusion for the public, and for the members of the division itself. The CPIs also wear uniforms and are held to the same standard as a deputy sheriff, though more closely mimicking the attire of a detective, only unarmed. They drive agency-maintained vehicles without emergency equipment that give the appearance of unmarked law enforcement vehicles. They are responsible for home visits, and they meet face-to-face to conduct interviews and investigations, some of which turn into criminal matters. Due to the fact that their mission is to protect children, inevitably they encounter adults who are prone to abuse. The investigators are exposed to difficult time constraints and caseload management, which would potentially create barriers to optimally safe conditions. Like the Communications Center personnel, the CPIs and their management serve a far more vulnerable role than that of the standard clerical staff, but are lumped into the same category.

Other similarities between these two mission-critical entities are organizational and environmental workplace stressors, employee retention issues, and the employees' high probability of being exposed to various types of trauma. Though some of the stressors that the CPIs experience vary from what the telecommunicators experience, the trauma or (perceived trauma) has the same psychological effect. Since the causes and effects are somewhat interchangeable, this analysis mainly focused on the research conducted on 911/Communications Centers and those employees. The methods of mitigation and suggested solutions will have relevance in both areas, and could also overarch into the sworn population. Crime Scene Investigators are also exposed to similar stressors and trauma, and should be included in the pool of employees who will benefit from the recommendations. The research mainly focused on

the child protective and communications areas due to the volume of employees that are affected.

The role of a Child Protective Investigator (CPI) is to investigate cases involving child abuse, child neglect, and child abandonment ("Hillsborough County Sheriff's Office – Child Protective Investigations Division", 2019). There are workplace stressors and traumatic events that the CPIs are exposed to on a daily basis. Contributing factors to the stress include a large caseload, reporting deadlines, and a turnover rate that is above average when compared to other professions, leading to personnel shortages. There are statutory requirements regarding the mandatory investigation of reports of child abuse or neglect. These reports come from various sources including the citizens, statutory mandates from medical and psychological services, child advocacy groups, schools, and hotlines established for potentially anonymous reporting. The volume of reports of child abuse or neglect do not fluctuate with the staffing of positions. This constant stream creates a strain on the existing employees when the staffing numbers are low, and positions aren't filled. Even with bolstered recruiting efforts, the certification and training process for a CPI can take up to a year until they are able to fill a void as competent, qualified, and certified investigator.

Our Communications Center serves as a primary Public Safety Answering Point for all of Hillsborough County. This means any call to 911 within the borders of unincorporated Hillsborough County will route to our center. There is telecommunication equipment that can detect an emergency caller's location, so calls that originate in the three municipalities are normally routed directly to those respective law enforcement agencies. The same holds true for calls originating in the jurisdictions of the University

of South Florida Police, MacDill Air Force Base, and the Tampa International Airport Police Department. However, the system is not foolproof and there are times during a typical tour of duty that some of the other agencies' calls are mistakenly routed to our Emergency Call Takers. They are required to gather basic information, determine the nature of the call and the appropriate jurisdiction, and transfer the call to the appropriate agency. Additionally, the distinction of being the primary Public Safety Answering Point requires that *all* emergency calls land in our Communications Center. This means that the nature of the emergency could be a fire, a medical emergency, a law enforcement matter such as a crime in-progress, or possibly even all three. Our Emergency Call Takers are the *first* first responders, and they triage the nature of the call to determine the appropriate protocol, all within a matter of a minute or less.

Telecommunicators in our Communications Center are responsible for receiving both emergency and non-emergency citizen requests from various modalities. In 2017, there were close to 1.5 million calls/requests that were answered by our telecommunicators. A high majority of the calls come from the phone, and approximately 80% of those are wireless callers. The other methods of contacting our Communications Center include a TTY system for the hearing impaired, Internet applications such as Tip411, FortifyFL, and CrimeStoppers; and transfers or referrals from other agencies. The National Emergency Number Association (NENA) provides a framework and criteria for emergency telecommunications centers to follow, and is widely recognized as the industry guidepost. The NENA standard for answering a 911 call is an established rate that 90% of the calls should be answered within 10 seconds or less. This puts an inordinate amount of pressure on the call takers when a crash

occurs on a major road. In theory, multiple people continue to call 911 until they see the first set of emergency lights at the scene. When all of the 911 lines are engaged, an audible alarm sounds so that the rest of the Communications Center is alerted to the overflow of calls. It adds chaos to an already chaotic environment, but is needed in order to maintain the NENA standard of 90% of the calls within 10 seconds or less.

The constant stream of 911 calls that occur during a shift is often overlooked. The volume of calls alone can be a stressor, especially if the center is short-staffed. The calls range from non-emergency reports of neighborhood disputes, pets stuck in a sewer grate, or traffic complaints, to “in the moment” life and death situations for the caller or someone close to them. The Emergency Call Takers (ECTs) hear people in distress in almost every critical call. Sometimes it is a medical emergency that is eventually transferred to Hillsborough County Fire Rescue, but our ECTs have to provide a calm and assertive voice of reason to pull the information out of the distraught caller before making the transfer. The ECTs literally hear from all walks of life, and succinctly stated, deal with some of the best people at their absolute worst times. They are subjected to the abusive demeanor of the callers who don’t fully understand why they are being asked certain pertinent questions. The calls entered requiring one of our deputies to respond can expose the ECT to the scrutiny of not gathering enough information, or getting even minor details incorrect. At times, the callers are so panicked and unintelligible, it is difficult to get answers to very basic questions. Often times, the callers hang up in frustration, requiring other positions in the Communications Center to try to re-establish communication. In all cases, the ECTs are under the pressure of providing courteous and effective emergency instruction while being recorded and

monitored for quality assurance in a hindsight review. There is also the weight that if the call turns out bad, the recording and their response will be investigated or scrutinized, and sometimes released to the media, similar to recent issues experienced nationwide with officer body worn cameras.

Additional responsibilities within the Communications Center include the use of emergency response equipment to dispatch our emergency personnel. From a trauma standpoint, the Digital Communications Dispatchers are required to multi-task to prioritize the calls that the call takers originate, assign the calls in an expeditious manner, and manage the available assets to ensure the workload is balanced, and the assets closest to the emergency are available and dispatched. This requires the monitoring of a Computer Aided Dispatch (CAD) system, messaging between the Communications Center and the deputies or other dispatchers, monitoring mapping and tracking software; and operating, understanding, and communicating over the radio equipment. Depending on the district they are responsible for, there are occasional ancillary duties such as monitoring *Eye on Crime* cameras, tag reader alerts, and *ShotSpotter* detection equipment during certain hours. To add to the stress, the multi-tasking does not consider the fact that a dispatcher working a radio position is the main controller for emergency situations such as vehicle or foot pursuits and deputy-involved shootings, or being exposed to tragic situations such as traffic crashes or other “in the line of duty” deaths that unfold over the open air of a radio channel.

A commonality in both disciplines is that there is little, if any, down time in between traumatic events. In the case of the CPIs, the caseload requires constant triage, so when a heavy incident is encountered, there are still deadlines approaching

and complaints continually pouring in. In the Communications environment, when a 911 ECT handles a horrific or traumatic call, they may be encouraged to take a break. However, due to the inherent nature of helping and supporting in this line of work, their intrinsic instinct activates, so they get back to their positions so that their fellow call takers won't be overwhelmed. From this lens, there are several shared and invisible stressors. They include the high volume of calls/cases, (which translates to a higher probability of experiencing a traumatic event) and the potential for survivor's guilt.

Qualitative research methods were used to define and identify the associated issues and recommendations. The main topics analyzed were workplace stress, traumatic stress, secondary trauma, and post-traumatic stress. Compassion fatigue (also known as vicarious trauma) was also examined.

Some of the key terms that will be used in this analysis are defined as follows:

Peritraumatic Stress – experiencing helplessness, horror, or intense fear in reaction to a traumatic event (Steinkopf, Reddin, Black, VanHasselt, & Couwels, 2018).

Traumatic Event (Trauma) – when a person experiences "an event that involves actual or threatened death or serious injury,…witnessing an event that involves death, injury or…learning about unexpected or violent death, serious harm" (APA DSM, 2000).

Secondary Traumatic Stress – "…the stress resulting from helping or wanting to help a traumatized person" (APA DSM, 2000). This is relevant to both Communications and CPID.

Post-Traumatic Stress – when a person has been exposed to a traumatic event and experiences symptoms such as intrusive recollections, avoidance of friends/family, hyper-arousal reactions, or significant impairment in social, occupational, or other areas of functioning. Persistence of these symptoms beyond one month could lead to a diagnosis of Post-Traumatic Stress Disorder (National Emergency Number Association, 2013).

Vicarious Trauma – an occupational challenge for people working in either a first responder or victim services field that has the potential to negatively influence the world-view of the worker due to the continuous exposure to victims of trauma and violence ("Vicarious Trauma Toolkit: What is Vicarious Trauma", 2019).

In summary, there are civilian employees who are exposed to various forms of workplace stress and trauma that are similar to what the sworn sector experiences. Although there is a robust and growing wellness program available within the agency and several related resources, there is no specific formal protocol or requirement for civilian employees to prepare for the inevitable trauma or the contributing stressors. This report seeks to shed light on the issues and recommend solutions.

Literature Review

From a global perspective, the study of PTSD or trauma-related causes and effects are not new to the field of emergency responders. In 2011, the International Chiefs of Police's (IACP) National Law Enforcement Policy Center published a Concepts and Issues paper regarding *Critical Incident Stress Management*. The paper covers the concepts of traumatic stress management, which supports a model policy

that it also published. It is an overview of the emotional and psychological impact that traumatic experiences can have on a law enforcement agency as a whole. Neither the paper nor the policy is specific to any particular discipline within law enforcement, rather it focuses on the causes, effects, and suggested methods to approach the subject.

Both the paper and the policy put the responsibility of recognizing the effects of traumatic stress on the individual supervisors. Conceptually, the direct supervisor should be aware of the changes in mental statuses or performance issues of their respective employees, and would also be aware of the particularly distressing events that the employees experience. There is a general educational overview of what symptoms or reactions an employee may experience, and the symptoms are matched to a very loose timeline for guidance. The paper and policy address how to identify indicators and assist the employee in the aftermath of a traumatic incident. The suggested courses of action are multi-pronged and include peer counseling, as well as Critical Incident Stress Debriefings. What stood out about this specific paper and policy was that they did not address the concept of inoculating the employee in preparation for a traumatic events. Proper employee screening is suggested to ensure that new hires are suited for this line of work, but even the best-suited applicant will encounter trauma during their employment- not only in law enforcement, but especially in the areas of child abuse investigation and emergency call taking. HCSO's own Critical Incident Stress Management policy very closely mirrors the IACP model with some exceptions.

The Police Executive Research Forum (PERF) published a case study titled *Building and Sustaining an Officer Wellness Program: Lessons from the San Diego Police Department* (2018). It is a comprehensive overview of San Diego Police

Department's (SDPD) full-time Wellness Unit, and provides a framework for other agencies to follow to establish their own wellness component. The case study provides a thorough review of the benefits and barriers experienced when establishing an officer wellness program.

Though the title implies that the wellness unit is designed for the department's officers, it is staffed by full time members of the department, and has the sole purpose to serve all personnel. Of interest, the fully staffed unit is available to all employees and their family members and loved ones, all free of charge. SDPD's Wellness Unit operates under the mission statement of, "…reducing or removing interferences to employee wellness, whether personally or professionally induced, by providing help resources, training, and intervention."

The wellness unit's founding members echoed the IACP's view that the direct supervisor should be the primary monitor in detecting an employee's needs. However, they also acknowledged that this is not always feasible, as the supervisor may have a greater span of control than individualized attention would require. Additionally, not all supervisors are aware of the warning signs, or they may lack the interpersonal skills to address an employee's needs. SDPD's theory is that the Wellness Unit fills that gap. The unit encourages open dialogue and offers support or referral. Also, members of the unit don't just passively wait for the employees to come to them with issues. There is a robust education effort to not only spread the word of the unit and the available benefits, but also to educate those very supervisors who may be lacking interpersonal skills or abilities to pick up on the warning signs.

SDPD's program is a holistic approach to employee wellness. It addresses physical health, personal relationships, and financial stability. The focus of the program came from a needs assessment survey the department conducted when the unit was being formed. The four full time members answer directly to an Assistant Chief, and are responsible for coordinating associated ancillary programs such as peer support, chaplaincy, and psychological services. The San Diego Police Department has approximately 2,100 sworn and nearly 700 civilian employees ("San Diego Police Department", 2019).

In contrast, the HCSO has elements of the SDPD's program, but in more of a fragmented form. There is a Wellness Manager, who was consulted and included in this research and analysis. HCSO's Wellness Manager reports to the Director of Human Resources. The agency has a fully staffed Occupational Health and Wellness Center that addresses urgent care medical ailments, free of charge. The agency also has a Peer Support Team, a Chaplain Program, an Employee Assistance Program, and several 24-hour fitness centers. There is an incentive-based companion plan administered through the health insurance provider.

The National Emergency Number Association (NENA) addressed the issue of workplace stressors and traumatic incidents as they relate specifically to the field of 911 operations. A 2013 document produced by the organization provides awareness of the risks of Acute Stress Disorder (ASD), Post Traumatic Stress Disorder (PTSD), Secondary Traumatic Stress Disorder (STSD), and Compassion Fatigue (NENA, 2013). The *NENA Standard on 9-1-1 Acute/Traumatic and Chronic Stress Management* cites the World Health Organization's assertion that workplace stress is "the health epidemic

of the 21st Century" and puts a dollar amount of $300 billion annually for care and associated costs in the United States. Specific risks such as cardiovascular disease, depression, sleep disorders, and fatigue have all been attributed to workplace stress similar to what the 911 industry has shown to experience (NENA, 2013). The document serves as NENA's official standard for emergency telecommunications stress management, and provides the framework for a 911 center's Comprehensive Stress Management Program. Though the practices are relevant to today's concepts of stress management, NENA acknowledged the lack of research in the area of 911 related-stress at the time the document was produced. Since that time, more research has been published.

A recent study confirms that emergency telecommunicators are not only exposed to workplace stressors described in the NENA document, the research shows they also experience the same or similar trauma-related conditions that emergency responders suffer (Meischke et al., 2018). Pierce and Lilly (2012) further describe an elevated level of emotional distress in telecommunicators when compared with other professions. Their study examined if there was a higher level of peritraumatic stress for emergency call takers attributed to the fact that they are not at the scene of what is being reported, or the lack of control that they experience. The necessity to remain calm and not being able to express their own reactions and emotions were also cited as contributing factors to the traumatic stressors for the call takers. The research also affirmed a link between peritraumatic stress and the symptoms of PTSD.

Common with other studies and relevant to the CPID environment, the Pierce and Lilly study also identified that the worst type of calls that emergency call takers

endure involves the unexpected death or injury of a child. Suicidal callers ran a close second. This information was also confirmed by the HCSO Communications General Manager, who opined that the number of suicides the call takers audibly “witness” is often overlooked, because it is rarely discussed and not officially tracked.

The study also affirms that physical distance does not buffer the telecommunicators from the exposure to PTSD. The symptoms of PTSD can also impair decision making. In addition to the effect on the telecommunicators, this could have a great impact on the citizens and the agency’s law enforcement elements. The call takers, whether on the emergency or non-emergency line, are the first contact a citizen has with the HCSO. It requires an even temper and an open mind, free of the emotional distractions PTSD can bring.

By their inherent nature, the calls themselves can produce an almost automatic level of anxiety. There are 4 factors to consider when an emergency call automatically routes to a telecommunicator’s headset. First, the nature of the call itself. Second, the emotional state of the caller and their reaction(s). The third and most often forgotten are the background noises that both the caller and the call-taker are hearing. The last consideration is the emotions and course of action taken by the call taker (Troxell, 2008). For example, there have been calls into our center where the call taker has had to hear the panic and terrified plea in the voice of a wife, who unbeknownst to the call taker, is about to be shot and killed by her estranged husband while she is on the phone pleading for help. Although this is an extreme example, hearing the female’s voice, the gunshot(s), and what later proves to be her last living words are all being processed by the emergency call taker, who is required to react in that moment with precision in

gathering exact address or location information, suspect description, and alerting medical resources to start their response.

The cumulative effects of dealing with this level of trauma, horror, and helplessness can lead to excessive fringe costs both emotionally, and monetarily. Troxell (2008) identified some of the consequences of Secondary Traumatic Stress as actual physical sickness, anxiety and depression, low morale, poor performance, and an inability to maintain stable social and familial relationships. In addition to telecommunicators, 37% of child protective workers showed “clinical levels of emotional distress associated with STS” (Cornille & Meyers as cited in Troxell, 2008). Those symptoms can lead to a higher rate of absenteeism, which has a direct effect on staffing. This does not consider the generalized workplace stressors of shift work, agitation leading to confrontation with co-workers and supervisors, a heightened feeling of a lack of participation in organizational decisions, and relatively lower pay (Carlan & Nored, 2008). The negative attributes are neither unique to HCSO nor to CPID or Communications. Those stressors are generally present in the US workforce, but exacerbated by the trauma endured in law enforcement in general. The previously discussed identity issues are also a hidden strain at times, because supervisors and managers monitor organizational rules and procedures and firmly enforce them with a para-militaristic eye. When coupled with the strains of the trauma, the path to burnout is potentially accelerated. The results of a study on stress and resiliency in the emergency dispatch field showed that the dispatchers actually felt a higher level of stress from organizational factors than from critical incidents (Steinkopf, Reddin, Black, Van Hasselt, & Couwels, 2018).

For the latter part of the literature review, some mitigation and interventional strategies were reviewed. One such strategy was addressed in a 2008 study theorizing that agencies requiring mandatory counseling would benefit from lower officer stress (Carlan & Nored, 2008). The thought behind mandatory counseling is that everyone would be required to go to periodic counseling, so the stigma would be removed for those who may have been previously reluctant to step forward. Officers, or in this context, any employee who experiences trauma will find a coping mechanism. Withdrawal, isolation, and substance abuse are among the common methods for officers to cope with the stress of a post-traumatic incident. The article discusses the fear of being perceived as weak, or the fear of being fired or reassigned as possible reasons that officers choose to isolate, as opposed to seeking the proper psychological services. Mandatory periodic counseling would force the hand, and it was validated by the study. Officers who routinely received counseling reported more stress, which is an indication that the officers were more willing to admit their need for help.

A 2013 study examined the effect of coping skills and a wellness program on the stress the dispatchers experience (Anshel, Umscheid, & Brinthaupt, 2013). The study acknowledges the stress the dispatchers endure leads to a sedentary, unhealthy lifestyle with an overall poor quality of health, and a high likelihood of obesity. Surprisingly, the study found environmental factors such as interruption leading to cognitive fatigue, and close working stations over a long shift are contributors to the stressors that are unique to the field. The study validated the effectiveness of providing training for coping methods and for wellness intervention.

From a wellness perspective, the HCSO policies for the Employee Assistance Program; Fitness for Duty; Peer Support Teams and Chaplain Programs; and Critical Incident Stress Management were all reviewed. With a few minor exceptions, the policies were all consistent with the practices and models set forth by IACP, NENA, and the PERF study of SDPD's Wellness Program.

Finally, individual interviews were conducted with the General Manager in the Communications area, the Wellness Manager who is also an active member of the Peer Support Team, and a Law Enforcement Sergeant in CPID, who is also an active member of the Peer Support Team.

Methods

A comparative analysis was conducted on three options derived from the literature review and the discussions that came from the individual interviews. The three prototypes that were compared include a model of centralizing the wellness efforts and including mandatory counseling done by an in-house psychologist; a model that includes existing programs coupled with attempts at addressing stressors with training to help prepare our workforce; and the last model, which is maintaining the status quo.

In order to more thoroughly review and possibly validate the findings in the literature review, the three employees from different disciplines within the agency were interviewed independently of one another. For consistency purposes, there was a list of general experience-related questions that was used in the three interviews, which then narrowed the focus to each specialty. The initial questions were mainly used to

establish qualifications and the relevance to the study. The conversations were later more free-flowing with discussion of some of the ideas gained from the literature review.

The General Manager from the Communications area that was used for this analysis has over 31 years of experience, not just in the telecommunications field, but specifically at HCSO. His experience both as a 911 operator and as the General Manager responsible for the effectiveness and operation of the entire Communications Center brought a useful perspective from two angles.

A Law Enforcement Sergeant assigned to the CPID area was consulted. His experience includes nearly 16 years at the HCSO, the last year of which has been as a supervisor of civilian investigative supervisors in CPID. His previous assignments include service as a detective, an assignment as a Homicide Section supervisor, a district-level traffic coordinating supervisor, and as a sergeant over a patrol squad. He has been trained as a Critical Intervention Team member. He has also been an active member of HCSO's Peer Support Team for the last 12 years.

The Wellness Manager was also consulted and interviewed. She has been employed by HCSO for approximately 2 years. She is assigned to the Human Resources Division, and the Director of Human Resources is her immediate supervisor. Her background is in Public Health, and in addition to coordinating wellness services, she also actively and directly provides help to HCSO employees as a member of the Peer Support Team.

In the comparison, factors such as cost/benefit analysis, feasibility, effectiveness based on the reviewed/known data, and input from those with real world experience

were all considered. It should be noted that the comparison is difficult without the benefit of using our own subjects in a formal study, as our agency has some unique characteristics and limitations. As Anshel, Umscheid, and Brinthaupt (2012) pointed out, using an action research model is difficult in this field, as the control group would not be given the same amount of psychological and wellness-related attention as the study group.

Results

Option 1: *Centralizing of the wellness efforts and including mandatory counseling done by an in-house psychologist.*

The research indicates that having a centralized and fully staffed Wellness Unit and using mandatory counseling are both independently effective. The Wellness Unit of the SDPD has measured their success by using surveys and tracking the types of services they provided. Just two short years into the program, 78% of 240 respondents felt there was more communication regarding suicide, defeating bad habits used as coping mechanisms, and substance abuse. 70% also felt the stigma of reaching out for help had been reduced by the Wellness Unit. Almost 80% felt they would receive help if they asked for it, and almost 90% agreed they were comfortable walking into the Wellness Unit at any time, and for any reason. Open communication is an important barrier to overcome when attempting to confront mental health within a law enforcement agency.

The cost to the agency would include staffing the unit with at least four employees. The SDPD had two sergeants, one officer, and one dispatcher in their unit.

Their staffing would be comparable to what would be required of HCSO, as SDPD's employee and sworn population numbers are relatively similar. Another associated cost would include the build out of physical space to house the unit. In the SDPD model, though confidentiality is clearly defined in the program, the center is placed in a very visible area of the headquarters, almost to prove a point that there are no repercussions in using the center. Our agency already employs a Wellness Manager who is very aware of the intricacies and obstacles of administering a mental health program. Centralizing the unit and bringing the fragmented services under one umbrella could be a cost-saving measure and encourage a more open and effective dialogue between the elements. Having dedicated members could help alleviate the barriers. Though the agency would encounter up-front costs of reassigning much-needed manpower for a new wellness program, the costs would likely be eclipsed by the potential savings of health care costs associated with trauma-related illnesses such as depression, substance abuse, and absenteeism.

There is also validity in requiring periodic counseling similar to an annual physical, but for mental health. The positive results reported in the study show that there was a higher rate of reported stress by the officers, which indicates that more officers would be willing to discuss their stressors. Mandatory counseling is an effective way to de-stigmatize mental health counseling. It is actual mental health intervention disguised as procedure. In an important distinction, the counselor should be someone that does not evaluate for fitness for duty. It should strictly be an avenue for the employee to open up. This distinction may also help alleviate trust or confidentiality issues.

The cost to the agency would be the amount to possibly hire a full-time counselor, psychologist, or psychiatrist to handle the demand, or the amount of money that a contracted provider would charge. Uncovering well-hidden mental health issues in reluctant employees cannot be valued by a dollar amount.

All three that were consulted for this analysis agreed that a mandatory counseling program would be controversial among the employees. The benefits would be valuable and well-intentioned, but there are risks that the agency, particularly the executive staff, would be taking from an employee trust standpoint. All three also agree that one of the major barriers to asking for help comes in the form of trust in the confidentiality.

Option 2: ***A model that includes existing programs coupled with attempts at addressing stressors with training to help prepare our workforce.***

In the second option, the mental health services would be centralized from a coordination standpoint, but the efforts to deliver the programs would be more passive than the previous option. This option would rely on self-reporting, or relying on the supervisors being in tune with recognizing which employees need services. In this model, the intervention techniques would be introduced from the beginning. Outlaying training costs for stress or trauma inoculation at the initial hiring phase may have a long-term positive effect on associated health and wellness costs.

Offering incentive points for web-based programs or smartphone apps for mindfulness or other stress intervention techniques would not only increase the overall

wellness of the employees, it may increase the effectiveness or productivity of the agency as a whole.

Organizational and environmental stressors often lead to conflicts in the workplace. One study concluded that organizational factors added more stress to the employee than the inevitable traumatic situations they are put in. Requiring conflict resolution training to all civilian supervisors would have a long-term positive effect on employee satisfaction, which could have a domino effect on employee retention and burnout. Detecting and addressing employee mental health issues should also be included in the civilian supervisor training. Addressing or avoiding burnout is cost effective when considering the associated costs of recruitment, training, and retention of new employees.

All three employees consulted also agreed that addressing workplace stress and organizational factors would make a difference in retention. All also agreed that paying up-front training costs, whether it be for trauma inoculation or calming techniques, would be less than the amount of time and money that is spent trying to manage the current retention issues.

Option 3: *Maintain the status quo.*

Conceivably, there wouldn't be any associated costs with maintaining the status quo, but there are important factors to consider. First, the stigma of talking about mental health and employees seeking assistance will likely fade as an older generation leaves the agency through attrition. This means that even in the status quo, costs associated with mental health care may experience a jump. This may still be a fraction of what is

paid in health care costs for the associated ailments that result from unmanaged mental health issues, but it is difficult to quantify for the purposes of this analysis. Second, from a public perspective standpoint, this agency has experienced its unexpected and shocking share of employee-generated mental health realities. Maintaining the status quo should include the current trajectory of adding money and attention to the mental wellness efforts.

All three employees interviewed agreed on several levels. First, that the HCSO and its executive staff have committed to making mental wellness a priority. As contradictory as it sounds, the status quo in the agency is in a rapid state of progressive awareness to the issue, and the true benefits may not be realized for a few generations. Second, the newer generation of employee is more amenable to talking about and addressing mental health issues. This is not unique to the HCSO, rather generational.

Discussion

First, all of the current and past studies highlight and reveal a greater picture that there are employees within an emergency services environment in addition to the actual first responders that are vulnerable to trauma. The fact that the topic is courageously being discussed and studied in various forms is helping shed light on a subject that has been previously kept dark in the emergency services realm.

The subject matter consultants all agreed there has been a concerted effort to make the mental health of the employees of HCSO a priority. This is a positive step towards employee satisfaction, which has a ripple effect on the mission of providing quality service, protection, and dignity for the people of Hillsborough County.

There are employees in the Communications area and the Child Protective Investigations Division who tirelessly attempt to provide the level of quality that the agency has benefitted from. They are exposed to various forms of workplace stress and trauma similar to what the sworn employees experience, but aren't necessarily held in the same light. In Communications, one could conclude that because they operate from a safe and secure environment, they are not exposed to danger. In the child protection realm, there is direct exposure to danger as they are in face-to-face situations, at times with society's worst offenders, but they are not in arrest situations.

The studies that were reviewed all tell a different story. The effects of trauma, particularly Secondary Traumatic Stress, lead to a breakdown in the well-being of the people that intrinsically answer a calling. Communications and CPID investigators and their supervisors and managers are constantly encountering horrific situations, and normally without warning. The cumulative effects of the trauma can lead to obesity, depression, and anxiety. These illnesses could lead to deeper health issues including diabetes or cardiovascular disease. In addition to the toll on the individual, the depression and anxiety have a direct effect on the employee's family members. Traumatic events tend to lead to isolation if left unchecked. The isolation and need to manage the effects of the trauma could lead to sleeplessness or unhealthy coping mechanisms such as overeating, substance abuse, or a problematic low self-opinion. The fringe effects often lead to frustration on the part of both the individual and on the family members who don't understand what they are experiencing, or why the loved one they once knew seems to have vanished.

For generations, discussions about mental health or the effects of trauma were the exception and not the rule. There has long been a perception in the law enforcement profession that asking for help could be a sign of weakness. The confusion created by minimizing civilian employees who are exposed to the same or similar trauma further complicates this stigma. If the officers who are in direct danger perceive that seeking help is a sign of weakness, they could be unintentionally signaling those who don't see themselves on the same plane.

On a professional level, unmanaged traumatic stress could lead to cognitive issues that affect performance. In these two critical areas, self-confidence and a good mental state are paramount to success. The people that call into the Communication area, whether on 911 or on a non-emergency line, are seeking their own form of help from a premier law enforcement agency. If the call-taker on the other end of the phone isn't well-adjusted, the call could leave a bad impression. If one of our deputies responds, they are potentially walking into an already agitated environment. The hidden ripple effect is the face-to-face confrontation, which could lead to a bad interaction between the complainant and the deputy. On the low end, this could mean an unsatisfied customer. On the high end, a potentially avoidable use-of-force that the deputy had no idea was waiting for them. The same rules apply in the child protection area. Everything is based on interpersonal skills. Hidden and unmanaged stressors could lead to unintentionally bad interactions with the public in even the most kind-hearted investigators.

Although there is a robust and growing wellness program available within the agency and several related resources, there is no specific formal protocol or

requirement for civilian employees to prepare for the inevitable trauma or the contributing stressors. In response, it is recommended that all new employees have some form of trauma inoculation slowly introduced in their initial training. The counter-argument could be that such training could scare a potentially good employee away. The alternate response would be that if they are driven away after being exposed to the trauma they are about to face, they may not have been suited for the position. The goal is not to shock the new employee, rather to walk them into the shallow end of the pool as opposed to pushing them into the deep end. Coupling the inoculation with healthy coping strategies would be paramount to the success of the concept.

In an effort to address the workplace stressors, it is recommended that all current supervisors be provided with some type of conflict resolution training. A supervisor or manager of a high stress environment spends an inordinate amount of time dealing with employee conflict. Arming the supervisors and managers with alternate strategies could lead to a more harmonious workplace, especially if they share the resolution techniques with the people they are charged with leading and developing.

In an effort to address the physical space, it is suggested that an employee survey be conducted to determine what improvements could be made to the workplace. Addressing their needs and attempting to de-institutionalize the work environment could serve to show that the employees are heard, and are part of the decision-making process. Careful consideration should be weighed, as short-term improvement costs would likely outpace the cost of burnout.

Along those lines, an effort to provide a decompression or “quiet room” should be made in both areas. If one exists already, the physical location should be removed from the chaos of the office or operational environment. A space to provide an opportunity to practice mindfulness techniques or meditation could have a positive effect in the battle against stress and aggressive callers or subjects of investigation. A better frame of mind could promote greater attention to personal wellness.

It is suggested that an oversaturating campaign of the available wellness resources (such as EAP, or the ease and accessibility of smartphone video psychological consultations) be considered. The studies show that the stigma of asking for help is a major hurdle. If the wellness services become part of the normal scenery, there may be less of a stigma attached. This could be accomplished not only through posters or digital media messages, but by educating and requiring all supervisory staff to help facilitate or spread the message. It is important that the buy-in continues from the top down, and first line supervisors should be encouraged by the command and executive staff to shy away from preventing any discouragement of seeking help. An employee who is on a fence about counseling needs support and encouragement, not attempts to sabotage the employee’s well-being.

It is suggested that immediate supervisors pay close attention to potentially traumatic calls or investigations, and mandatorily acknowledge the affected employee. This is another saturation attempt, similar to the study that showed that mandatory counseling paved the way to lessening the stigma. Offers of EAP or Peer Support Team should become more common. Not every employee will see the value in being asked if they are okay, but if the method triggers one person into talking to a professional, the

procedure will be successful. Large strides were made when a comprehensive and inclusive debrief was conducted after a recent critical incident. It is suggested the trend continue.

It is recommended a protocol be developed where the Communications personnel or the CPIs are given the opportunity to speak to the deputies on the street who handle their particular traumatic call. An opportunity for closure from the law enforcement side would go a long way in coping with the trauma. Whether it is the deputy or supervisor on the street, or the detective who ultimately deals with the end of the story, someone should offer the opportunity to hear the results of the trauma that the civilian had to endure.

Consideration should be given to hiring a full-time mental health professional who specializes in first responder trauma. The studies reviewed showed that another barrier to successful mental health counseling was finding the right therapist/counselor. First responder trauma, particularly Secondary Traumatic Stress that our CPIs and ECTs experience is nuanced. In the study, if EAP provided a therapist that simply treated first responder trauma like any other trauma, the employee became frustrated that the therapist didn't "get it," and would stop going. Additionally, if there were point incentives built in to the visits, the employee may give therapy a second thought. In discussion with the Wellness Manager, there are issues with being able to track therapy visits due to the confidential nature. The point incentives would have to be voluntary on the part of the employee since the agency would have no way of knowing.

One of the major components of success in the SDPD's Wellness Program is the fortified and well-advertised confidentiality policy. Careful consideration should be given to mirror that aspect of their model. Also, a re-evaluation of the Fitness for Duty policy should be considered to update the proper reporting destination, and who sees the requests. Confidentiality and trust are a major barrier in the law enforcement mental health relationship.

Lastly, consideration should be given to create a system for the civilian elements to engage in an environment of cross-support. The Communications personnel may be reluctant to vent to a fellow dispatcher, and the same may hold true in CPID. If the two areas communicated and provided support for one another, this barrier might be lifted.

In conclusion, as the PERF case study of SDPD's Wellness Unit summarized, "Exposure to trauma is not limited to sworn employees- civilian employees, such as dispatchers and crime scene technicians, encounter unique stressors and should have access to wellness resources and support systems." In an ever-changing world of technology, we can anticipate more civilian positions being exposed to trauma and traumatic incidents. The Next Generation 911 (NG911) is already waiting for the switch to be flipped. This new method of reporting emergencies includes the ability for the callers to send photos or video in real time. 911 call takers who normally only heard the trauma unfolding, will potentially be put in a position to see it, or even watch a live stream of the event to direct their resources. This could create a whole new level of Secondary Traumatic Stress while the first level is just now being addressed more frequently.

Stress and trauma inoculation for civilian employees is one way to manage potential reactions. Lessening the stigma and opening up communication between the patrol element and the affected civilian sector would only serve to help bring closure to traumatic events, and would cement an already upward trend of breaking the stigma of seeking mental health counseling.

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