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# Law Enforcement Officers and Employee Assistance Programs

Elizabeth Donnelly, Colby Valentine and Karen Oehme



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Elizabeth Donnelly University of Windsor

Colby Valentine Dominican College

Karen Oehme Florida State University

#### Introduction

Employee Assistance Programs (EAPs) provide resources to employees for a variety of issues that may impact an individual's work performance. They are designed to help employees cope with personal or family problems, including mental health, substance abuse, and marital or parenting issues, as well as financial or legal concerns. The main goal of EAPs is to assist employees in getting help for these problems so that they may continue to work efficiently and effectively (Employee Assistance Industry's Trade Association, 2013). EAP services are widely utilized across an array of workplaces. While globally useful, EAP services may be most applicable in high stress, high-risk occupations such as that of law enforcement personnel (Moriarty and Field, 1990). Law enforcement employees and their families face high levels of strain unlike others in the general population (Toch, 2002). Since the 1970s, law enforcement administrators, officers, and researchers have highlighted the causes and effects of stress that are unique to careers in law enforcement. A wealth of studies have provided evidence that serving as a law enforcement officer ranks as a highly stressful job with an increased risk for developing problems such as post-traumatic stress, substance use, family conflict, and mental illness (e.g., Finn and Tomz, 1997, Gershon et al., 2009, Gershon et al., 2002, Waters and Ussery, 2007, Kirkcaldy et al., 1995). Given the body of evidence illustrating the risks to physical and mental health associated with being in law enforcement, the issue of EAP usage and familiarity in law enforcement officers becomes pertinent.

Little extant literature specifically focuses on the relationship between EAPs and law enforcement officers. To date, only one study has examined the frequency with which officers report accessing EAPs (Aspen & Colon, 1995), and no study has examined whether there are differences between officers who did or did not access their EAPs. The objectives of this study

are to describe the frequency with which officers report accessing EAPs and investigate differences in officers' knowledge on how to access EAP services. Further, we will examine if there are any differences in stress and stress-related pathologies between officers who did or did not access their EAPs. We will also explore if officers report being willing to seek out help from an EAP for domestic violence. The overall goal of this effort will be to create greater understanding of EAP usage in law enforcement officers and highlight the possible need for agencies to make such programs more accessible to officers who are currently unaware of or who do not currently access such services.

#### Literature Review

In order to understand the importance of EAP usage among law enforcement officers, it is necessary to understand the psychological costs associated with law enforcement work. The literature examining the relationship between law enforcement and job problems, such as stress, stress reactions like posttraumatic stress, alcohol use and misuse, and intimate partner violence, is abundant.

Research suggests that serving as a law enforcement officer ranks among society's most stressful jobs (Kirkcaldy et al., 1995, Gershon et al., 2002). Consequently, law enforcement officers experience higher rates of alcoholism and substance abuse, family problems, domestic violence, PTSD, suicide, heart attacks, ulcers, weight gain, and other health problems compared to the general population (Toch, 2002). These stresses are ubiquitous; high levels of stress among law enforcement officers have been documented in large, urban police agencies and medium-sized police agencies, as well as rural and small-town police agencies (Brooks and Piquero, 1998, Crank and Caldero, 1991, Page and Jacobs, 2011, Scott, 2004). These high levels of stress can compromise the safety and well-being of not only the officers themselves, but also that of

those who interact with the officers outside of the job (Van Hasselt et al., 2008). Exposure to workplace stresses can lead to stress reactions, including posttraumatic stress symptomatology (PTSS) in law enforcement officers. Austin-Ketch and colleagues (2012) found high levels of posttraumatic stress in approximately 35% of their sample of police officers. However, other research found that the prevalence of posttraumatic stress among officers was closer to 10%, despite high levels of traumatic events and risk exposure in the profession (Skogstad et al., 2013). Prevalence rates of posttraumatic stress in the general population have been estimated at between 6.8% and 7.8% (Kessler et al., 2005, Kessler et al., 1995).

The high rate of exposure to stress and hazardous situations may also make law enforcement officers at-risk to misuse alcohol or drugs (Obst et al., 2001, Lindsay, 2008, Swatt et al., 2007, Violanti et al., 2011). For example, Chopko and colleagues (2013) investigated the relationship between alcohol use, stress, and PTSD symptoms among law-enforcement officers. They found that subjective work-related traumatic stress, meaning an individual's overall distress relating to a traumatic experience, predicted higher levels of excessive drinking and alcohol dependence among officers (Chopko, et al., 2013). Similarly, avoidance symptoms, as found in individuals with PTSD, also predicted alcohol use among officers (Chopko, et al., 2013).

In addition to the risks of stress and posttraumatic stress, a growing body of evidence has illustrated the problem of intimate partner violence in law enforcement families (Ammons, 2005, Gershon, 2000, Graves, 2004, Johnson et al., 2005, Klein and Klein, 2000, Lott, 1995, Neidig et al., 1992, Wetendorf, 2000). The nature of law enforcement training includes teaching certain qualities that make officers more at risk for abuse (Ammons, 2005, Lott, 1995). A variety of factors, including the use of force, the threat of danger, and the camaraderie among officers, contribute to creating an environment in which intimate partner violence amongst officers goes

unnoticed and unreported (Ammons, 2005, Klein and Klein, 2000). In addition, law enforcement training often includes information about operating weapons, using surveillance techniques, and exercising "command presence" to maintain control. This knowledge and training can "spill over" and affect officers' home lives (Johnson, Todd, and Subramanian, 2005). Researchers have noted that using these tactics in an effort to control family members -- instead of suspected criminals -- is abusive (Graves, 2004, Wetendorf, 2000).

It must be noted that while this study looks at domestic violence, also known as intimate partner violence (IPV), in law enforcement, the relationship between IPV and EAPs is generally understudied. Pollack, Austin, and Grisso (2010) reviewed studies from 1980 to 2008 and only found nine articles that examined EAPs as part of workplace response to IPV, most of which focused on individual case reports. More recently, Waters and Ussery (2012) found it was difficult to identify perpetrators of IPV and noted that most EAPs do not have standardized approaches for identifying perpetrators of IPV. They also found that many services offered by EAPs are directed at victims – not perpetrators – and that EAP providers do not routinely screen for perpetrators of IPV. The current study aims to expand on this literature by examining if there are differences in reported levels of domestic violence among officers and their EAP knowledge and usage.

Intimate partner violence, as well as work-related stress and stress reactions, may all negatively affect the lives of law enforcement officers and their family members. The above literature illustrates only a snapshot of the wealth of information about the relationship between stress, posttraumatic stress, and alcohol misuse within law enforcement officers. However, these issues must be addressed within the law enforcement profession to not only protect officers'

health and well-being but also their families and the surrounding community. Therefore, it is important to continue the exploration of how these issues may be addressed in EAPs.

Law Enforcement Officers and Employee Assistance Programs

Little extant research examines the relationship between EAPs and law enforcement officers. Despite the fact that law enforcement agencies provide a variety of resources such as EAPs for officers to access (Albrecht, 2011), only a small number of studies have investigated the relationship between law enforcement officers and EAPs. For example, Asen & Colon (1995) surveyed eighty-two police officers from departments representing four municipalities in New Jersey. Each police department participated in a common, external EAP. Their findings indicated that all respondents were aware of their EAP and a majority (70.7%) had reviewed or seen their policy. However, only 22% reported using their EAP and 15.9% reported that usage of their EAP for a family member. The authors also examined gender differences and found a statistically significant difference in willingness to use an EAP, with females more likely than males to report using their EAP.

Goldstein (2006) completed a review of employee assistance programs for law enforcement and discussed officers' hesitancy regarding accessing available EAP services, noting that police officers are often not interested or are unwilling to seek help for problems associated with their jobs. Finally, Page and Jacobs (2011) investigated police stress and social support among rural police officers and explored if officers were aware of counseling services in their area. More than half (55.3%) of the officers sampled indicated that an EAP that offered counseling was accessible within their department. However, the researchers did not assess whether officers took advantage of such services.

The current study expands on this research and the above literature by not only examining if officers are aware of EAP services, but also by investigating the frequency in which they accessed an EAP. It also examines if there are differences between officers who report issues related to policing (i.e., stress, PTSS, alcohol use, and office-involved domestic violence) and their knowledge of EAPs.

### The Law Enforcement Family Partnership (LEFP)

The data for this study were collected from surveys attached to a unique online officer training entitled "Officer-Involved Domestic Violence: A Prevention Curriculum", created by Florida State University. The training curriculum was developed as part of the Law Enforcement Families Partnership, a broad collaborative effort to emphasize healthy relationships and officer wellness in order to prevent domestic violence in the homes of law enforcement officers. Partners in the project included the Florida Police Chiefs Association, the Florida Sheriffs Association, and the Florida Department of Law Enforcement (FDLE). The training was fully web-based, consisting of six multiple interactive modules on topics, including the dynamics of officer-involved domestic violence (Oehme, 2011). The curriculum can be found at http://nationaltoolkit.csw.fsu.edu.

Module One addressed the dynamics of officer-involved domestic violence, discussing both the prevalence of domestic violence in the general population and the prevalence of officer-involved domestic violence. Module Two discussed the consequences of officer-involved domestic violence, detailed the law enforcement agencies' procedural requirements for receiving, investigating, and making a determination about complaints of domestic violence, and outlined the Florida criminal statutory provisions that apply to domestic violence. Module Three addressed the issue of officers as victims, including both how an officer might be a primary victim of domestic

violence and a secondary victim. Designed to build empathy for all victims, this module's content explored why victims – both civilians and officers – might be uncooperative with responding officers because of fear, shame, and embarrassment. It also described Florida's law and policy regarding responses to domestic violence incidents, including those in which officers are the alleged perpetrators. Module Four was designed specifically for supervisors and administrators and included content such as a "Readiness to Lead" survey and ideas for using pre-employment screenings, new officer trainings, and performance reviews to discuss domestic violence. Module Five taught officers about healthy relationships and obstacles to healthy relationship communication. It focused on teaching participants to focus on individual health and wellness and included skill-building activities for intimate partner communication problem solving. The sixth and final module explored Florida's Model Policy on Officer-Involved Domestic Violence (Oehme and Martin, 2011). Content discussed administrative prevention strategies to prevent domestic violence by officers. It also outlined policies that require officers to promptly respond to and report allegations of officer-involved domestic violence and give primary considerations to the protection of the victim of domestic violence and the enforcement of Florida laws.

Each module of the training also included streaming video, audio clips, case scenarios with questions to consider, and research-based content. The training encouraged officers to reflect on their own behavior and seek help for problems such as posttraumatic stress, depression, anxiety, and any escalation of violence at home. All sections of the curriculum remind participants that officers have been perpetrators of domestic violence in the past and encourage officers to get help for mental health and relationship problems if they need it, well before violence occurs. The role of the EAP was highlighted in a video in Module Two, in which a human resources officer spoke about the need for getting help and discussed EAPs as one means of getting such assistance.

Modules One, Three, and Six also identified the EAP as a means of gaining help through the agency.

#### The Current Study

The current study is an examination of the relationship between law enforcement and the use and knowledge of EAPs. We framed this exploration with the following research questions:

- 1. What is the frequency with which officers report accessing their EAPs?
- 2. Do officers feel they know enough about how to access their EAPs?
- 3. Would officers be willing to access an EAP for concerns related to domestic violence?
- 4. Are there significant differences in alcohol use, posttraumatic stress, workplace stress, or domestic violence among officers in terms of their responses to the questions about EAP usage?

#### Methods

These data were collected as part of the LEFP curriculum. The research team designed the curriculum in a double password-protected format to allow research surveys to be attached to the training project. Only the website landing page of the curriculum is open to the public. Users accessed the curriculum using a generic user name and password disseminated to agencies that participated in the training and the study. Both before and after officers took each training module, they were invited to take the voluntary, anonymous surveys attached to each module. After entering the generic user name and password that let participants use the full curriculum (beyond the landing page), officers were invited to create their own unique user-IDs that linked their survey responses across the modules. Participants could take each module at their own pace

by re-entering the IDs and passwords that they created. Thus, officers could take the full six modules at several sittings. The user ID and password allowed the officer to return to the exact spot in the curriculum which he or she left off. At the end of each module, each participant received a printable Certificate of Training regardless of participation in the study surveys. The study was approved by Florida State University's Human Subject Review Board.

### Measures

*Workplace stress*. Workplace stress was assessed using the Police Stress Questionnaire (PSQ: McCreary and Thompson, 2006). The PSQ has two sub-scales, each with 20 items, which assess organizational and operational facets of workplace stress. The organizational items address the stresses associated with the organization within which the officer is working (e.g., dealing with supervisors or colleagues) and operational stress associated with the overall job of being a police officer (e.g., shift work). Responses are reported on a 7-point Likert scale and scores may range between 20 and 140. The PSQ has demonstrated acceptable reliability ( $\alpha > .90$ ) in validation studies with law enforcement officers (McCreary and Thompson, 2006). In this sample, the Cronbach's alpha for both workplace stress scales was acceptable ( $\alpha = .96$ )

Posttraumatic stress. The PTSD-Checklist-Military (PCL-M; Weathers et al., 1993) was utilized to assess posttraumatic stress symptomatology. The PCL-M was selected for this study because of the relative parsimony of the scale and because it is not rooted in one traumatic exposure. Police officers may potentially be exposed to multiple traumatic incidents, and the structure of an instrument (if rooted in one traumatic event) may fail to acknowledge the truth of multiple stress exposures. The PCL-M is a 17-item instrument scored with a 5-point Likert scale (scores range 15-85) with response options ranging from "not at all" to "extremely." Scores over

50 are considered indicative of posttraumatic stress disorder. While the original PCL-M asks about posttraumatic symptoms in the past month related to stressful *military* experiences, in this study respondents were asked about stressful *work* experiences. The PCL-M has been validated in multiple samples; previous studies have reported Cronbach's  $\alpha > .90$  (e.g., Blanchard et al., 1996, Weathers et al., 1993, Yarvis et al., 2012). In this sample, the PCL-M also demonstrated high reliability ( $\alpha$ =.98).

Alcohol use. In order to assess alcohol use, respondents completed the Alcohol Use Disorder Identification Test (AUDIT; Babor et al., 2001). The AUDIT consists of ten items that can either be used as a continuous measure by summing responses or categorically by using recommended cut-off scores. Scores can range between 0 and 40; a score of 8 or more indicates a hazardous level of alcohol use and a score of 20 or higher indicates possible alcohol dependence. The AUDIT has been widely used in research, producing ample evidence of its psychometric strengths (Reinert and Allen, 2002, Bohn et al., 1995, Bradley et al., 1998). Review of the literature found that eighteen studies have used the AUDIT since 2002 and reported a median coefficient reliability of 0.83 (range .75 to .97) (Reinert and Allen, 2007). It has also demonstrated acceptable test/retest reliability, sensitivity, and specificity across demographic variables such as race and gender (Reinert and Allen, 2007). In this sample, the scale alpha was acceptable α= .92.

Domestic violence. Domestic violence was assessed using a single question, "In the past, I have been physically violent with an intimate partner or family member" with response options of "frequently," "occasionally," "rarely (once or twice)," and "never."

*Employee Assistance*. The dependent variables in this study consisted of questions regarding familiarity with and use of EAPs. Specifically, respondents were asked three

questions. The first question was, "Throughout your career as an officer, have you ever accessed your agency's Employee Assistance Program?" Response options were bivariate, including "yes" or "no." Respondents were also asked, "Do you know enough about your Employee Assistance Program and how to access it?" Response options were "yes," "no," or "I don't know." Finally, respondents were asked, "How likely would you be to access your Employee Assistance Program for domestic violence related issues?" Response options were "likely," "unlikely," and "undecided."

*Demographics*. Demographic variables included gender (response options of male, female, and transgender) and race (response options of White, American Indian/Alaskan Native, Asian, Hawaiian or other Pacific Islander, African American, more than one race, or other). Age was reported in specific categories (including 18-25 years, 26-35 years, 36-45 years, 46-55 years, and 56 and older.)

### Analytic Strategy

It was anticipated that, due to the nature of the data collection strategy, significant missingness would be present in the data. Therefore, the decision was made to restrict analyses to those participants who answered all three of the questions pertaining to EAP usage. In order to answer the first three research questions, univariate statistics were calculated. Finally, in order to assess if there were differences in stress, posttraumatic stress, alcohol use, and domestic violence, t-tests and one way ANOVA strategies were utilized.

#### **Results**

Across all five modules, 2,241 individuals reported that they were police officers, sheriff's deputies, or highway patrol officers. However, as anticipated, a significant number of respondents had not completed all modules; only 934 individuals answered the post-test questions in the module which contained the dependent variables for this study. As outlined in the analytic strategy, the decision was made to restrict analyses to those individuals who had answered all of the questions pertaining to employee assistance programs. Of those retained for the analyses, 70.1% were male (*n*=644), 22.3% reported being female (*n*=208) and 7.2% (*n*=67) reported being transgender. Most participants reported being white (*n*=511), while 6.1% (*n*=57) reported being American Indian/Alaskan Native, 7.9% reported being Asian (*n*=74), 19.9% reported being African American (*n*=186), 3% reported being Native Hawaiian or other Pacific Islander (*n*=28), 2.1% reported being more than one race (*n*=20) and 4.7% (*n*=44) reported "other" as their race. Respondents reported a range of ages; 11.9% (*n*=111) reported being 18-25 years of age, 26.9% (*n*=251) reported being between 26 and 35, 31.6% (*n*=295) reported being between 36 and 45, 19.8% (*n*=295) reported being 46-55, and 8.6% (*n*=80) reported 56 or older.

To answer the first three research questions, the univariate characteristics of the dependent variables were assessed. A minority of respondents, 16.2% (n=151) reported accessing their agency's EAP, 56.4% (n=527) reported knowing enough about their EAP and how to access it, while 25.8% (n=241) said no and 17.8% (n=166) reported that they didn't know. Finally, 312 respondents (33.4%) reported being unlikely to access their EAPs for issues related to domestic violence, 43.5% (n=406) reported being undecided, and 23.1% (n=216) said they were likely to access their EAPs.

The final research question explored the potential differences in scores in alcohol use, posttraumatic stress, workplace stress, and reported domestic violence by utilization in relation to

the dependent variables describing familiarity with and utilization of EAPs. In Table 1, the results are presented for the first dependent variable, which questioned EAP usage.

(insert Table 1 about here)

No significant differences were identified in alcohol use, posttraumatic stress, or workplace stress. Analyses also indicated no significant variability in EAP usage by those who did and did not report being physically violent with a family member.

The second dependent variable assessed whether respondents felt that they knew enough about their EAP services to access it. Analyses tested if there were significant variations between groups in stress, posttraumatic stress, and alcohol use. Table 2 presents the results of these analyses.

(insert Table 2 about here)

Significant differences were identified in alcohol use (p<.01). Post hoc analyses using the Tukey HSD test revealed that the group responding "I don't know" (M= 6.45, SD= 9.75) differed significantly from the "yes" group (M=3.67, SD= 5.39) and from the "no" group (M= 4.32, SD= 6.41). The scores for posttraumatic stress were also significantly different (p<.05); the group responding "I don't know" (M= 31.79, SD= 19.69) varied significantly from the "yes" group (M= 26.73, SD=15.49) but not from the "no" group (M=28.62, SD=15.23). The "yes" and "no" groups did not vary significantly from each other. In terms of operational stress, differences at the p<.001 level were identified. Again, the "I don't know" group was the distinct group (M=64.22, SD=29.15), varying significantly from the "yes" respondents (M=51.11, SD=26.39)

and from the "no" group (M=54.52, SD=28). Analyses of the relationship between knowing enough to access EAP services and reported physical violence were non-significant.

#### Discussion

At the beginning of this study, we posited four research questions. The first question involved the frequency with which officers reported accessing their EAP services. In this sample, a minority of respondents (16.2%) reported accessing their EAPs. This finding indicates that the majority of officers in this sample had not availed themselves of the EAP service. While interesting, this statistic is difficult to contextualize as little good data is available on EAP utilization rates more globally. The lack of information is due to a host of factors, including information sometimes being proprietary and a wide variation in EAP service provision (Employee Assistance Professionals Association, n.d.).

Given that few officers reported accessing their EAP services, the second research question becomes important. That is, do officers feel that they know enough about how to access their EAP services? In this sample, just over half of respondents (56.4%) reported knowing about their EAP and how to access it. Especially considering the low reported rates of EAP utilization, this finding is troubling insofar as it points to a major barrier to EAP utilization. Officers that do not know enough or are uncertain if they know enough to access EAP services may be less likely to seek out those services. If officers are clear about what services are offered through their EAP and how to access those services, they may be more willing to seek out those services if needed.

The third research question targeted the specific willingness of officers to access EAP services for issues of domestic violence. Only a third of respondents (33.4%) reported being willing to access an EAP for concerns related to domestic violence. This finding is concerning,

as these data indicate a substantial pool of officers would not avail themselves of the institutionally-supported source of assistance for help in reducing violence in their homes. It is not clear from these results why so many officers are unwilling or undecided if they would access EAP services for domestic violence. The barrier might be more global; officers may be unwilling to seek out any help because domestic violence is a crime, and there might be concerns about employment if an officer admits to committing a crime. However, if the concern is specifically about seeking help from an EAP, either a program of education and/or the exploration of alternate resources might be utilized to improve the sources of support for officers.

The final research question sought to explore if there were differences in levels of workplace stress, posttraumatic stress, alcohol use, and domestic violence in relationships in relation to the earlier questions about EAP usage. In relation to the question about EAP usage, we did not identify significant differences among those who did or did not access their EAPs when it came to organizational and operational workplace stress, posttraumatic stress, alcohol use, or domestic violence. It is curious that our findings indicate that those who have sought out help were statistically indistinguishable in terms of stress, posttraumatic stress, and alcohol use from those who had not sought professional assistance. It is possible that individuals accessed their EAP services for reasons outside of the variables captured in our study. Another possibility is that the act of accessing the EAP services may not be as relevant as the type and duration of services utilized by the officer.

We also assessed differences in our stress variables in connection to knowledge about how to access an EAP. We identified significant differences in alcohol use, posttraumatic stress, organizational workplace stress, and domestic violence. Post-hoc analyses indicated that the

group of respondents reporting "I don't know" reported significantly higher rates of alcohol use and operational stress than the other respondents. The "I don't know" cohort had significantly higher rates of posttraumatic stress than the "yes" group, but did not significantly vary from the "no" group. These findings indicate that those officers that reported that they did not know enough about how to access their EAP were in substantially more distress than those who either did or did not know enough about access. Perhaps it is the uncertainty of where to turn for assistance which is in and of itself another stressor for those officers? This finding is of particular importance as it indicates that a knowledge barrier is preventing officers in distress from accessing their EAP services.

#### Limitations

Several limitations in this study must be addressed. First, the LEFP curriculum is built on different modules; participants may not have completed all modules that contained the variables of interest in this study. Because different measures were drawn from different modules, the resulting missingness in the data resulted in fewer than half of all the responses being retained for the final analyses. Despite this limitation in the data set, the sample remained large enough to support the analytic strategy.

Another limitation lies in the nature of one of the questions asked to respondents. Specifically, respondents were asked, "Do you know enough about your Employee Assistance Program and how to access it?" Because of the phrasing of the question, it may be considered double-barreled. While the general focus of the question is about accessing an EAP, it is possible that respondents, in reading the question, might have been responding more generally to what was known about their EAP.

A final limitation lies in possible inaccurate reporting among respondents. The authors suspect that the 7.2 percent of respondents reporting being transgendered is not accurate. In discussion, it was decided to retain these responses, as inaccurately reporting gender does not necessarily call the veracity of other responses into question or affect subsequent analyses.

#### *Implications for Research and Policy*

Researchers have long noted that the stresses of policing take their toll on officers' physical and mental health (Collins and Gibbs, 2003, Morash, 2006, Chopko, 2010) and on their individual family functioning (Hickman et al., 2011). As the national conversation about mental health has helped to de-stigmatize the help-seeking (National Alliance on Mental Illness, n.d., Epstein, 2013), it is important to ensure that those who keep our communities safe have access to the help they need (Allen et al., 2014). Employee assistance programs already exist as resources to many law enforcement agencies. Helping officers understand how to access these programs can better ensure knowledge of EAPs and reduce the stigma around help-seeking. In order to achieve that goal, we suggest practical advice for agencies regarding information, education, and accessing their EAPs.

- O All officers should understand how to access the EAP. The agency must do more than include brochures about the EAP in the initial employment packet. Periodic intranet or emails/fliers should be circulated reminding officers of the resources available both through the agency and in the community.
- The agency should engage officers in ongoing conversations about mental health.
   Experts, such as mental health professionals should talk to officers periodically,
   both in check-in and by invitation. These speakers should include, whenever

possible, representatives of the EAP so that the EAP process is demystified for officers. In addition, educational opportunities on specific and common mental health issues -- such as depression and anxiety, which effect a large percentage of the population, and PTSD, which also effects officers -- should be presented in several different formats, for example, in a classroom setting, and by circulating high quality information videos.

- The agency should make available resource lists to offer officers options for seeking out help if they need it. For instance, a flyer including information from the National Suicide Prevention Lifeline and Safe Call Now can be made accessible to each officer so that he or she has access to these help-seeking options at any time. In addition, the agency can look for additional multimedia resources to raise awareness about mental illness, stress, and help-seeking options. Using trainings, documents, and videos will help raise awareness about mental health.
- Supervisors must set the tone for the agency and emphasize career longevity and wellness over self-reliance and strength. As Allen and colleagues have pointed out (Allen et al., 2014), supervisors may unintentionally reinforce the stigma of help-seeking by not encouraging their peers to reach out for help and not setting an example of help-seeking.
- Stigma reduction is a top-down effort, and the chief or sheriff should educate him or herself about the issues of mental health and physical health wellness and information regarding accessing and using the EAP to be able to discuss it with the rank and file.

- The agency should ensure that the EAP has the ability to provide assistance to officers on issues related to domestic violence. To this end, agencies are encouraged to contract with EAPs that include professionals trained in domestic violence dynamics who are equipped to make appropriate referrals in domestic violence cases.
- Because so many participants indicated that they would not use the EAP for
  domestic violence-related concerns, agencies should emphasize other options for
  help-seeking for those issues, including confidential assistance by professionals
  who have specific training in interpersonal violence issues.

Overall though, given the lack of usage of EAPs in the literature and in our sample, we suggest that law enforcement agencies develop a more comprehensive approach to improving and maintaining mental health, emphasizing EAPs along with all options for help-seeking, such as community mental health counseling, peer-assistance teams, agency psychologists, referrals by personal physicians, and local substance abuse treatment agencies. Further research on the use of such a comprehensive approach would be a useful step in increasing the knowledge base and offering officers meaningful, appropriate options to increase wellness for themselves and their families.

#### References

- Albrecht, S. (2011), "Using EAP services for job problems", *Law & Order*, Vol. 59, No. 8, pp. 14.
- Allen, S., Jones, C., Douglas, F. & Clark, D. (2014), "Keeping our heroes safe: A comprehensive approach to destignatizing mental health issues in law enforcement", *The Police Chief*, Vol. 81, No. 5, pp. 34-38.
- Ammons, J. (2005), "Batterers with badges: Officer-involved domestic violence", *Women Lawyers Journal*, Vol. 90, No. 5, pp. 28–39.
- Asen, J. & Colon, I. (1995), "Acceptance and use of police department employee assistance programs", *Employee Assistance Quarterly*, Vol. 11, No. 1, pp. 45-54.
- Babor, T., Higgins-Biddle, J. C., Saunders, J. B. & Monteiro, M. G. 2001. The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. 2nd ed. World Health Organization Geneva, Switzerland.
- Blanchard, E. B., Jones-Alexander, J., Buckley, T. C. & Forneris, C. A. (1996), "Psychometric properties of the PTSD Checklist (PCL)", *Behaviour Research and Therapy*, Vol. 34, No. 8, pp. 669-673.
- Bohn, M. J., Babor, T. F. & Kranzler, H. R. (1995), "The Alcohol Use Disorders Identification Test (AUDIT): Validation of a Screening Instrument for Use in Medical Settings", *Journal of Studies on Alcohol and Drugs*, Vol. 56, No. 4, pp. 423-432.
- Bradley, K. A., Mcdonell, M. B., Bush, K., Kivlahan, D. R., Diehr, P. & Fihn, S. D. (1998), "The AUDIT alcohol consumption questions: Reliability, validity, and responsiveness to change in older male primary care patients", *Alcoholism: Clinical and Experimental Research*, Vol. 22, No. 8, pp. 1842-1849.

- Brooks, L. W. & Piquero, N. L. (1998), "Police stress: Does department size matter?", *Policing*, Vol. 21, No. 4, pp. 600-617.
- Chopko, B. A. (2010), "Posttraumatic distress and growth: An empirical study of police officers.", *American Journal of Psychotherapy*, Vol. 64, No. 1, pp. 55-72.
- Chopko, B. A., Palmieri, P. A. & Adams, R. E. (2013), "Associations between police stress and alcohol use: Implications for practice", *Journal of Loss and Trauma*, Vol. 18, No. 5, pp. 482-497.
- Collins, P. A. & Gibbs, A. C. C. (2003), "Stress in police officers: a study of the origins, prevalence and severity of stress-related symptoms within a county police force", *Occupational Medicine* Vol. 53, No. 4, pp. 256-264.
- Crank, J. P. & Caldero, M. (1991), "The production of occupational stress in medium-sized police agencies: a survey of line officers in eight municipal departments", *Journal of Criminal Justice*, Vol. 19, No. 339-349.
- Employee Assistance Industry's Trade Association. 2013. *What is EAP?* [Online]. Available: <a href="http://www.easna.org/research-and-best-practices/what-is-eap/">http://www.easna.org/research-and-best-practices/what-is-eap/</a>. [Accessed August 2014].
- Employee Assistance Professionals Association. n.d. *EAP utilization* [Online]. Available: http://www.eapassn.org/files/public/utilization06.pdf.
- Epstein, R. J. 2013. Obama: Destignatize mental health issues. *Politico* [Online]. Available: <a href="http://www.politico.com/politico44/2013/06/obama-destignatize-mental-health-issues-165254.html">http://www.politico.com/politico44/2013/06/obama-destignatize-mental-health-issues-165254.html</a>.
- Finn, P. & Tomz, J. E. 1997. Developing a law enforcement stress program for officers and their families. U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice., Washington, D.C.

- Gershon, R. R. M. 2000. National institute of justice final report "Project Shields". U.S. Department of Justice, Washington DC.
- Gershon, R. R. M., Barocas, B., Canton, A. N., Li, X. & Vlahov, D. (2009), "Mental, physical, and behavioral outcomes associated with perceived work stress in police officers.", *Criminal Justice and Behavior*, Vol. 26, No. 2, pp. 275-289.
- Gershon, R. R. M., Lin, S. & Li, X. (2002), "Work Stress in Aging Police Officers", *Journal of Occupational and Environmental Medicine*, Vol. 44, No. 2, pp. 160-167.
- Goldstein, D. B. (2006), "Employee assistance for law enforcement: A brief review", *Journal of Police and Criminal Psychology*, Vol. 21, No. 1, pp. 33-40.
- Graves, A. (2004), "Law enforcement involved domestic abuse", *Law and Order*, Vol. 52, No. 11, pp. 108-111.
- Hardison Walters, J. L., Pollack, K. M., Clinton-Sherrod, M., Lindquist, C. H., Mckay, T. & Lasater, B. M. (2012), "Approaches used by Employee Assistance Programs to address perpetration of intimate partner violence", *Violence and Victims*, Vol. 27, No. 2, pp. 135-147.
- Hickman, M. J., Fricas, J., Strom, K. & Pope, M. W. (2011), "Mapping police stress", *Police Quarterly*, Vol. 14, No. 3, pp. 227-250.
- Johnson, L. B., Todd, M. & Subramanian, G. (2005), "Violence in police families: Work-family spillover", *Journal of Family Violence*, Vol. 20, No. 1, pp. 3-12.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R. & Walters, E. E. (2005),
  "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication", *Archives of General Psychiatry*, Vol. 62, No. 6, pp. 593-602.

- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M. & Nelson, C. B. (1995), "Posttraumatic stress disorder in the National Comorbidity Survey", *Archives of General Psychiatry*, Vol. 52, No. 12, pp. 1048-1060.
- Kirkcaldy, B., Cooper, C. L. & Ruffalo, P. (1995), "Work stress and health in a sample of U.S. police", *Psychological Reports*, Vol. 76, No. 2, pp. 700-702.
- Klein, R. & Klein, C. (2000), The extent of domestic violence within law enforcement: An empirical study. *In:* Sheehan, D. C. (ed.) *Domestic violence by police officers* US Department of Justice, Washington, D.C.
- Lindsay, V. (2008), "Police officers and their alcohol consumption: Should we be concerned?", *Police Quarterly*, Vol. 11, No. 1, pp. 74-87.
- Lott, L. D. (1995), "Deadly secrets: Violence in the police family", *FBI Law Enforcement Bulletin*, Vol. 64, No. 11, pp. 12-16.
- McCreary, D. R. & Thompson, M. M. (2006), "Development of two reliable and valid measures of stressors in policing: The Operational and Organizational Police Stress

  Questionnaires", *International Journal of Stress Management*, Vol. 13, No. 4, pp. 494-518.
- Morash, M., Haarr, R., & Kwak, D. (2006), "Multilevel influences on police stress.", *Journal of Contemporary Criminal Justice*, Vol. 22, No. 1, pp. 26-43.
- Moriarty, A. & Field, M. W. (1990), "Proactive intervention: A new approach to police EAP programs", *Public Personnel Management*, Vol. 19, No. 2, pp. 155-161.
- National Alliance on Mental Illness. n.d. *About NAMI* [Online]. Available: <a href="http://www.nami.org/template.cfm?section=about\_nami">http://www.nami.org/template.cfm?section=about\_nami</a>.

- Neidig, P. H., Russell, H. E. & Seng, A. F. (1992), "Interspousal aggression in law enforcement families: A preliminary investigation", *Police Studies*, Vol. 15, No. 1, pp. 30-38.
- Obst, P. L., Davey, J. D. & Sheehan, M. C. (2001), "Does joining the police service drive you to drink? A longitudinal study of the drinking habits of police recruits", *Drugs: Education*, *Prevention & Policy*, Vol. 8, No. 4, pp. 347-357.
- Oehme, K. & Martin, A. (2011), "A practical plan for prevention and intervention: Florida's new Model Policy on officer-involved domestic violence", *Criminal Justice Studies*, Vol. 24, No. 4, pp. 395-408.
- Oehme, K., Siebert, C. F., Siebert, D. C., Stern, N., Valentine, C., & Donnelly, E. A. (2011), "Protecting lives, careers, and public confidence: Florida's efforts to prevent officer-involved domestic violenc", *Family Court Review*, Vol. 49, No. 1, pp. 84-106.
- Page, K. S. & Jacobs, S. C. (2011), "Surviving the shift: Rural police stress and counseling services", *Psychological Services*, Vol. 8, No. 1, pp. 12-22.
- Pollack, K. M., Austin, W. & Grisso, J. A. (2010), "Employee assistance programs: A workplace resource to address intimate partner violence", *Journal of Women's Health*, Vol. 19, No. 4, pp. 729-733.
- Reinert, D. F. & Allen, J. P. (2002), "The Alcohol Use Disorders Identification Test (AUDIT): A review of recent research", *Alcoholism: Clinical & Experimental Research*, Vol. 26, No. 2, pp. 272-279
- Reinert, D. F. & Allen, J. P. (2007), "The Alcohol Use Disorders Identification Test: An update on research findings", *Alcoholism: Clinical and Experimental Research*, Vol. 31, No. 2, pp. 185-199.

- Scott, Y. M. (2004), "Stress among rural and small-town patrol officers: A survey of Pennsylvania municipal agencies", *Police Quarterly*, Vol. 7, No. 2, pp. 237-261.
- Skogstad, M., Skorstad, M., Lie, A., Conradi, H. S., Heir, T. & Weisæth, L. (2013), "Work-related post-traumatic stress disorder", *Occupational Medicine*, Vol. 63, No. 3, pp. 175-182.
- Swatt, M. L., Gibson, C. L. & Piquero, N. L. (2007), "Exploring the utility of general strain theory in explaining problematic alcohol consumption by police officers", *Journal of Criminal Justice*, Vol. 35, No. 6, pp. 596-611.
- Toch, H. 2002. Stress in Policing. U.S. Department of Justice, Washington, DC.
- Van Hasselt, V. B., Sheehan, D. C., Malcolm, A. S., Sellers, A. H., Baker, M. T. & Couwels, J. (2008), "The law enforcement officer stress survey (LEOSS): Evaluation of psychometric properties", *Behavior Modification*, Vol. 32, No. 1, pp. 133-151.
- Violanti, J. M., Charles, L. E. & Andrew, M. A. (2011), "Police and alcohol use: A descriptive analysis and associations with stress outcomes.", *American Journal of Criminal Justice*, Vol. 36, No. 4, pp. 344-356.
- Waters, J. A. & Ussery, W. (2007), "Police stress: History, contributing factors, symptoms, and interventions", *Policing: An International Journal of Police Strategies & Management*, Vol. 30, No. 2, pp. 169-188.
- Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A. & Keane, T. M. 1993. The PTSD checklist (PCL): Reliability, validity, and diagnostic utility. *Annual Meeting of International Society for Traumatic Stress Studies*. San Antonio, TX.

- Wetendorf, D. (2000), The impact of police-perpetrated domestic violence. *In:* Sheehan, D. C. (ed.) *Domestic Violence by Police Officers*. U.S. Department of Justice, Washington, D.C.
- Yarvis, J. S., Yoon, E., Amenuke, M., Simien-Turner, S. & Landers, G. D. (2012), "Assessment of PTSD in older veterans: The Posttraumatic Stress Disorder Checklist: Military Version (PCL-M)", *Advances in Social Work*, Vol. 13, No. 1, pp. 185-202.