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The Secret Struggles of Law Enforcement: Ending the Stigma Through Counseling

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Abstract

Law enforcement are on the frontlines everyday and see the best and worst society has to offer. They encounter scenes of violence and tragedy and have to learn how to compartmentalize what they see and feel. But what if they struggle to deal with those emotions? Suicide is the second leading cause of death among law enforcement, following behind Covid-19. While there are many reasons including both personal and professional factors that influence suicide ideation in police officers, there are also protective factors that can limit these ideations. Counseling is found to be a protective factor against suicide ideation in law enforcement officers. With a degree in criminology, a family history of law enforcement and a masters degree in clinical mental health counseling, I will have the necessary experience to be able to help law enforcement fight this battle against not only suicide, but also the stigma of seeking help.

The Call To Mental Health

Law enforcement officers have suffered in silence for decades. They have put the job above themselves and put the weight of the world on their shoulders. Police officers are more likely to die by their own hand than in the line of duty (Perine, 2022). They consistently, day in and day out, put on that bulletproof vest, not knowing if they are going to come home that night. While some people may only call 9-1-1 once or twice in their life, what people sometimes forget is that a police officer will most likely be at every single one of those scenes that people call in.

Police officers are constantly experiencing trauma, emergencies, domestic violence situations, death, drugs, car accidents, suicides, natural disasters, school shootings, and much more throughout their career. Those experiences can stick with them for a long time. According to social standards, police officers are expected to be the hero figure, but that persona has only led to a stigma that creates the barrier between the job and seeking help (Wester, Arndt, Sedivy & Arndt 2010). Police officers dying by suicide should not be a shameful act that disregards their entire career.

Law enforcement agencies need to change, society needs to change, and the people who live with and love police officers need to change. Suicide is not the result of weakness or sin; it is the result of mental illness that is treatable in many instances. Mental health should be treated with the same kind of care as physical health. Maybe then, we will find a world where suicide, pre-pandemic, is not the leading cause of death in police officers (Blue Help, 2022).

While there is an increased need for counselors because of the Covid-19 pandemic, the need for counselors for police officers is an up and coming career path. With defund the police campaigns around the country, there has been an increase in police officer suicides and mental

health issues. Officers all around the country are facing the same issues of depression, anxiety, stress, and burnout.

The Call to Duty

The career of a clinical mental health counselor is a very exciting and rewarding career. As a clinical mental health counselor, you can work with individuals, groups, couples, families and more. This career helps others deal with the struggles they are facing and how to overcome those struggles. They work with people of all ages with any kind of mental health disorder and even people who are not diagnosed with a mental health disorder and just need a little extra guidance. Many mental health counselors work for hospitals, companies, correctional institutes, colleges, and many even have their own practices. Depending on where they work, their responsibilities may be different. In the hospital setting, the counselors see patients on more of an emergency basis, especially in an inpatient facility. Counselors that see patients in a private practice are usually long term or short patients who don't need emergency treatment.

The primary role of a clinical mental health counselor is to guide their patients into a more positive and healthier lifestyle. Depending on the issue the patient is having, the mental health counselor will come up with a plan for their patient based on their needs and symptoms. Someone who comes in for anxiety will have a different treatment plan than someone with bipolar disorder. Clinical mental health counselors do not have the ability to prescribe medicine unless they have additional certifications that allow them to, so they rely more on therapeutic techniques. They use hypnotherapy, cognitive behavioral therapy, dialectical behavioral therapy, play therapy, eye movement desensitization and reprocessing, etc (Milestone Counseling INC, 2020). These techniques are some of the most widely used among counselors as their goal is to help the client overcome their specific problem. For example, cognitive behavioral therapy is

used to help the patient explore the links between their thoughts, emotions and behaviors in order to live a healthier life.

Within the clinical mental health counselor world, I would like to specialize in treating police officers and their families on a daily basis. These specialists work in police departments, hospitals, private practices and for companies specializing in first responders. Their main role is to counsel the first responders and their families during times of crisis as well as through everyday life.

There are a variety of different agencies across the United States that treat first responders, some affiliated with their places of employment and some being outside organizations. One agency that helps first responders and their families that stood out was “911 At Ease International.” This agency's goal is to help first responders as well as their families navigate the stressful life of first responders in order to keep them safe and strong (911 At Ease International, 2021). This agency was created by two men, one being a veteran police officer, to address the silent struggles first responders face every day as well as their family members. This agency provides free and reputable counseling services to first responders and their families (National Alliance on Mental Health, 2022). Another agency that is a little different than “911 At Ease International” is an organization called “Armor Up.” This organization has extensive training and resources for officers and their families to learn how to gain “emotional armor.” Emotional armor helps protect individuals from potential harmful situations and feelings. An example of emotional armor is resilience. Resiliency is the ability to deal with hardships and challenges and be able to bounce back. The techniques used are meant for PTSD and trauma related issues with the goal of preventing further issues (Armor Up, 2021).

While the steps to becoming a clinical mental health counselor seem concrete, marketing myself as a specialist for first responders may be more difficult. Oftentimes police officers and other first responders neglect help from mental health professionals for many reasons. One of the bigger reasons is they are scared of the repercussions of talking about their mental health struggles. Other times, officers feel weak if they cannot handle the pressures of their jobs because they believe everyone around them is handling everything well. More times than not, most officers are feeling the immense pressures of the job at all times but do not speak up. Males, in particular, are prone to disregard the need for psychological intervention because of the known gender role males fit in (Wester, Sedivy, Arndt & Arndt, 2010).

In order to make myself an attractive candidate for these officers to seek help from, I plan on promoting myself to various police departments in the area I will be working in as well as offering telehealth for officers further away. I will explain in my bio that I have an undergraduate and masters degree in criminal justice and criminology as well as a masters degree in clinical mental health counseling. I will also share that I have a direct family member in law enforcement and that I grew up knowing what life was like as a police officer. I intend to create a safe zone for police officers by emphasizing that everything the officers say will be confidential. This will hopefully help the officers feel more comfortable sharing their struggles with me.

Hiring Process

While each state asks for slightly different requirements for employment, for the purpose of this paper I will focus on Massachusetts since I plan to be working there. In Massachusetts, to become a clinical mental health counselor, a masters degree in clinical mental health counseling or a related field needs to be obtained. After obtaining a masters degree, a requirement of

post-masters supervised clinical work is needed, which takes around two years to complete at a minimum (William James College, 2022). The supervised hours that must be completed post graduation from the masters degree are a total of 3360 hours. There needs to be 960 hours of direct client contact and 160 hours of supervision (William James College, 2022). At some point after graduating with a masters, passing the National Clinical Mental Health Counselor Examination is required.

After all the steps are complete, the next phase is to apply to jobs. In Massachusetts, a resume, college transcripts, a completed application form, documentation of pre and post-masters field experience, academic requirement form, letters of reference, proof of passing the exam, and pass a criminal background check are required to apply for jobs (William James College, 2022). Depending on the specific place of employment, there may be additional requirements, but these are the main requirements for most establishments.

Educational Requirements

The initial step to becoming a counselor in regards to educational requirements is getting a high school degree. Second, it is crucial to get a bachelor's degree in psychology, social work or a related field. After obtaining a bachelor's degree, the next step is to gain a masters degree in clinical mental health counseling in order to get a license to counsel. It is also crucial to take as many relevant courses in both undergraduate and graduate school to lay the foundation for a career in counseling. Courses that were taken in my undergraduate career that are extremely relevant for the career I am pursuing are classes like, psychology of trauma, forensic psychology, forensic behavioral analysis, domestic violence, abnormal psychology, and police culture. When pursuing a masters degree there is usually an internship requirement with varying different

required hours. As mentioned in the previous section, there are pre and post graduate requirements including a certain number of hours of contact hours. Internships with hospitals, private practices, and even clinicians in jails provides essential experience needed to be a counselor.

Special Skills and Training

In order to be a successful clinical mental health counselor, a set of certain skills are needed that cannot be taught in school. Clinical mental health counselors need empathy and compassion in order to work with their clients. People may be less willing to open up to a counselor who is cold and does not try to empathize with their clients. In order for counselors to create individualized treatment plans for their clients, they will need to have critical thinking skills as well. Active listening skills are also a key component of being a successful counselor (McKay, 2019). Experience working with clients helps counselors build on their active listening skills.

In order to specialize in working with police officers, the mentioned skills above as well as additional skills and training are needed. Since police officers experience traumatic events all the time on their shifts, they have the potential to end up carrying some of that weight home with them. In order to successfully be able to understand what these officers are going through, training in trauma-informed care will be really helpful for the counselors. Counselors should also have training in family conflicts and domestic violence as many officers' home life is affected by job stress and trauma.

If officers find themselves trying to deal with their stress and trauma on their own, without professional help, this could lead to substance use and abuse. A counselor who has

training in substance abuse could be very beneficial to officers who are struggling with this issue. Lastly, counselors should have training on how to teach resiliency skills as this has been a known skill for officers to have in order to have a better experience being a police officer Violanti et al. (2019). Resiliency is important for officers because it allows them to overcome challenges in front of them. Being able to listen and empathize with the officers will overall help the officer overcome the stigma of seeking help and help them understand that it is not a bad thing to seek help.

Career Prospects

Being a clinical mental health counselor is a very rewarding job for many reasons. The average salary ranges between 50,000 and 70,000 dollars a year (Cambridge College, 2021) with the potential to make more with experience or by owning your own practice. There are many benefits to working for a company or organization, especially hospitals. Health, dental and vision insurance are offered by many employers (Indeed, 2022). Some companies even offer tuition reimbursement to their employees which can help with paying off their masters degrees they had to pursue. If the goal is to work for a company that conducts outpatient therapy, then hours are usually around 9am-5pm with weekends off depending on the company's hours of operation. If the counseling job is located in a hospital setting, especially an inpatient setting, then hours are irregular and potentially being available at all hours is necessary. Since the start of the Covid-19 pandemic, telehealth has become a reliable and convenient option for people. This gave counselors the opportunity to work from home which can be a benefit for both the client and the counselor. Lastly, paid time off is offered by many companies as a benefit (Indeed, 2022).

Career advancement is possible, especially in the salary of a counselor. With more experience comes more pay. There is also opportunity to own a practice which can potentially offer a higher salary if there is a large client base. Counselors with their own practice you get to determine what the work environment is like since they hire who they want. When working for a larger company, the work environment is determined by whoever is in charge of the company.

Why Counselors are Needed

The law enforcement profession is a stressful and unpredictable environment. Police officers are put in harm's way every time they decide to put on that uniform and go to work. Previous literature has found key aspects of a police officer's life that has put them at risk for having suicidal thoughts or ideations and oftentimes, taking their own lives. Issues surrounding professional stressors, personal stressors, stigma, and lack of resources can put them at a higher risk of committing suicide. Counselors are needed to provide guidance to officers going through stressful situations at home and at work. Previous literature has also looked at protective factors and how those factors can help guide police officers down a healthier and better path. One of the most important protective factors against suicide ideation in police officers is counseling (Tsai et al. 2018). Counselors are needed to provide guidance to officers going through stressful situations at home and at work.

Police officers face many personal and professional stressors throughout their career and life that can put them at risk for suicide ideation. Mental illness is one factor that is both a personal and professional stressor that warrants attention. Suicide is correlated with many psychiatric conditions such as depression and PTSD. Police officers are at a higher risk of developing some type of psychiatric condition because of the line of work they are in and the

constant exposure to violence (Danto, 1978). Extensive research has been done on PTSD and its link to suicide. Chopko, Palmieri & Facemire (2014) found that officers in the United States that had suicide ideation in the past two weeks were also experiencing PTSD symptoms at the same time. This finding creates a correlation between PTSD symptoms and suicide ideation in police officers. One symptom of PTSD is hyperarousal. When someone is experiencing this symptom, they are in a constant state of fight or flight and they are not able to regulate themselves. The symptom of hyperarousal was found to have a significant correlation with suicide ideation in the police officers (Steyn et al., 2013)

Professional Stressors

Major events like an officer involved shooting, a car chase, or working the streets of a riot are the stories people hear about, but those are not necessarily the stressors for all police officers. Police face stressors on a daily basis including burnout, officer rank, negative work environments, internal investigations in addition to the major events such as death and extreme violence.

Police officers are exposed to constant violence and death while on duty. Police officers are exposed to suicide at a higher rate than any other first responder (Lyra et al., 2021). Police officers are also exposed to traumatic events that tend to resonate with their own lives. Officers were more traumatized by incidents that resonate with their personal lives rather than what researchers defined traumatic events as including shootings (Rouse et al., 2015). Bishopp & Boots (2014) found that strain theory can help explain police suicide and found that exposure to violent crime acts as the strain in this situation. The violent crime exposure is positively associated with suicidal thoughts in police officers. It is important to note that the strain in this

case is not directly causing suicide but it is causing depressive symptoms that can directly lead to suicide.

The career of a police officer is intended to be noble and professional. All eyes are on the officers at all times because they are held to a higher standard than the general public is. Officers that are under investigation by their department or some outside department have a higher risk of becoming suicidal as they fear that their status as an officer will soon be diminished (Miller, 2005). Police officers who are currently under investigation or under review for a workplace dispute fit the profile for an officer who is most at risk for suicide (Barron 2008). Additionally, officers under any kind of internal investigation were 6.7% more likely to commit suicide than their counterparts (Janik & Kravitz 1994).

A police department is run through a bureaucratic leadership style which can be strict and harsh at times. This type of organization can lead to stress and anxiety in lower ranked officers as they are forced to adhere to strict codes at all times (Chae & Boyle, 2013). The working environment both socially and physically can be toxic in some departments. If someone is constantly exposed to hazardous work conditions while also being berated by their supervisors, they are more likely to develop anxiety and depression, which in turn can lead to suicide (Chae & Boyle, 2013). Another risk for suicide is the isolation some officers feel when they are not supported by their supervisors. Most young officers strive to impress their superiors in order to advance their careers. When there is a lack of attention and no sign of advancement in their career, they start to feel isolated which has been found to be a risk factor in suicide (Chae & Boyle, 2013).

While there are obvious job-related risk factors, such as internal investigations and exposure to death and violence, that are seen with police officers, there are also cues that

oftentimes fly under the radar and do not get noticed until it is too late. Some officers that are at risk of suicide will sometimes be hostile or insubordinate to superiors at work and will blame others for their own mistakes (Miller, 2005). Some of the officers will be known by their department to have been involved in internal disputes with coworkers or superiors (Barron, 2008). This is their cry for help as they have been taught to be tough, and they do not know how to ask for help the proper way. These cries for help can be the result of many on duty stressors such as burnout. Burnout showed a significant increase in suicide ideation in police officers (Bishopp & Boots, 2014). Additionally, police officer rank has been found to be a professional risk factor. A police officer's rank has been shown to be related to job stress on many occasions and has also been seen to create a negative work environment (Tsai, Nolasco, and Vaughn, 2018).

Personal Stressors

While the prevalence of work-related stressors is high, there are also personal stressors that can occur in police officers' lives. Police officers go home and deal with the same things everyday people deal with like relationships problems, marriage issues, mental health concerns, family problems, depression, post-traumatic stress disorder and substance use and abuse. As discussed above, work-related stress plays a large role in the risk for an officer to commit suicide but oftentimes, the officers are bringing the stress from work home and that is causing problems as well (Chae & Boyle, 2013).

Chae & Boyle (2013) created their own theory on police suicide and why it might be occurring at a higher rate than the general population. They believe that chronic exposure to small stressors are potentially adding up over time and creating a higher risk for suicide ideation.

These stressors can occur both at home and in the workplace. Some examples of at home stress could be marital problems or family problems. Relationship breakdowns within the home and negative relationships with co-workers were found to be a stressor for police officers (Barron 2010). Marital problems have also been noted to play a role in police suicide as well (Janik & Karvitz 1994). In regards to family problems, a previous family history of suicide can be a strong risk factor for potential suicide for a police officer as well as the general public (Miller, 2005). If there has been a recent loss in the family, suicide or other death, that also puts the officer at increased risk for suicide according to (Miller, 2005).

Another significant personal stressor for law enforcement officers is substance use and abuse. Oftentimes, law enforcement officers find themselves using alcohol to cope with the difficult situations they encounter at work. According to Miller (2005), alcohol impairs judgement and can cause some officers to act impulsively which can lead to suicide. Substance use also increases and exacerbates the symptoms of depression in these officers (Miller 2005). According to a study done by Barron (2010), 53.5% of the studied police officers who had committed suicide, were affected by some kind of drug or alcohol. Police officers may self medicate through substances instead of seeking help through counseling because of the stigma associated with seeking help.

Stigma Associated with Mental Health in Law Enforcement

Being a police officer, unfortunately, means that stigma may follow you around your entire career in regards to mental health. Police officers oftentimes think of themselves as indestructible and suicide is seen as disgraceful (Skolnick, 1975). Endorsement of negative stereotypes surrounding people with mental illness are found coming more from police officers

rather than the general public (Soomro & Yanos, 2019). These negative stereotypes can include believing that one is weak for seeking mental health help.

One of the main issues in police suicide is the fact that many officers are not seeking help for their mental health issues. Page & Jacobs (2011) found that 71% of officers in their study said that they would rather confide in a fellow officer rather than a therapist. The officers are instead seeking help through their primary care physician who does not have as much expertise on psychological issues in order to avoid being stigmatized for seeking mental health help (Berg, Hem, Lau & Ekeberg, 2006). It was discovered that only four percent of women in their study and two percent of men sought psychological help for their mental health concerns (Berg et al., 2006).

The stigma of mental health in police officers starts from the top and trickles down. All levels of law enforcement, from the chief down to patrol officers, have the unfortunate potential to experience or reinforce the stigma of mental health. Violanti (2004) estimates that up to 17% of suicides committed by police officers are misclassified in investigations due to stigma. This means that there could be significant under reporting of the already high number of police suicides. In recent years, the New York City Police Department has faced an increase in suicides within their department. An investigation by the NYC Department of Investigations Office found that NYPD's internal support services were underutilized due to the stigma of the services being provided (Garnett & Eure, 2019). The availability and effectiveness of employee health programs relating to mental health are lacking due to the stigma in police culture (Stuart 2008). The stigma is highlighted in the fact that if a police officer commits suicide, they cannot be buried with honors or have their name on the National Law Enforcement Memorial in Washington, D.C (Heyman, Dill & Douglas, 2018).

Departments that have established counseling programs reduce the stigma enough for officers to want to seek help (Violanti, Fekedulegn, Charles & Andrew, 2009). To help end the stigma around seeking help for mental health concerns in law enforcement, two major groups were formed called Cop2Cop and POPPA. These are both peer counseling programs that have been implemented. These are both peer counseling programs that have been implemented. Combining peers within counseling helps officers feel more comfortable opening up and talking about their trauma (Chae & Boyle, 2013).

Lack of Resources Available to Law Enforcement

Law enforcement officers that overcome the stigma of seeking help often do not have the mental health resources they need. Many officers in rural areas lack the necessary resources for mental health (Barron, 2010). The location of the police departments are crucial to the amount of resources available, but the size of the department also matters. Smaller police departments have higher rates of suicide due in part to lack of mental health resources (Klinoff, Van Hassett & Black, 2015). The availability of mental health programs for police officers is scarce among both small and large departments (Stuart, 2008).

Police officers are often not given proper training on suicide prevention or on the risks of being exposed to suicide. The police profession as a whole lacks adequate suicide prevention programming (Dixon, 2021). Police officers may not receive training or counseling on the risks associated with witnessing suicide or responding to a suicide. Stuart (2008) found success within psychological debriefings for traumatic incidents among law enforcement.

Protective Interventions and Traits

In addition to reducing the stigma surrounding seeking help for mental health and increasing resources, additional reforms can be implemented to reduce suicide. One of the major protective factors against suicide that was discussed in previous literature was peer support. Peer support mixed with counseling reduced job stress in police officers (Tsai et al., 2018). Through support and commiseration, peers can reduce the feelings of isolation in their fellow officers (Miller, 2005). Commiseration was described as being able to relate to each other on the issue while support was described as being able to empathize with each other even if one has no personal experience with the issue (Miller, 2005). Peer support should be used a primary intervention for suicide and peers should be trained in basic listening techniques, so they become trusted by their peers (Violanti et al., 2019). When officers are perceiving greater amounts of support from their peers, they are also experiencing lower levels of stress (Stanley, Hom & Joiner, 2016) . Marriage is also seen as a protective factor and can fall under this peer support umbrella. Violanti et al. (2009) found that among female officers, marriage acts as a major protective factor against suicide. Chae & Boyle (2013) found that both females and males that are married have a decreased risk of suicide.

One of the final protective factors against suicide in police is resiliency. Resiliency is defined by Violanti et al. (2019) as being able to overcome and adapt to negative situations. Fostering resilience within departments can help decrease the risk of suicide because officers are able to cope more positively after traumatic experiences. The ability to cope in a positive way is crucial for law enforcement officers as they potentially face difficult situations every single day. Officers who applied active coping styles to stressful situations, meaning they confronted the problem instead of avoided it, had a reduced risk for suicide (Chase & Boyle, 2013). If an officer

has skills in conflict resolution, then that acts as a protective factor against suicide, as officers can deal with their problems in a healthy way (Rouse et al., 2014).

Conclusion

Stinchcomb (2004) conducted extensive research on prevention of suicide among police and identified three key components of change aimed at preventing suicide. These changes should happen within departments on the individual and the organizational level. The first component is commitment where administrators, peers, and supervisors all need to implement the strategies aimed at reducing suicide. The second component is participation, which means everyone is accountable for being a part of the change and not part of the problem. Lastly, the third component is action, which means implementing policies and actively working to change the stigma around mental health in law enforcement (Stinchcomb, 2004).

The silent pandemic of law enforcement suicide needs to be brought to light and fast. As mentioned, suicide was the leading cause of death among law enforcement officers before the Covid-19 pandemic struck (Blue Help, 2022). Many people in law enforcement are not ready to talk about this issue, but that does not mean that conversations should not occur. Issues within the officers' personal life and professional life are both relevant factors when looking at suicide ideation. There is not one specific issue that causes suicide ideation which is why research should focus on all factors contributing to the thought process.

While it is understood within the law enforcement community that counseling is not at the top of every police officer's wish list, creating a system where counseling is less stigmatized may help reduce officer suicide. This could mean making it mandatory for officers to see a counselor at least once a month. This will help the officers who were too scared to seek mental

health treatment because they will not have a choice. Making it mandatory for the chief, the captain, the lieutenant and any other top officers in the department to also go see a counselor once a month will show that it is okay for everyone to get help. There is a desperate need for counselors that specialize in law enforcement issues since many officers may not feel comfortable talking to someone who does not understand their professional life.

Becoming a clinical mental health counselor for police officers is the career I want to pursue because of crucial need to end the stigma and protect law enforcement officers from suicide ideation. The need for counseling is truly on the rise not only because of the Covid-19 pandemic, but because of the aftermath and snowball effect it has caused. The rise in suicide ideation in police officers in recent years calls for more training on trauma exposure, violence exposure, and coping strategies for counselors and police officers. Counselors will be of little help for law enforcement if they do not have the specific training officers need. This is why I plan on using both my masters degree in criminology and clinical mental health counseling to tailor to the needs of the police officer specifically. We rely on police officers every single day to help us at a moment's notice, it is time we do the same.

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