

## Counseling Cops: What Clinicians Need to Know<sup>1</sup>

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Editor's Note: Dr. Fay is one of the invited Master Lecturers for the CPA 2013 convention. His presentation, *Working with Emergency Responders, a Perspective from Inside the Station*, will be Friday, April 12 from 2:00 to 3:30 p.m.

Police officers and their families comprise a unique sub-culture. They do what most of us couldn't or wouldn't. The complex and sometimes overwhelming challenges they face are piled on top of the commonplace problems we all share. They are both the same and different from other clients. As a therapist dedicated to serving law enforcement officers, I have repeatedly heard stories about how first responders overcame their natural resistance to asking for help, only to be turned off by well-meaning clinicians who didn't understand the law enforcement culture and had nowhere to learn about it.

I hope that this article sparks the reader's interest to learn more about this population and provides psychologists with some practical advice about working with law enforcement. It is important that first responders and their families obtain the culturally competent treatment they deserve. I became a police officer in 1975 and finished my police career in 2011. During that time I worked in a variety of police assignments from SWAT to patrol to investigations. I also earned my doctorate in psychology and was one of the founders of the First Responder Support Network (FRSN), a non-profit organization offering residential treatment for emergency responders suffering from the effects of work related stress, including Post Traumatic Stress Disorder (PTSD). The information in this article is based on my colleagues' and my experiences as psychologists working primarily with emergency responders.

Suppose on your last day of graduate school a police detective approached you and said she had specific information which indicated that one or more of your clients may try to hurt or kill you sometime during your career, although she didn't know the client's identity or when it might happen. As an ethical psychologist it is very important to remain empathic and open to your clients despite this alarming information. It is also vital that you don't bring home these concerns to your family. Your family has enough to deal with and having you talk about these issues with them would place unnecessary stress on them.

For police officers, this is not merely a hypothetical situation; it is a distinct possibility. How do you think you would do if you lived with this stress for 25 years? What effect would the stress have on your family, and how would it affect the way you approached your clients?

Policing is a difficult and complex job requiring an amalgam of skills suitable to a team of lawyers, athletes, priests, counselors, enforcers, and judges. We ask officers to make very quick decisions under a great deal of stress and then analyze those decisions for months and years in both criminal and civil courts. Police value control.

over the scene, the victims, and over suspects; but most of all control over their own actions and behaviors. Yet when the officer is feeling out of control and experiencing depression, panic attacks and/or PTSD, we encourage them to talk to a therapist who now has control.

It takes a leap of faith for an officer to see a therapist and not much to drive them away. Therapists who make mistakes often don't get second chances. The number one error clinicians make when treating first responders is failing to understand what cops do, why they do it, and the culture in which they operate. The clinician who takes on a police officer or a police family as clients is like a sociologist or an ethnologist who is entering a closed culture with high levels of distrust for outsiders.

For most police officers the only contact they have had with a clinician is for screening prior to employment. Police officers also have



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constant interactions with the severely mentally ill who report having frequent contact with a therapist or psychiatrist and “look what good it does them.” Cops don’t want to see themselves as “5150’s” and may see themselves as weak for going into therapy and asking for help. “What is wrong with me that I can’t control my own emotions?” is a question often asked by a police officer. In a culture that values control, that can be very scary.

### Some Pointers

*Be open:* Set aside your beliefs about cops. Forget what you saw on TV or in movies, and keep an open mind. The world looks very different from the inside of a police car. While police officers may be viewed as cynical or mistrusting, they believe that they have earned that right. Be curious about the experiences that confirm it. Explore how it affects the officer’s personal life.

*Be prepared:* Cops see a lot of gory things, including unimaginable cruelty and tragedy. They need to talk about these incidents to someone who can “hold” the emotions and contain their own reactions. If you feel uncomfortable with this kind of material, you may not be the right therapist for a police officer. It is not uncommon for an officer to test you with the story of an event to see if you can “hold it.”

*Be interactive:* Cops like give and take. Their stereotype of a therapist is someone who looks at them over their glasses and keeps asking, “How does that make you feel?” Try to avoid answering a question about yourself with asking a question in return. Like all clients, a cop needs to understand why they should trust you. But for cops, distrusting people is a honed skill that keeps them alive.

*Be curious:* Don’t pretend to know what you don’t know. Cops are trained to recognize confabulation. A cop will respect you if you ask them to explain something. It is OK to let them be the experts on police work.

*Be prepared to see guns in your office:* We understand that many therapists have never fired a gun, but it would be prudent to understand how attached officers are to their guns. When everything else has failed, an officer’s gun will keep him/her alive. Some officers carry guns with them all the time while others only carry a gun while on duty. To a police officer a gun is a tool, nothing more, and used correctly it may save an officer’s life or the life of a citizen. Cops may bring guns with them into therapy. Telling an officer to leave the gun outside may in effect be telling the officer you don’t trust him/her. If you can’t imagine doing a therapy session when the client has a gun on his/her hip, seeing cops may not be for you.

*Be educational:* Cops are problem solvers. If you can explain the problem (e.g., “PTSD can cause a reduction in Serotonin,” “Isolating increases the feared behavior’s strength and increases symptoms”), officers will likely take some action against it. Like all clients, cops want to understand why their brain is doing what it is doing. It is important to have a working knowledge of PTSD and its effects on the brain. Understand the body’s stress mechanisms and how alcohol use affects recovery. If a medication evaluation is recommended, explain why and how will it improve his/her life.

*Be knowledgeable:* Can a police officer take medication and still work as a cop? What reactions are the reactions typically experienced after a shooting? What is normal behavior? If working with cops interests you, see if you can go on a ride-a-long to get a small sense of the streets, or go to a range and shoot a gun.

*Be versatile:* While I believe that most of the good stuff that happens in therapy is about the relationship, there are particular treatment modes that seem to be effective with this population. Eye Movement Desensitization and Reprocessing (EMDR) is a very effective tool for establishing resources and working on trauma (Shapiro, 2001). Cognitive Behavioral Therapy worksheets looking at triggers, reactions and thinking errors are helpful for getting the police officer to fight for control over their symptoms (Flack, Litz & Keane, 1998; Roemer, Harrington & Riggs, 2002; Rothbaum, Meadow, Resick & Foy (2000). Narrative therapy (White & Epston, 1990) can help the cop respond to the idea of the problem being something separate from them and something they can take a stand against. Police officers understand tactics. Identifying the tactics used by the problem and appropriate counter tactics that can be deployed against the problem is speaking the officer’s language.

Working with police officers can be very fulfilling, funny and fascinating. Like all specialized populations it helps to understand the client’s

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<sup>1</sup> This article is adapted in part from a forthcoming book by E. Kirschman, M. Kamena, & J. Fay, (in press, 2013) *Counseling cops: What clinicians need to know*. New York: Guilford Press.



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