

ALASKA STATE TROOPER CRITICAL INCIDENT RESPONSE TEAM
AND PEER SUPPORT PROGRAM DEVELOPMENT

A
PROJECT REPORT

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Abstract

Law enforcement officers experience enormous job-related stress burdens in comparison to other career fields. Officers routinely encounter stressful situations from sources specific to their occupation, particularly their frequent exposure to dangerous situations, violence, and witnessing human suffering and depravity. Negative effects of occupational stress are exhibited in physical, physiological, emotional, and psychological changes. Law enforcement stress management programs are developed to provide resources to offset the negative effects, provide positive coping strategies to reduce stress, and increase the officer's quality of life. This project developed program documents, policies, and procedures for the Critical Incident Response Team (CIRT) and Peer Support Program (PSP), for the Alaska State Troopers utilizing best practice recommendations. The CIRT supports troopers immediately following critical incidents, such as violent crimes, homicides, suicides, or officer involved shootings. The PSP operates in non-immediate ways, helping troopers who experience difficulty coping, in the long-term, with occupational stress.

Table of Contents

	Page
Signature Page.....	i
Title Page.....	ii
Abstract.....	iii
List of Figures.....	vii
List of Appendices.....	viii
Glossary.....	ix
Chapter 1: Introduction and Background	1
Law Enforcement Occupational Stress.....	1
Law Enforcement Stress Management Programs.....	5
Summary.....	11
Chapter 2: Community Partner Profile.....	13
The Alaska State Troopers Agency	13
The Critical Incident Response Team and Peer Support Program	19
Chapter 3: Project Goal, Aims, and Objectives	22
Chapter 4: Methods	24
Project Objective #1	24
Project Objective #2	25
Project Objective #3	26
Research Questions	27
Protecting Human Subjects	28

	Page
Chapter 5: Results	29
Understanding LE Occupational Stress and LESM Programs	29
Development of Law Enforcement Stress Management Programs.....	30
Conceptual Framework Development.....	36
Social Cognitive Theory	36
Cognitive Behavioral Therapy	41
Heuristics	43
Personality Psychology	44
Coping Strategies	45
Conceptual Framework for AST’s CIRT/PSP.....	46
Alaska State Trooper Program Development	49
Formative Evaluation	51
Process Evaluation	55
Outcome Evaluation	56
Chapter 6: Discussion	58
Chapter 7: Strengths and Limitations	62
Strengths	62
Limitations	63
Chapter 8: Public Health Implications	67
Connections: Law Enforcement and Public Health	67
The Epidemiological Triangle.....	72

	Page
Disease Prevention Model	74
Crime Prevention Model	76
Chapter 9: Conclusions and Recommendations	78
Conclusions	78
Recommendations	79
Family Support Needed	79
Program Implementation Procedures Needed	81
References	85
Appendices	91

List of Figures

		Page
Figure 1	State of Alaska size comparison to continental United States.....	13
Figure 2	State of Alaska road system	14
Figure 3	Alaska State Trooper and Alaska Wildlife Trooper uniforms.....	16
Figure 4	Alaska State Trooper pyramidal hierarchy	18
Figure 5	Social Cognitive Theory	37
Figure 6	Observational Learning	38
Figure 7	Positive and negative reinforcements	39
Figure 8	Principal sources of self-efficacy	40
Figure 9	Cognitive Behavioral Therapy	41
Figure 10	AST trooper as individual, identified through SCT and CBT concepts	42
Figure 11	AST trooper coping with occupational stress with and without CIRT/PSP stress management program	47
Figure 12	The Public Health System	67
Figure 13	An epidemiological model of program development	69
Figure 14	Epidemiologic Triangle.....	72
Figure 15	Disease Prevention Model.....	74

List of Appendices

	Page
Appendix A	Program Implementation and Evaluation Timeline..... 91
Appendix B	Department of Public Safety Operating Procedures Manual, Chapter 114, Critical Incident Response Team and Peer Support Program Standard Operating Procedures..... 92
Appendix C	Alaska State Trooper Critical Incident Response Team / Peer Support Program Command Staff Survey 107
Appendix D	Critical Incident Response Team / Peer Support Program Team Member Application 108
Appendix E	Alaska State Trooper Critical Incident Response Team / Peer Support Program Team Member Training Survey 109
Appendix F	Alaska State Trooper Critical Incident Response Team / Peer Support Program Post-training Session Survey 110
Appendix G	Alaska State Trooper Critical Incident Response Team / Peer Support Program Participant Satisfaction Survey 111

Glossary

AST	Alaska State Troopers
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CIRT	Critical Incident Response Team
CISD/CISM	Critical Incident Stress Debriefing/Critical Incident Stress Management
CPM	Crime Prevention Model
DOJ	Department of Justice
DPM	Disease Prevention Model
DPS	Department of Public Safety
FLETC	Federal Law Enforcement Training Centers
FBI	Federal Bureau of Investigation
LE	Law Enforcement
LEO	Law Enforcement Officer
LESM	Law Enforcement Stress Management
LODD	Line of Duty Death
NIJ	National Institute of Justice
PSP	Peer Support Program
PTSD	Post-Traumatic Stress Disorder
SCT	Social Cognitive Theory
SOP	Standard Operating Procedures
OPM	Operating Procedures Manual
OPS	Office of Professional Standards
USMS	United States Marshals Service

Chapter 1: Introduction and Background

Stress is a complex and multifaceted occurrence defined as “a mentally or emotionally disruptive and upsetting condition occurring in response to adverse external influences, and a stimulus or circumstance causing such a condition” (Finn & Esselman-Tomz, 1996). The concept of stress can be further narrowed to those “conditions where environmental demands exceed the natural regulatory capacity of an organism” (Koolhaas, 2011). Although ubiquitous and common to all walks of life, the frequency, amount, or type of stress experienced will vary from person to person, as will the individual response to coping with it. In America, stress is so common, and healthy stress management coping practices so poor, we are on the verge of a stress-induced public health crisis which is resulting in high rates of negative physical health consequences (American Psychological Association, 2011). While all people from all walks of life experience stress during the course of their lives, research conducted since the early 1970s has revealed the enormous job-related stress burden experienced by law enforcement officers (LEO) in comparison to other career fields, with many researchers considering law enforcement (LE) to be one of the most stressful of all occupations (Finn & Esselman-Tomz, 1996; MacMillan, 2009; Miller, 2012).

Law Enforcement Occupational Stress

The LEO routinely encounters stress from a wide array of sources particular to their occupation, such as their exposure to physically dangerous situations, violence, and their frequent witness of human suffering and depravity.¹ Additional sources of LEO occupational

¹ For the purposes of this report, the titles of law enforcement officer, police, and trooper all may be used interchangeably, with the same meaning.

stress include such aspects as: job-related organizational demands (e.g. shift work, long and irregular work hours, job location), negative or distorted publicity from the press, lack of community praise for a job well done, and reduced agency resources or funding with demands from command staff to ‘do more with less.’ Further causes of stress include those presented by the criminal judicial system, which may drop charges or deliver lenient sentences to the criminals the LEOs worked so hard, possibly even risking their lives, to arrest and remove from the streets (MacMillan, 2009, p. 1). Perhaps one of the greatest sources of LEO occupational stress comes from the need to be ever vigilant in perceiving potential threats of danger to their physical safety (e.g. fear of injury or death from criminals). Officers are acutely aware of this danger and the high number of Line of Duty Deaths (LODD) that occurs every year justifies their concerns (ODMP, 2014).² This is of particular concern recently, as the number of LEOs “feloniously killed” in the line of duty has increased 89 percent between 2013 and 2014, according to statistics released by the Federal Bureau of Investigation (Federal Bureau of Investigation [FBI], 2015).

A continual need to be hyper-vigilant at all times in order to perceive potential threats of danger to their physical safety (e.g., fear of injury or death from criminals) or to the safety of others over-activates the autonomic nervous system, inducing physical and physiological changes within the body (Herbert, 1998). The LEOs not only experience occupational stress as they go about their occupational duties; they also suffer from what is referred to as ‘anticipatory stress’ occurring prior to the start of their work day leading to significant negative physiological changes (Anderson, Litzenberger, & Plecas, 2002; Digliani, 2014; Finn & Esselman-Tomz,

² Line of Duty Deaths (LODD) situations are those where LEOs have been killed or died while in the performance of their jobs. The most notable are those situations where officers have been murdered; however, LODDs may also include such situations as, fatal vehicular accidents when responding to calls or a heart attack while on duty (heart attacks are one of the leading causes of death for LEOs). The LEO suicide is not included in these numbers.

1996; Herbert, 1998). This “routine” stress associated with regularly dealing with the “most violent, impulsive, and predatory members of society” is not easily recovered from and has been shown to have a cumulative negative impact on the officers’ health resulting in an increase in heart attack rates, development of ulcers and hypertension, and weight gain (Anderson, Litzenberger, & Plecas, 2002; Digliani, 2014; Finn & Esselman-Tomz, 1996). In addition to negative physical and physiological health outcomes, the effects of LEO occupational stress are also exhibited in the “high rates of divorce, alcoholism, and other emotional ... problems” common in the LE occupation (Anderson, Litzenberger, & Plecas, 2002; Digliani, 2014; Finn & Esselman-Tomz, 1996, p. 6). One of the most shocking pieces of statistical evidence for negative outcomes related to LEO occupational stress is their suicide rate, which is more than double the suicide rate of the general American population (Miller, 2012; O’Hara & Violanti, 2009).³

The United States Department of Justice’s National Institute of Justice (NIJ) conducted one of the largest and most extensive studies on LE occupational stress to date called Project Shields. This collaborative study with the Baltimore Police Department, the Fraternal Order of Police, and Johns Hopkins University sought to discover the prevalence, incidence, and correlates of LE occupational stress, the associated psychological, physical, and behavioral outcomes, the impact on LE families, and the economic and organizational implications associated (Gershon, 1999).

Project Shields provided information about aspects of the LE occupation that created stress, specific details about the negative physiological and emotional effects of that stress, and the impact it has on the LEOs exposed to it. The study revealed an increase in alcohol abuse, anxiety, and smoking within five years of employment in the LE occupation. This study

³ The O’Hara and Violanti study presents LEO suicide counts of 141, 143, and 126 for the years 2008, 2009, 2012 respectively.

demonstrated that LEOs had an increased risk of mortality and morbidity from cancer, heart disease, hypertension, acute migraine headaches, reproductive problems, chronic back problems, foot problems, and insomnia. The research further revealed profound negative emotional effects on LEOs who attended police funerals, were the subject of internal affairs investigations, experienced a needle stick or exposure to bodily fluids, made a violent arrest, or personally knew victims (Gershon, 1999).⁴

The study showed that LEOs experienced organizational stress most when making split-second decisions with serious consequences, hearing media reports of police wrongdoing biased against LEOs, having administrators who did not support their officers, and not having enough time for personal or family responsibilities. Psychologically, LEOs experienced a loss of energy overall and lost interest in activities previously enjoyed. They often experienced anxiety symptoms, such as a pounding in their chests and a feeling of impending doom, and some officers reported having considered suicide (Gershon, 1999).

The LEOs must find ways to cope with the stress inducing events they routinely experience, and not all coping mechanisms utilized are positive. Without knowledge of positive healthy coping mechanisms, or failure to put these into practice to deal with these stresses, LEOs may become cynical, impatient, physically unhealthy, or even violent towards others (Caplan, 2003; MacMillan, 2009). To further complicate the situation, the LE sub-culture itself tends to be very masculine and characterized by bravado, which can not only cause its own form of stress, but may also prevent an officer from seeking help from mental health professionals when the stress becomes overwhelming (Finn & Esselman-Tomz, 1996; Herbert, 1998; Miller, 2012). Seeking mental health services is often viewed as a sign of “weakness [or] cowardice;” and other

⁴ “Needle stick” refers to the event of a LEO being ‘stuck’ by a hypodermic syringe, usually located in a subject’s pocket, while conducting a search, increasing the officer’s ability to contract a disease or illness from the last user.

LEOs may view an officer who seeks mental health support as being incompetent or having a “lack of ability to do the job” (Miller, 2012). Many officers fear “censure, stigmatization, thwarted career advancement, and alienation from colleagues,” as well as seeming if they may be the type of person who “folds under pressure” (Miller, 2012). This stigmatization or alienation may come from administration, command staff, or fellow officers. All of these factors may result in short-term or long-term emotional, physical, or mental disabilities for LEOs, as well as present serious negative fiscal impact for LE agencies as a whole through an increase in worker’s compensation claims for stress-related disabilities, an increase in civil liability, and negative media attention as a result of stress-related behaviors (MacMillan, 2009).

Law Enforcement Stress Management Programs

Law enforcement stress management (LESM) programs have been utilized for quite a number of years, with some agencies utilizing such programs staffed by full-time counselors since 1976 (Finn & Esselman-Tomz, 1996, p. 5). While in the early years these programs focused strictly on basic counseling or psychological services, most now include critical incident debriefing, training on stress management coping practices, and consult for organizational changes within the agency itself (Finn & Esselman-Tomz, 1996, p. 5). Most current stress management programs utilized by LE agencies provide a confidential and specialized treatment for stress management specific to law enforcement, by law enforcement, through peer support models (MacMillan, 2009).

The LESM programs include a range of intervention services, including pre-crisis preventative training, individual counseling, group debriefing, peer support, and professional mental health referrals. The programs are similar in context and structure to those utilized in other emergency professions, often referred to in those professions as critical incident stress

management (CISM) or critical incident stress debriefing (CISD), and are considered a standard in critical incident responder mental health care (Everly, Flannery, & Mitchell, 2000).

Several studies have been conducted reviewing CISM programs for emergency responders, providing empirical evidence of the benefits of their use. Benefits include reduction in negative physical stress symptoms, such as fatigue and sleep disturbance; as well as, a reduction of cognitive, emotional, and psychological distress, such as flashbacks, depression, anger (Bohl, 1995; Leonard & Alison, 1999; Nurmi, 1999; Robinson & Mitchell, 1993; Smith & de Chesnay, 1994).

- In two separate studies, Bohl (1991; 1995) studied the effect of using LESM programs with police officers and CISM with firefighters who received critical incident debriefings and stress management (N=40; N=30) compared to those who did not (N=31; N=35) following significant critical incidents. Follow-up after three months demonstrated lessened stress and anxiety symptoms in the LESM/CISM groups than in the non-CISM group.
- Further empirical evidence supporting CISM programs is offered in a study conducted by Jenkins (1996) following a mass shooting event (23 people dead and 32 wounded). This study revealed stress symptoms experienced by emergency responders were significantly reduced for those who utilized a stress management program.
- Following the sinking of the ferry, *Estonia*, in 1999 in which more than 900 people drowned, Nurmi (1999) evaluated the effects of stress associated with response to this critical incident on police, firefighters, and nurses who worked through this event. Police and firefighters received stress management support; whereas, the nurses did not because the CISM program was not offered within hospital policy. This study found the

nurses to display significantly more symptoms of posttraumatic stress disorder than the police and firefighters.

These studies demonstrate the effectiveness of utilizing a stress management program by reducing the negative impacts of occupational stress directly associated with response to critical incidents, as well as an associated increase in quality of life, for emergency responders.

The benefits of LE agencies implementing stress management programs are not simply the increase in quality of life for the LEO, a reduction of negative occupational stress outcomes, or an improvement in developing positive stress management coping practices. Evaluating these programs from an agency fiscal standpoint is very important as well. These programs have been shown to increase officer retention, departmental loyalty, and aid officers to avoid compassion fatigue by reducing cynicism or increasing officers' motivation to provide services to the public (Fortenbery, 2015). An increase in officer resignation or early retirements is a serious fiscal concern for agencies, as research has shown about 70 percent of officers will leave the force within seven years of experiencing a critical incident (Miller, 2012). Aristedes Zavaras, former chief of the Denver Police Department, explains,

From my perspective of chief, I am obviously concerned about the well-being of the officers, but it goes beyond that. I also look at the financial end of it, and I look at the tremendous cost. We look at an officer at the end of one year and realize that we have probably over \$1 million invested in that person. From the administrative perspective you don't want to lose that person...I don't, quite frankly, think that departments can afford not to have psychological services for their officers (Zavaras, 1991).

Robert Pepler, Assistant Sheriff of San Bernardino County Sheriff's Department, explained the value of his agency's stress management program saying, "We have a tremendous investment in cops, and if they leave after one traumatic incident, we have lost a tremendous amount. A dollar in psychological services now can save us hundreds of thousands down the road" (Finn & Esselman-Tomz, 1996, p. 3). Research has also revealed an officer's intention to quit their job is directly related to the extent they feel supported by their agency (Jaramillo, Nixon, & Sams, 2004). Samuel McQuade, a former LEO and Social Science Program Manager for the NIJ explains, "to the extent that individual officers have less stress, agencies will have less stress, and this in turn will afford greater ability for police and their agencies to act in efficient ways, producing more effective results" (Finn & Esselman-Tomz, 1996, p. 4). These examples demonstrate the mutually beneficial role of stress management programs within a LE agency, for both officer and agency alike.

Several studies have been conducted that support the use of LESM and CISM programs, providing empirical evidence of the fiscal benefits associated with them (Leeman-Conley, 1990; Robinson & Mitchell, 1993; Ott & Henry, 1997; Western Management Consultants, 1996). A study conducted by Leeman-Conley (1990) reviewed the impact of CISM programs on bank employees who experienced traumatic bank robberies. The study compared one year without use of a CISM to one with CISM, among 107 employees.

- In the year without the use of a CISM, employees had taken 281 sick days within a week of the robbery, with an additional 668 sick days taken within the following 6 months. The study showed an average fiscal impact of medical benefits and other workers compensation at \$18,488 (Australian dollars).

- In the year with use of CISM, employees took 112 sick days within a week of experiencing a traumatic robbery and 265 days during the following six months. This occurred despite a significant increase in robberies during the year of CISM usage. Average fiscal impact for medical benefits and other workers compensation during this timeframe was \$6,326 (Australian dollars).
- The study revealed a fiscal reduction of 60 percent in sick time utilization, medical benefits, and workers compensation costs.

A cost analysis study was conducted by Western Management Consultants (1996) examining the fiscal impact of CISM programs offered for nurses at Canadian governmental hospitals in British Columbia, Alberta, Manitoba, and Ontario. The hospitals had begun offering CISM programs with an expected outcome of reducing critical incident related occupational stress.

- Of 582 nurses surveyed, 236 (41%) responded. Of the respondents, 154 (75%) reported experiencing a critical incident during the study period, such as death of a child, physical assaults, verbal threats, or suicides.
- Of the nurses who experienced a critical incident, 152 (99%) indicated the CISM program had helped them reduce the number of sick days taken.⁵
- Survey data suggests use of the CISM program significantly reduced turnover rates, as 37 nurses (24%) who experienced a critical incident indicated they had contemplated leaving their job, but didn't after CISM intervention. Fiscal impact of replacing a single nurse was estimated at \$38,000 (Canadian dollars).
- Fiscal evaluation indicated a \$7.09 benefit-to-cost ratio, (700% return of investment).

⁵ The study reviewed the sick time use over the previous three years to confirm.

This review for the Canadian government demonstrated clear fiscal support for the development, implementation, and use of CISM programs for their emergency workers.

Examination of the mental health and stress management programs utilized by fifty-seven LE agencies by the Texas Law Enforcement Management and Administrative Statistics Program in 2009 revealed that agencies employ one of three different types of stress management programs: internal, external, or hybrid (MacMillan, 2009). Internal programs include those programs that have an “in-house” mental health professional or peer support group on staff. These seem to be the most preferred, as a general sentiment among LEOs is that “outsiders haven’t a clue about what the department does, but [agency] staff are ‘one of us’” (MacMillan, 2009, p. 1). External programs employ private mental health professionals, most of whom are psychologists with specialized training in the mental health of LEOs (MacMillan, 2009, p. 2). Hybrid programs utilize a combination of internal and external program frameworks by having a mental health professional on retainer. Common characteristics of different types of LESM programs are they all have some type of formal structure and are set up with the express purpose of preventing and reducing stress among LEOs.

The programs offered may follow one of three pathways: direct intervention, such as offering counseling following response to a critical incident (e.g. vehicle fatality, officer involved shooting, murder, child or adult sexual assault, etc.); indirect intervention, such as through training, peer-support, and wellness programs; or targeted interventions for specific sub-groups, such as homicide or sexual assault investigators, rural officers, or LE family members (Gupton, et al., 2011). All programs examined in this literature review had procedures for officers to be self-referred (e.g. actively seeking help), as well as supervision-referred (e.g.,

supervision becomes aware that some personal or family problem is affecting the officers' conduct or work performance).

Given the unique characteristics of the LE sub-culture, specifically those aspects which make seeking help difficult due to bravado or 'macho' expectations, many programs employ a peer support model, which utilize fellow LEOs within the same agency, who have experienced similar stresses, as a source of stress management counseling. Many officers explain that it is easier to talk to a colleague than to mental health professional or psychologist (MacMillan, 2009, p. 2).

Summary

Law enforcement stress management programs have been shown to help ensure high quality, effective LE services are provided to communities through reducing compassion fatigue and cynicism, thereby enabling the LEOs to maintain their dedication to providing public safety through compassionate service (Finn & Esselman-Tomz, 1996; Fortenbery, 2015). Review of literature about LESM programs has demonstrated not only a benefit to the individual LEO and their quality of life; but to the LE agency, as well. The LESM programs address agency fiscal concerns by increasing officer retention. Considering LE agencies have invested hundreds of thousands of dollars in each LEO within five years of hire, the fiscal impact of losing LEOs through failure to address occupational stress is significant (Finn & Esselman-Tomz, 1996; Jaramillo, Nixon, & Sams, 2004). In recognition of these factors, many LE agencies across the nation have developed stress management programs and have offered stress management training for their officers. Not all agencies have done so, however, despite the evidence of their

necessity and the obvious benefits to the officer, their family, the agency, and the communities served (Gupton et al., 2011).

Chapter 2: Community Partner Profile

The Alaska State Troopers Agency

The Alaska State Troopers (AST) as a LE agency is unique. Through the work of about 400 commissioned State and Wildlife trooper employees, supported by civilian staff, the agency provides LE services to the largest state in the nation. The state is approximately one-fifth the size of the lower 48 states, and encompasses approximately 570,000 square miles, as shown in Figure 1.

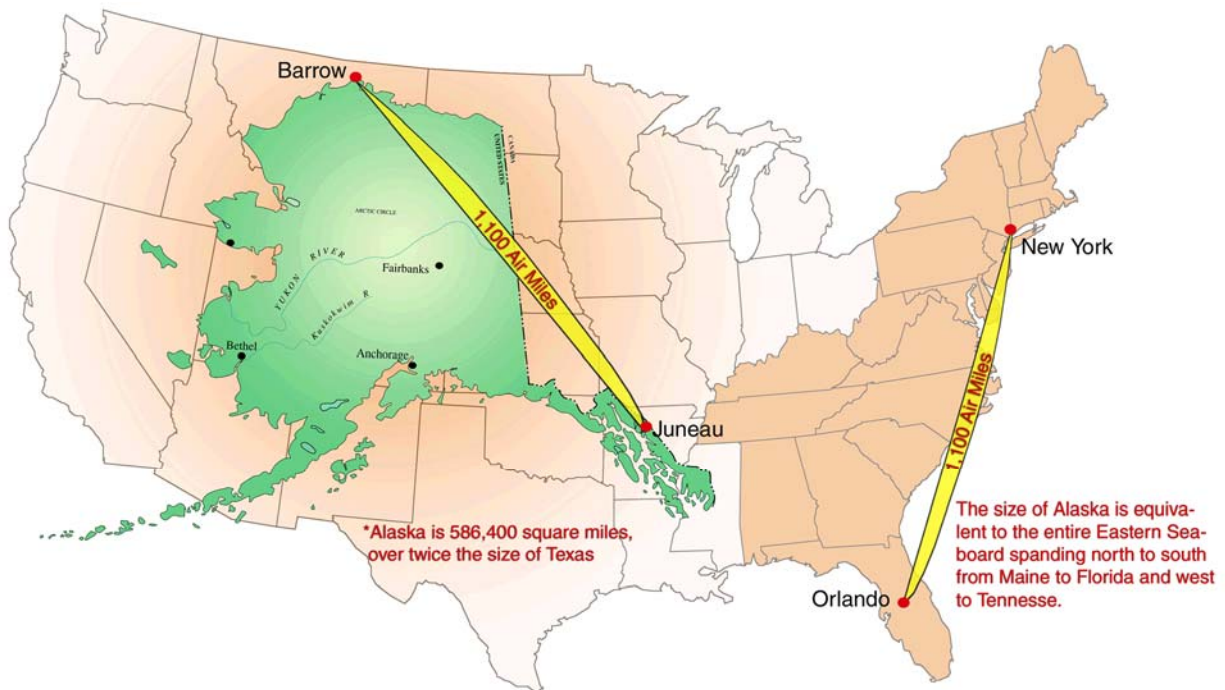


Figure 1: State of Alaska size comparison to continental United States, (Sorum & Knight, 2013).

The size of the state of Alaska is roughly 2.3 times larger than the second largest state in the nation, Texas. Not only is the state massive in size, it is also equally as vast in terms of terrain and weather systems. The state is home to seventeen of the twenty highest peaks in the United States, is composed of numerous rugged mountainous regions, more than seventy active

volcanos, more than 100,000 glaciers, vast expanses of tundra and forest, more than 3,000 rivers, more than 3,000,000 lakes, and more than 6,600 miles of coastline. In addition to these unique qualities of size and terrain, the state’s extreme and varied weather and climate conditions present particular challenges to LE service delivery. The agency must perform their duties in a varied climate which includes such extreme aspects as blizzards, hundreds of inches snowfall, avalanches, winds in excess of 100 mph, sub-zero temperatures, heavy rainfall, dense fog, low cloud ceilings, and seasonal variations of sunlight (Alaska State Troopers, 2015).

While the State of Alaska is the largest state in terms of size, the population of the state is the fifth lowest in the United States, with roughly 710,000 residents and a population density of 1.2 per square mile (United States Census Bureau, 2015). While the majority of the state population resides within what is considered “urban” communities, a large number of residents reside in small, rural communities often characterized by geographic isolation as a result of a

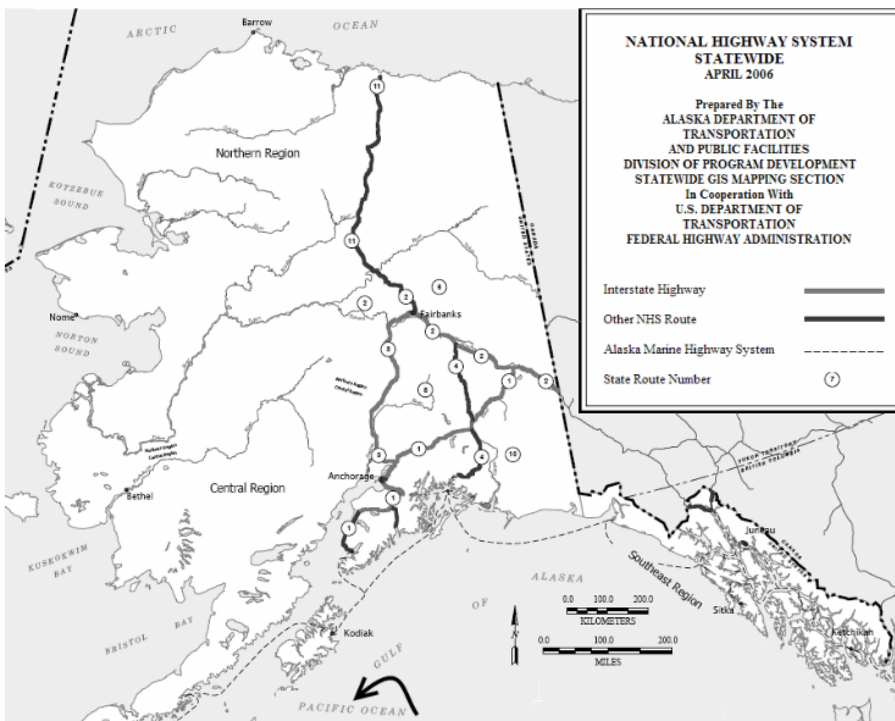


Figure 2: State of Alaska Road System, (Rivera, Rosay, Wood, Postle, & TePas, 2008).

limited road system, as shown in Figure 2.

These rural communities are accessible only by airplane, boat, or snow machine presenting additional challenges to the delivery of LE services throughout the state.

The agency's prime responsibilities are to "preserve the peace, enforce the law, prevent and detect crime, and protect life and property" (State of Alaska, Department of Public Safety, 2015). To meet these responsibilities, the agency has developed eight core missions:

1. Maintain public peace and order.
2. Enforce criminal laws and investigate violations of those laws.
3. Enforce traffic laws and regulations and investigate violations of those laws and regulations.
4. Conduct and manage search and rescue operations.
5. Support and assist other law enforcement and governmental agencies.
6. Investigate allegations of human abuse or neglect.
7. Respond to the concerns and inquiries of citizens.
8. Provide current and relevant training to law enforcement and criminal justice agencies (State of Alaska, Department of Public Safety, 2015).

The AST primarily provide LE services to those communities across the state without a local LE presence; however, their duty areas often overlap with local agencies.

The AST is a part of the larger Alaska Department of Public Safety (DPS) and its commissioned officers are divided into two divisions, Alaska State Troopers and Alaska Wildlife Troopers; however, in the context of this report “Alaska State Troopers” or “AST” encompasses both divisions. These two divisions are commonly referred to as “Blue Shirts” and “Brown Shirts” respectively, a designation based on the color of the different division uniforms, as shown in Figure 3.



Figure 3: Alaska State Trooper and Alaska Wildlife Trooper uniforms, blue and brown, respectively, (State of Alaska, Department of Public Safety, 2015).

Both divisions employ the same officers and inter-division transfers are routine. The troopers of both divisions will daily respond to crimes in progress or incidents needing immediate attention, such as violent crimes or major traffic accidents. Both divisions have a LE focus; however, the Division of Alaska State Troopers (Blue Shirts) have a primary mission focus of crimes against persons and property; while the Division of Alaska Wildlife Troopers (Brown Shirts) have a primary mission focus of crimes involving the state's natural resources.

The Division of Alaska State Troopers (Blue Shirts) consists of five detachments based on geographic location and multiple specialized units, such as the Alaska Bureau of Investigations, Alaska Bureau of Alcohol and Drug Enforcement, and Bureau of Highway Patrol. The Division of Alaska Wildlife Troopers (Brown Shirts) consists of two detachments based on geographic location with specialized units, such as the Wildlife Investigations Unit and Aircraft Section. The AST of both divisions may also have specialty training and designations in positions, such as the Special Emergency Reaction Team (SERT), Hostage Negotiator, Canine Handler, Fixed and Rotary Wing Pilot, Vessel (Boat) Operator, Alaska Police Standards Council Instructor.

The agency has a core purpose of providing public safety through public service and their troopers strive to operate within a code of conduct consistent with the agency's core values of:

- **Loyalty:** to Alaska, to the highest ideals of law enforcement and to the truth, regardless of outcome.
- **Integrity:** to remain steadfast, honorable and uncompromised in the performance of our duty.
- **Courage:** to make the right decisions in the face of physical danger and moral dilemma.

- **Compassion:** to those in need regardless of circumstance or condition without bias.
- **Leadership:** by setting the example of professional conduct and progressive public safety solutions.
- **Accountability:** to Alaskans for our performance, our reputation and our perseverance (State of Alaska, Department of Public Safety, 2015).

The AST organizational hierarchy is pyramidal, as shown in Figure 4.

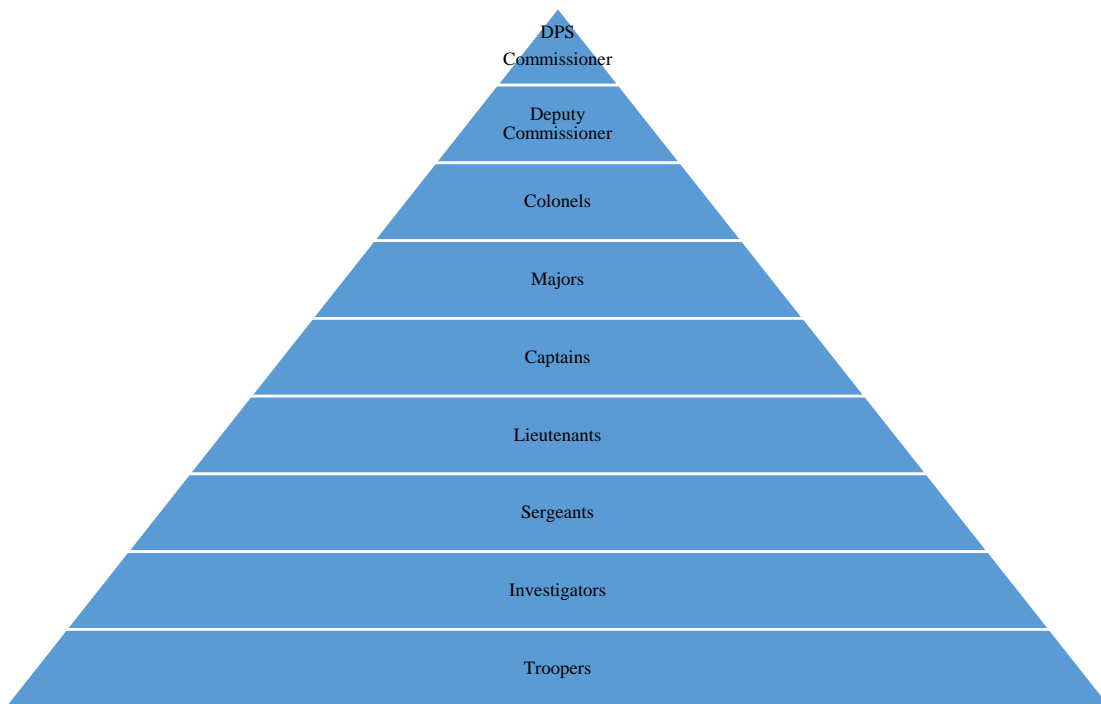


Figure 4: Alaska State Trooper pyramidal hierarchy.

At the top is the Commissioner of DPS (appointed by the Governor), followed by the Deputy Commissioner (appointed by the Commissioner). Under Deputy Commissioner are the Directors of the Alaska State Troopers and Alaska Wildlife Troopers, each holding the rank of Colonel (appointed by the Commissioner). Under Colonels are the various rankings of command and supervisory staff (e.g., Major, Captain, Lieutenant, Sergeant), investigators, and troopers who ensure the department is fulfilling their missions as listed above. These positions are awarded based on an internal promotion process; they not appointed positions.

The Critical Incident Response Team and Peer Support Program (CIRT/PSP)

Although unique in their delivery of LE services to the state, the psychological, physiological, and mental stresses faced by AST/AWT are consistent with those experienced by other LE agencies all across the nation, such as their response to, or involvement in, critical incidents, as well as the overall stress inherent to their occupation. Critical incidents are defined as scenarios such as: officer involved shootings, LODDs, suicides, motor vehicle crashes, natural disasters, or other traumatic events that might have an adverse impact on an employee. In recognition of these occupational stressors, AST had included cursory instructions for providing Psychological Services and Critical Incident Debriefing for their employees in their Operating Procedures Manual (OPM) since 2002 (Alaska State Troopers, 2002).⁶ Unfortunately, the procedures and services suggested in the OPM were highly general in nature and not reflective of the intricacies of providing a thorough stress management or critical incident response program, or of current practices being utilized by federal, state, and local LE agencies across the nation.

⁶ Standard Operating Procedures (SOP) are sections or chapters within the Department of Public Safety (DPS) Operating Procedures Manual (OPM).

Despite the vague nature of the original OPM section, AST administration acknowledged the need for a more comprehensive and active CIRT that could respond to critical incidents throughout the state to provide support to troopers involved in or affected by critical incidents. An initial team was hastily formed in response to highly traumatic events experienced by the agency members, primarily LODDs. In these cases, rather than following an in-place protocol within the OPM, AST administration requested assistance from the United States Marshal's Service (USMS), which already had a well-defined system of response in place for such events. Using the USMS program as a model, AST slowly progressed toward developing a more permanent CIRT with its own specific instructions and procedures (SOP), as well as a more updated, although still vague, OPM section (Alaska State Troopers, 2011).

In 2012, the acting program director for the newly formed CIRT program attended the USMS' CIRT basic training and recognized the need for inclusion of team members who could provide, not only short-term or immediate support for troopers involved in critical incidents, but also peer support for those troopers who are experiencing a more long-term or cumulative impact of occupational stress. The two foci were merged and the preliminary program became the CIRT/PSP. Using the USMS' CIRT/PSP framework as a guide, the acting program director began to seek out CIRT/PSP team members from within AST to compose his initial team, although official team member selection or training protocols had not yet been established.

Initially, the CIRT/PSP did not fall within normal budgetary allocation of funds since the program was not "officially" recognized. Funding for CIRT/PSP team responses have been provided on a case-by-case basis, thus disallowing any ongoing continuity for the program. The CIRT/PSP is described to potential team members as a "volunteer" program, and no specialty pay or over-time pay is provided by the agency; however, they are authorized to perform

CIRT/PSP duties during their regular work hours. The agency funds transportation, lodging, and meal costs to CIRT/PSP members who need to travel to meet with program participants, after authorization and on a case-by-case basis. Although the USMS program model provided the initial framework for AST's CIRT/PSP, the agency is in need of developing their own program which would address their specific protocols and concerns. Once designed, the program procedures will then be incorporated into the agency's OPM.

Chapter 3: Project Goal and Objectives

Project Goal

The overall goal of this project was to develop and incorporate the necessary components of a comprehensive Critical Incident Response Team and Peer Support Program into Standard Operating Procedures for the Alaska State Troopers.

Project Aims

This project specifically sought to understand the occupational stress experienced by LEOs and how it affects their physical and mental health, the background and history of the development of LESM programs, and the procedures needed to develop such a program for the AST. Development of the program components for future program evaluations, including outlining short-term, intermediate, and long-term goals, as well as surveys and data collection instruments, were needed. The project also sought to understand the public health connection in developing such a program to meet the needs of a sub-set of the community, as well as how utilization of these programs impacts the overall health of the community as a whole.

Project Objectives

The specific objectives for this project were the following:

- 1) Review relevant literature, documentation, and reports to understand occupational stress experienced by law enforcement officers, and law enforcement stress management programs and their development.

- 2) Develop a conceptual framework to understand the behavioral and psychological theories at work in LESM programs that could be utilized in the development of Alaska State Troopers' Critical Incident Response Team and Peer Support Program.
- 3) Develop standard operating procedures, policy, and program documents for the Alaska State Trooper's Critical Incident Response Team and Peer Support Program.

Chapter 4: Methods

The overall goal of this project was to obtain an understanding of LE occupational stress and LE stress management programs, behavioral theories addressing the human response to stress, as well as to determine best practice recommendations for implementing such a program. This understanding would then be utilized in developing CIRT/PSP SOP, policy, and program documents for AST.

Project Objective #1

To fulfill the first project objective a search for relevant literature, documentation, and reports was conducted to understand occupational stress experienced by law enforcement officers and law enforcement stress management programs. The search involved utilization of Internet search engines, such as Google, Google Scholar, JSTOR, and academic databases accessed through the University of Alaska Anchorage Consortium Library. Boolean and simple search strategies were utilized.⁷ Internet and database searches included the following words and key phrases:

- Law Enforcement/Police, Occupational Stress, Impact, Outcome
- Law Enforcement/Police, Stress Management, Program, Success, Measures
- Law Enforcement/Police, Peer Support, Program
- Law Enforcement/Police, Peer-to-Peer, Support, Program
- Law Enforcement/Police, Critical Incident, Response Team, Debriefing

⁷ Internet searches conducted utilizing Boolean logic involves the use of the operators of: “and”, “or”, as well as double quotation marks enclosing specific phrases. It was discovered that more/different information was obtained when using simple search strategies of using the phrase words without Boolean operators or quotation marks.

While many peer-reviewed, scholarly, or academic documents were consulted, the majority of the materials utilized came from what is considered gray literature (California State University Long Beach, 2015). Gray literature, for the terms of this report, includes documents prepared by government, LE agencies, or LE associations, such as SOP, policy and program documents, bulletins, or unpublished works. Additionally, reference lists from relevant studies, reports, literature, and documents were visually scanned and relevant citations were specifically searched for using the Google search engine.

Project Objective #2

To fulfill the second project objective of developing a conceptual framework to aid AST in understanding the behavioral and psychological theories at work in LESM programs a search for relevant information was conducted. Direction for relevant theories was primarily guided by those suggested in the literature, documentation, and reports reviewed for project objective #1. Specific concepts pertaining to coping strategies and the impact of personality traits on LEO responses to stress were referred to in the literature, prompting specific Internet searches on the topics. Additionally, knowledge previously obtained through undergraduate psychology studies provided knowledge of focused search areas. Boolean and simple Internet searches were conducted using the following words and key phrases:

- Social Cognitive Theory, Cognitive Behavioral Therapy
- Law Enforcement/Police, Cognitive Behavioral Therapy, Occupational Stress
- Law Enforcement/Police, Occupational Stress, Behavioral Theory
- Law Enforcement/Police, Personality Psychology, Heuristics
- Law Enforcement/Police, Coping Strategies, Negative Effects

Specifics regarding different behavioral theories and coping strategies were obtained through *Health Behavior and Health Education: Theory, Research, and Practice* (Glanz, Rimer, & Viswanath, 2008) as a primary resource.

Project Objective #3

To fulfill the third project objective of developing standard operating procedures, policy, and program documents for the AST's CIRT/PSP, review of previously designed AST policies and procedures for psychological services and critical incident debriefing was conducted to understand the agency policy document layout, sectioning, and terminology (Alaska State Troopers, 2002; Alaska State Troopers, 2011). The AST specifically requested their new CIRT/PSP SOP and policy documentation be developed along similar lines as those utilized by the USMS. With this aspect in mind, a thorough review of the USMS program and policy documents was conducted. Additionally, the SOP, policy, and program documentation from many other LE agencies' LESM and PSPs were reviewed for thoroughness.

A search for specific information and documentation was conducted to understand standard practices being utilized for the development of law enforcement stress management programs by other federal, state, and local LE agencies. This involved using Internet search engines, such as Google and Google Scholar. Boolean and simple search strategies were utilized and included the following words and key phrases:

- Law Enforcement/Police, Stress Management Program Development, Best Practices, Recommendations
- Law Enforcement/Police, Standard Operating Procedures, Stress Management Program
- Law Enforcement/Police, Peer Support Program, Best Practices, Recommendations

- Federal Law Enforcement Training Center, Stress Management Training, Recommendations
- Federal Law Enforcement Training Center, Peer Support Program Training, Recommendations

Since this project sought to develop a working LESM program for a LE agency, it was imperative to review those documents and procedures being actively utilized by LE agencies from across the nation. Gray literature was again utilized; and for the terms of this objective, included documents prepared by government, LE agencies, or LE associations, such as SOP, policy and program documents, bulletins, or unpublished works. Reference lists from relevant studies, reports, literature, and documents were visually scanned, and relevant citations were specifically searched for using the Google search engine. In addition to the information reviewed specific to LESM program development, this project also reviewed standards of public health intervention program development. The primary resources utilized are those suggested in *Epidemiology for Public Health Practice; Health Behavior and Health Education: Theory, Research, and Practice; Evaluating Public and Community Health Programs; and Epidemiology and the Delivery of Health Care Services* (Friis & Sellers, 2014; Glanz, Rimer, & Viswanath, 2008; Harris, 2011; Oleske, 2009).

Research Questions

Utilizing the many examples revealed in the information and literature review for the development of law enforcement stress management programs, this project asked the following research questions:

- What is law enforcement occupational stress?

- What are the sources of stress for LEOs?
- What impact does LE occupational stress have on the individual officer, their family, the agency, and the community at large?
- What are LESM programs?
- What are the benefits of implementing a LESM program?
- What are the standard components of a comprehensive LESM program?
- What behavior or psychology theories best describe how LEOs cope with stress?
- What models are utilized to design LESM programs?
- What are the recommended actions for developing a thorough and comprehensive CIRT/PSP and policy documents?
- What role does confidentiality play in the success of a CIRT/PSP?
- What training is suggested for CIRT/PSP team members?

Protecting Human Subjects

The Belmont Report designated the ethical principles and guidelines for ensuring the protection of human subjects in research (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). This project did not utilize any specific human subjects or specific interviews of individuals. The outcomes of this project remain specific to the AST organization and are not intended to be generalized for use by other organizations. Inquiry about the need of an Institutional Review Board (IRB) review for human subject research was made with the University of Alaska Anchorage IRB. In consideration of these aspects of the project, it was advised no IRB was required for this project, as the project does not constitute research under the specific definition of research by UAA's IRB.

Chapter 5: Results

The research questions were addressed by examining the literature and documentation on the project subject matter and provided an overall context to fulfilling the project objectives. Specific results to each of the project objectives will be detailed in the sections following.

Understanding LE Occupational Stress and LESM Programs

The first objective results are best described in the introduction and background, as well as, reflected throughout this report. The documentation and literature reviewed suggested the following succinct definitions:

- Law enforcement occupational stress: a mentally or emotionally disruptive and upsetting condition occurring in response to negative external influences related specifically to the LE occupation that exceed the LEOs ability to successfully maintain mental or emotional equilibrium within their environment.
- Law enforcement stress management programs: interventions that help the LEO to 1) recognize the negative effects associated with LE occupational stress, 2) develop positive coping strategies that will help them to develop resiliency against those negative effects, and 3) help the LEO over-burdened by the negative effects of LE occupational stress to return to healthy, positive relationships and job performance. Ideally, these programs would offer proactive, preventative intervention before the onset of negative occupational stress impacts, instead of being reactive or responsive interventions that seek recovery after negative impacts have already been experienced.

Development of Law Enforcement Stress Management Programs

Analysis of LESM program models being utilized by major LE organizations in their development and utilization of occupational stress management, critical incident response, and peer support was conducted through a variety of sources. Methods of development described in the Police and Sheriff Peer Support Team Manual (Digliani, 2014); the California Peer Support Association's Sample Peer Support Policies (2015); the King County Guide for Developing a Peer Support Program (2006); and current SOP, policy, and program documents from several different LE agencies (Anaheim Police Department, 2013; Cincinnati Police Department, 2009; City of Madison, 2014; San Francisco Police Department, 2009), and those of the United States Marshals Service (2011) were also reviewed. In addition to the key resources listed above, this project greatly utilized the results and recommendations described in the NIJ's "how-to" manual on LESM program development (Finn & Esselman-Tomz, 1996), the FBI's review of current LESM program best practices utilized by eleven premier LE agencies in the nation (Sheehan, Everly, & Langlieb, 2004), and an evaluative review of the most commonly recommended critical incident and stress debriefing framework, the Mitchell Model, (Malcom, Seaton, Perera, Sheehan, & Van Hasselt, 2005).

The peer support program component of LESM programs is repeatedly stressed as the most important component, overall, in the programs reviewed. Peer support provides one-on-one support to the law enforcement officer in order to prevent or lessen the negative impacts associated with occupational stresses encountered by LEOs. Peer supporters are LEOs who have personal experience with critical incidents and have been specifically trained in LESM techniques. Peer supporters are not substitutes for mental health professionals, but operate as intermediaries in situations which do not necessitate professional services. If professional

services are necessary, peer supporters can encourage or facilitate contact between the officer and mental health professional. While peer support is a vital component of stress management programs, they are not gate-keepers to seeking professional help.

Analysis of current LESM programs and LE agency policies suggest confidentiality as another key program component. In order for officers to feel safe in seeking support from peer supporters or CIRT members, they need to be assured that information about the encounter is considered confidential and is not to be shared with others, especially command staff or administration. Although no special legal privilege exists, such in doctor/patient or attorney/client situations, LESM team members are held to strict confidentiality requirements per agency policies. While all aspects of the PSP or CIRT encounter are treated as confidential, reviews of recommended practices suggest situations may exist that nullify confidentiality. There are three specific exceptions:

1. Information obtained indicating imminent harm to self or others.
2. Information obtained that may prevent serious crimes.
3. Information about situations requiring mandated reporting by law (i.e. child abuse, domestic violence, etc.)

The NIJ LESM program development manual recommends specific steps in developing a program for an agency:

1. Select the program's target population;
2. Conduct an initial and ongoing needs assessment;
3. Establish a planning and steering committee;
4. Formulate a mission and program objectives;
5. Select services to offer and identify referral sources within and outside the agency;

6. Estimate funding needs and identify potential funding sources; and
7. Establish and disseminate written policies and procedures, particularly with regard to confidentiality (Finn & Esselman-Tomz, 1996).

The NIJ program development manual further suggests patience and thoughtful, careful program planning before, during, and after program development and implementation. Essentially, their recommendations are consistent with current best practice methods suggested by program evaluators as an essential organizational practice, especially in public health intervention programs (Centers for Disease Control and Prevention, 2015). Literature on LESM programs recommend a systematic approach to program development, focusing on prevention, as well as the treatment of stress both for the individual and the organization as a whole. Recommendations are that all stakeholders, such as administrators, command staff, officers and their families, and union officials be involved in the planning and development of the program to help ensure their support and use of the program.

In the review of eleven major LE agencies critical incident stress response teams, Sheehan, Everly, and Langlieb (2004) discovered five best practices and strategies utilized, almost universally, within the different agencies:

1. Early Intervention
2. Complete Care
3. Peer Support
4. Specialized Training
5. Tactical Intervention

Early intervention was universally recognized by the agencies researched of significant value in early psychological interventions. These agencies all suggested the key to optimizing stress

management programs is with a focus on pre-incident strategies in their provision of overall complete care. All organizations acknowledged the importance of providing critical incident and stress management training prior to implementation of the program. The LESM programs reviewed have stressed that “well-meaning intentions are not enough,” preventative training, as well as, follow up or regular recurrent training is needed (Sheehan, Everly, & Langlieb, 2004, p. 8). Tactical interventions described the agency’s ability to perform one-on-one, small, and large-group interventions, along with family support services.

Five core competencies were also revealed by Sheehan, Everly, and Langlieb (2004) as features of best practice models that LE agencies used as effective ways of helping their personnel cope with critical incidents:

1. Assessment and Triage
2. Crisis Intervention with Individuals
3. Small Group Crisis Intervention
4. Large Group Crisis Intervention
5. Strategic Planning

Agencies need to have established protocols in place to rapidly assess and evaluate affected officers and provide the necessary assistance they needed. The LE organizations reviewed have recognized not all responses or reactions to critical incidents or occupational stress are consistent across all individuals, thus necessitating individualized care. Peer supporters in small group settings have proven to be highly effective and are typically utilized in critical incident debriefing situations. In large group situations where mass casualties have occurred, or multiple officers have been impacted, large group intervention provides another way for people to “process the tumultuous events engulfing them” (Sheehan, Everly, & Langlieb, 2004, p. 9).

Strategic planning is the last, but key, core competency recommended which echoes the previous NIJ recommendations of program evaluation and the development of goals and plans for future assessment.

Overall, the most utilized and recommended LE critical incident and stress management program response methods is the Mitchell Model (Malcom, Seaton, Perera, Sheehan, & Van Hasselt, 2005). It is comprised of a formalized seven phase group discussion, or debriefing, involving all emergency responders involved in a critical incident, as well as the CIRT deployed for service. The model recommends using peer supporters as team members, as well as professional mental health professionals. The seven stages of critical incident response and debriefing are as follows:

1. Introduction Phase
2. Fact Phase
3. Thought Phase
4. Reaction Phase
5. Symptom Phase
6. Teaching Phase
7. Re-entry Phase

During the Introduction Phase, team members describe the debriefing process and the rules involved, such as confidentiality, and expectations. In the Fact Phase, officers are asked to introduce themselves and what their role was in the incident. The Thought Phase asks the officer to share their first thoughts about the incident. The Reaction Phase explores personal reactions to the event. In the Symptom Phase, signs and symptoms of critical incident stress are described and normalized. In the Teaching Phase, officers are taught different ways of coping with the

critical incident stress they are experiencing or may encounter following the event. Finally, the Re-entry Phase encourages further discussion in an effort to return the officer to duty. The overall goal of this model is to return the officer to their pre-critical incident level of functioning.

In terms of recommendations for critical incident, LESM, and PSP team member training, LE agencies look to the Federal Law Enforcement Training Centers (FLETC) for their needs. The FLETC is the Federal Government's principal provider of up-to-date, comprehensive training for LE personnel, and sets the standards for best practice LE training methods utilized nationally. They are the principal provider of all LE training for federal LEOs, and provide training for state and local LE agencies, as well. They explain their mission is to "ensure that the people we empower as LEOs have been fully trained in the skills and knowledge necessary for effective and safe enforcement of the law and are prepared to do so in a just and ethical manner" (Federal Law Enforcement Training Centers, 2007, p. 3).

Analysis of the above information about LESM and PSP development, and the recommended components and practices many consistencies across the scope of programs were discovered. These key findings suggest best practice recommendations for designing LESM programs and include the following:

- Formative and future program evaluations
- Complete care: prevention, early intervention, and rehabilitation components
- Critical incident response and debriefing
- Include peer support
- Provision of specialized training for team members
- Tactical interventions: one-on-one, small-group and large group interventions
- Inclusion of family support services

These common components and practices recommended by the key findings were utilized in determining the components for AST's CIRT/PSP.

Conceptual Framework Development

A better understanding of theory and literature on behavior, relationships, personality, coping strategies, and stress is essential to understanding how LEOs react to, and are affected by, the occupational stress they encounter. Many theories have been developed that help provide a clearer understanding of human behavior, our relationships, and how we cope with the world around us. These are derived from diverse branches of research, such as behavioral science, personality psychology, cognitive and social psychology, and health science (Glanz & Schwartz, 2008, p. 212). A review of these theories was utilized in the synthesis of an AST specific conceptual framework for their CIRT/PSP.

Social Cognitive Theory

Social Cognitive Theory (SCT) is one theory that can help provide an understanding of the dynamic interplay that exists between an individual person, their behaviors, and their interaction with others and the environment around them. The SCT helps to develop an understanding about how occupational stress affects the LEO, their relationships with others, and the officer's ability to cope with the environment in which they must perform their duties.

This theory of human behavior is based on six core concepts:

1. Reciprocal Determinism
2. Behavioral Capability
3. Observational Learning
4. Reinforcements

5. Expectations

6. Self-efficacy (Boston University School of Public Health, 2013).

The SCT explains human behavior as a product of many influences: influences from within ourselves, such as our thoughts, ideas, and unique personality traits; influences from our interaction and relationship with others; and influences from the environment in which we live and work. These interactions influence one another in a sort of reciprocal determinism, where a person's behavior both influences and is influenced by personal factors, relationships, and the social environment around us, as shown in Figure 5 (McAlister, Perry, & Parcel, 2008).

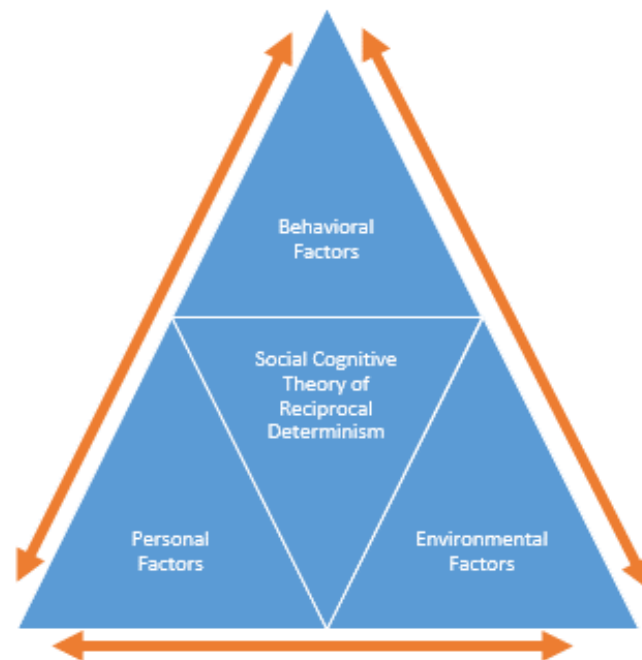


Figure 5: Social Cognitive Theory

The concept of reciprocal determinism is also understood through the concept of behavioral capability. Human behavior is not simply innate or non-cognizant; instead, our knowledge and skills influence our ability to perform certain behaviors. A person must know what to do and how to do it in order to successfully perform behaviors related to our occupations,

for instance. Furthermore, people learn from the consequences of their own actions, or behaviors, which in turn affects the environment around us, including our relationships with others (McAlister, Perry, & Parcel, 2008).

People also are influenced by observing the behavior of others, a concept of SCT called observational learning, as shown in Figure 6 (McAlister, Perry, & Parcel, 2008).

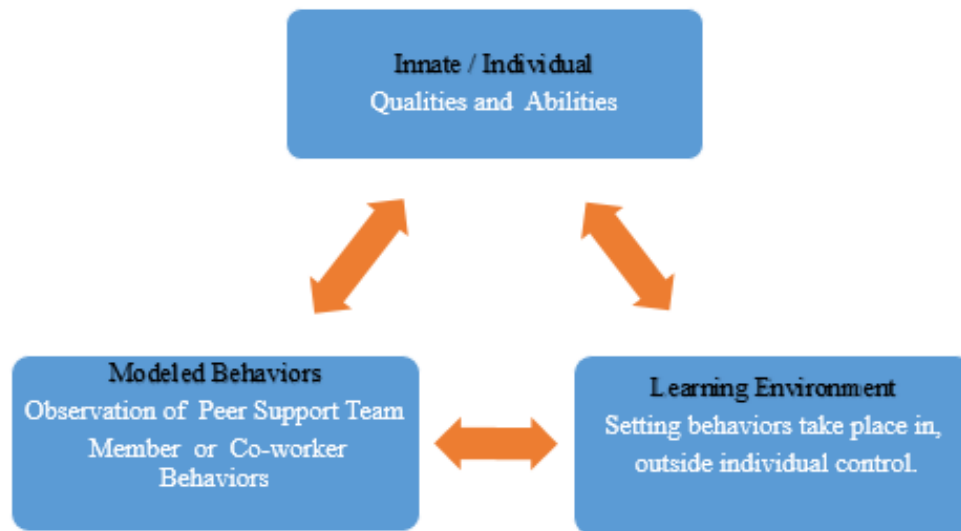


Figure 6: Observational learning

This observation in turn influences our own behaviors, as we attempt to reproduce those behaviors ourselves. If people observe others successfully utilizing a certain behavior, they believe they, too, can successfully complete that same behavior.⁸ These behaviors all take place within the environment which presents its own influences on both the individual and those being observed.

⁸ An important concept of observational learning is peer modeling, which plays a significant role in the peer support aspect of the CIRT/PSP. In peer modeling the LEO observes their peer coping with occupational stressors with a certain behavior, which in turn can lead to the LEO modeling the same behaviors within their own lives.

Reinforcements are the internal or external responses to a person's behavior that will influence the likelihood of the continuation or discontinuation of that particular behavior. These can be self-initiated or may come from the environment and relationships with others. Reinforcements can be either positive or negative, often thought of in a simplified way as rewards or punishments, as is shown in Figure 7.

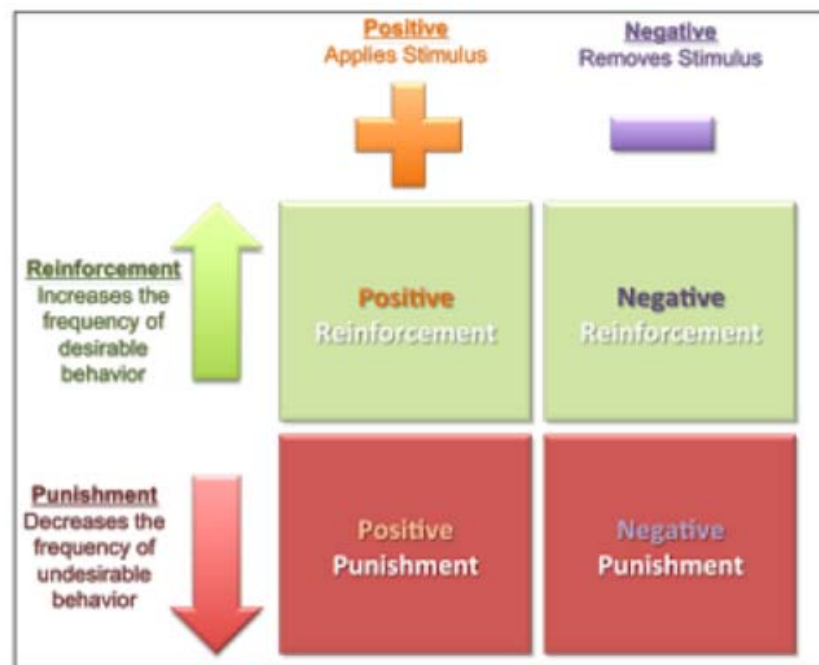


Figure 7: Positive and Negative Reinforcements (Redmond, 2015)

The concepts of reinforcements provide further explanation about the reciprocal relationship between a person's behavior and the environment.

People anticipate the consequences of their actions before engaging in behaviors. These anticipated consequences, referred to as expectations, are typically derived from previous experiences. This influences the successfulness of the behaviors being performed. These expectations can correspond to social outcomes, such as how those around us (in the environment) will respond to our behavior; or they may also come from the self, as a form of self-evaluation, such as how we feel about ourselves if we do or do not perform a certain

behavior. Self-evaluation is highly subjective to the individual person and can be very powerful in the development of an individual's self-esteem, which is essentially how an individual regards themselves. Self-esteem is tied to how individuals view their ability to perform certain behaviors well and is connected to the final concept of self-efficacy.

Self-efficacy refers to an individual's confidence in their own ability to influence the quality and success in the performance of a certain behavior. Self-efficacy reflects an individual's confidence in their ability to exert control over their own internal motivations, as well as over the environment around them. This is a matter of believing in one's self, and it plays a very critical role in how we think, feel, and behave. Self-esteem and self-efficacy, together, can be thought of as an individual's very own sense of self. Individuals derive self-efficacy from "four principal sources of information: performance accomplishments, vicarious experience, verbal persuasion, and physiological states," as shown in Figure 8 (Bandura, 1977).

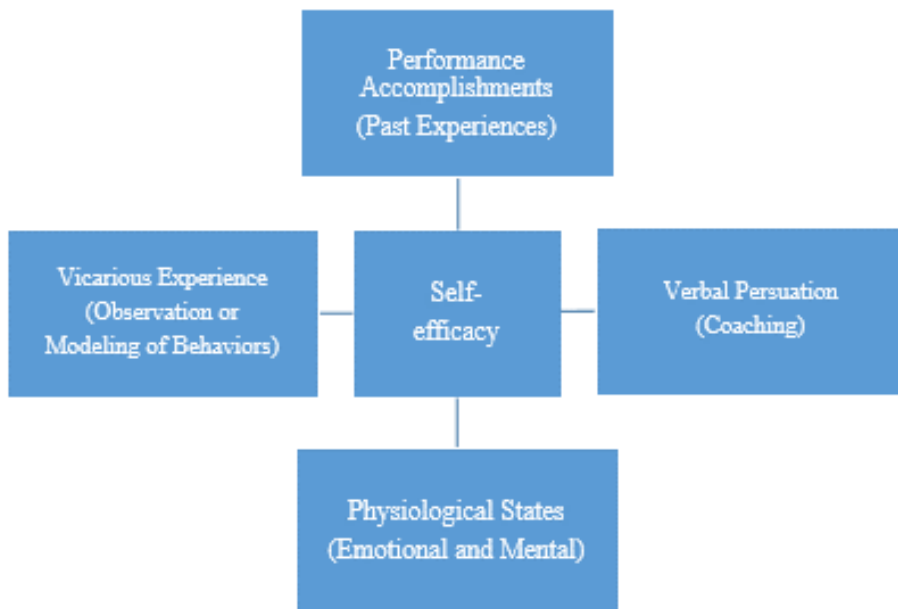


Figure 8: Principal sources of self-efficacy

Cognitive Behavioral Therapy

The concepts of SCT aid in understanding the reciprocal interactions between people, their environment, relationships, and behaviors. We also need to understand the individual as a total or complete person. This complete person has their own individual thoughts, feelings (emotions), and behaviors, as well as their own core beliefs that influence them. We all possess certain core beliefs about ourselves, others, and the world around us. We also have certain core beliefs about the future; our place in it and what it may hold. These core beliefs are often treated as absolute facts; however, our experiences can shape or mold these. These can be negative, such as the belief that most people are criminals; or positive, such as people are generally very good. These concepts can best be described in the core concepts of Cognitive Behavioral Therapy (CBT), seen visually in Figure 9.

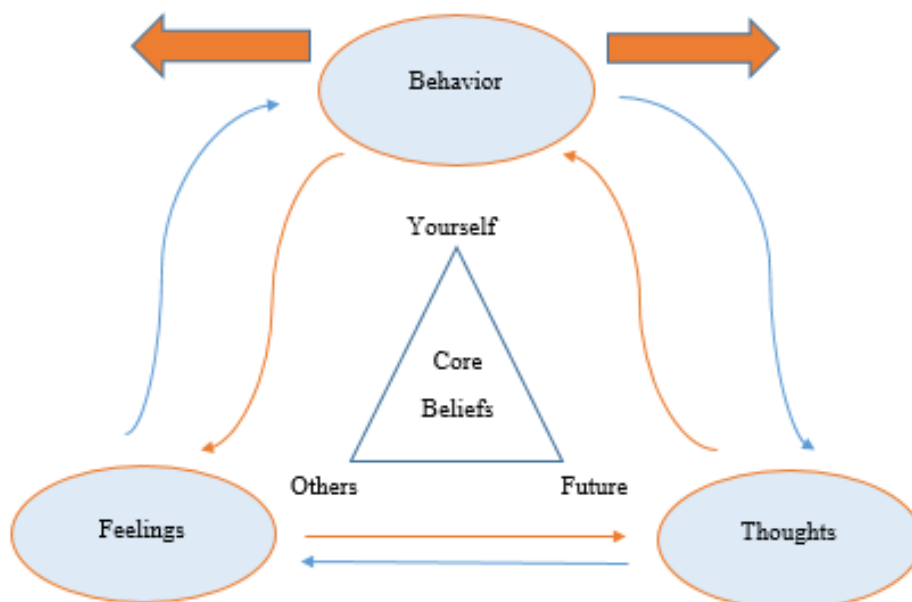


Figure 9: Cognitive Behavioral Therapy

The CBT explains the negative behaviors exhibited by people do not emerge from rational thought processes; but instead from underlying conditioning from the environment or from external and/or internal stimuli.⁹ The core concept of CBT then is that a person's core beliefs emerge from the self, through their interactions with others, and from one's own view of the future. Understanding these interconnections provides understanding of the individual as a whole, complete person.

Using SCT and the tenets of CBT, we can understand the LEO as an individual person interacting with their agency, families, friends, and communities (environment). The LEO, or trooper, should be understood as a whole person with individual thoughts, emotions, and behaviors which influence and are influenced by these reciprocal interactions, as visually described in Figure 10.

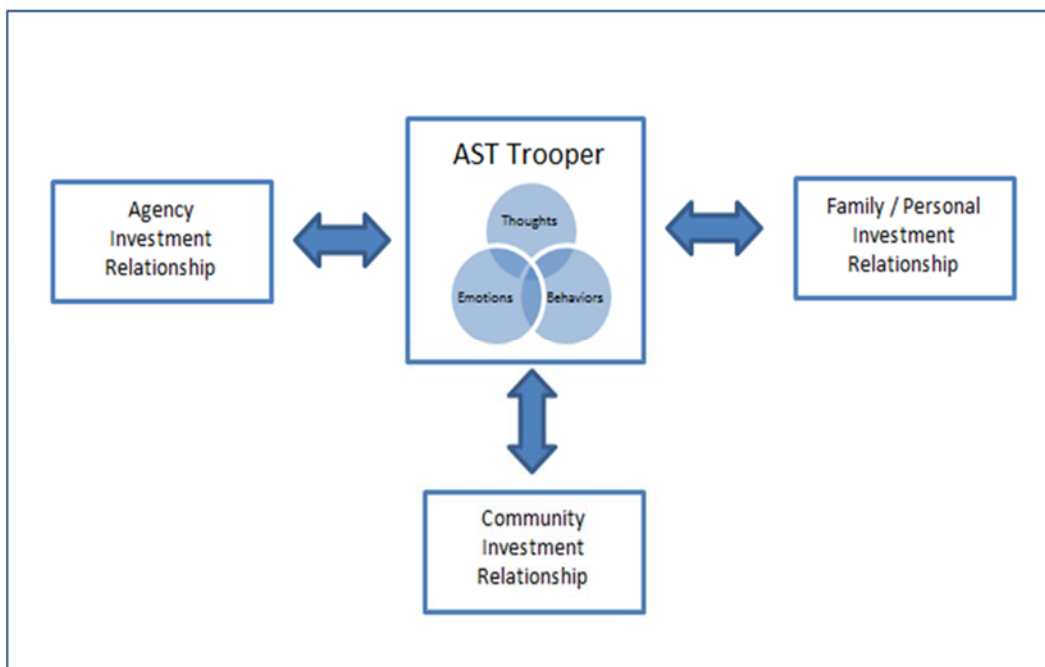


Figure 10: AST trooper as individual, identified through SCT and CBT concepts.

⁹ CBT becomes important to LESM programs in identifying limits of coping capacity, or when stress has become "too much", also for understanding normal responses to witnessing critical incidents.

These concepts are all very abstract up to this point and necessitate looking at specific details about the LE occupation that influences the overall person of the individual LEO, how they interact with others, and how they view or perform their LE duties.

Heuristics

People from all walks of life go through life developing ideas and opinions about the way the world works and about their own place in it. Every individual develops efficient thinking strategies, known as heuristics, which allows the making of quick decisions and judgements without having to spend a lot of time researching and analyzing information. The LEOs move through life just as anyone else; however, their own particular lifestyles and occupational experiences allow them to make unique heuristics compared to those people who do not work in that profession. For instance, listening to a police radio conversation would leave most people in confusion upon hearing the verbiage of “10-19 with one 10-80; 10-8; 11-99”; however, to LEOs what these codes mean and the actions required become second nature.¹⁰ These heuristics affect our perceptions of others, as well as perceptions about the intentions of others. For example, to the non-LEO, a person approaching on the street with their hand in their coat may indicate the person is simply cold; however, to the LEO, the heuristic developed is one of perceived danger and demands heightened awareness, often stimulation of the autonomic nervous system functioning resulting in an adrenalin rush.

¹⁰ While many different LE agencies utilize their own coded language, for many, 11-99 is the code for officer down, meaning an officer’s life is in mortal danger or peril and all units must respond now!

Personality Psychology

Individual personality plays a very important role in how LEOs cope with stress. Research indicates five different personality types exist: neuroticism, extroversion, openness, agreeableness, and conscientiousness (Bishop et al., 2001). Each of these personality types typically copes with stress in a unique way:

- Neuroticism: Typically deals with stress in a negative way by avoiding coping with stress by acting hostile and seeking solitude to get away from the problem.
- Extroversion: Generally displays a happy or easy going demeanor, and is highly reliant on emotional support during stressful times.
- Openness: A personality type that relies on social support during times of stress and often utilizes humor and joking to cope with stress.
- Conscientious: Personality type that is goal-oriented and highly driven, typically designs a plan of action to overcome stressful situations.
- Agreeableness: Displays a peaceful demeanor in response to stress.

Personality psychology does not suggest one, specific, or distinct “police” personality; however, several personality traits do emerge as being common among LEOs, such as dominance, warmth, self-assertiveness, self-sufficiency and insecurity (Butler & Cochrane, 1977; Harper, Evans, Thornton, Sullenberger, & Kelly, 1999). These common traits suggest LE may attract a certain personality type. Studies have looked at whether personality traits are stable across the career span, as well. Research suggests new LEOs tend to be extroverted and impulsive, whereas veteran LEOs display cynical, calm, non-impulsive personality type (Gudjonsson & Adlam, 1983). This suggests a “moldable” or “influenced” personality over the course of a LEO’s career.

Coping Strategies

Coping is best defined as the “conscious use of a cognitive or behavioral strategy that is intended to reduce perceived stress or improve a person’s resources to deal with stress” (He, Zhao, & Archbold, 2002, p. 691). Certain situations or events that are stress inducing can be perceived in different ways by different people, and it is the perception, rather than the objective stress inducing event that is the main determinant of the effect it will have on the individual (Glanz & Schwartz, 2008, p. 213). The LEOs develop very unique coping strategies to handle the unique stressors faced within their occupation. Without training or preparation prior to being placed in a known stressful environment, whether or not a LEO will utilize positive (adaptive or constructive) or negative (maladaptive or non-coping) coping strategies depends on the individual officer.

Positive coping strategies are those that aid the officer with problem-solving, helping them to seek and implement solutions to their situations. Active-cognitive coping strategies include attempts to interpret the meanings of stress events, uses logical analysis, and requires mental preparation. Problem-focus coping involves practical aspects of seeking information and support, taking action, and identifying alternative rewards. The function of these positive coping strategies is to decrease the negative impact of the demands of stress, acting as a type of buffer. Positive coping strategies come from both internal and external resources.

Negative coping strategies are emotion-focused and include affective regulation, emotional discharge, and resigned acceptance of the stress situation. These strategies often do not deal with the problem directly and are not likely to relieve stress for the individual, in many cases these strategies actually make the stress worse. Without a clear understanding or

knowledge of alternative positive coping practices to help alleviate stress, some officers may turn to emotion-focused maladaptive coping strategies, such as alcohol or cynicism.

One particular negative coping mechanism utilized by LEOs worthy of discussion is dissociation. Dissociation is “the splitting off from the awareness, thoughts, feelings, or memories of a painful or distressing event” (Aaron, 2000, p. 439). When using this coping mechanism the individual officer attempts to forget about the critical incident experienced by forcing the memory away or avoiding the event altogether (Aaron, 2000). While this practice may seem like a good idea in the short-run, over time this practice takes its toll on the mental status of the officer. Current critical incident and LESM programs recommends dealing with or confronting reactions to critical incidents right after they happens, not waiting and ruminating on it, so to speak.

All people develop their own coping strategies that allow them to develop a certain resilience in dealing with problems or conflicts, as well as toleration of normal life stressors. The high levels of stress events encountered, and the nature of these events (e.g. critical, violent, and dangerous), require the LEO to utilize coping strategies in-order to function and perform their duties. Coping responses are highly individualized based on the individual LEO’s personal experiences in their environment, as well as their own unique personality.

Conceptual Framework for AST’s CIRT/PSP

The ideal situation would be for law enforcement officers to have an understanding of positive coping strategies and stress management techniques at the beginning of their careers, prior to encountering the stressful aspects of their occupation, see Figure 11.

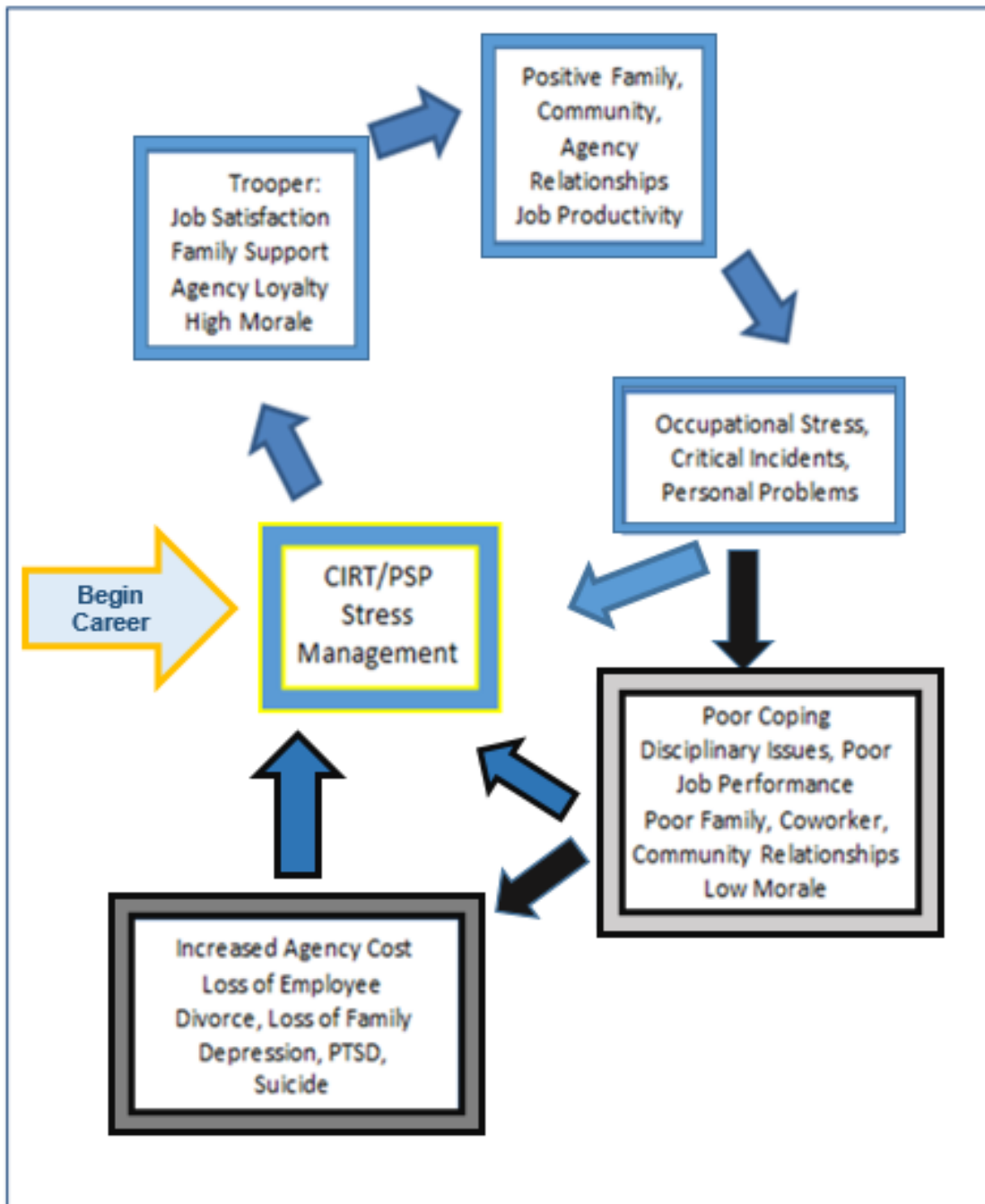


Figure 11: AST trooper coping with occupational stress with and without CIRT/PSP stress management program

Providing initial preventative care would assist the trooper positively cope prior to experiencing

the negative coping effects. Prevention, through training in law enforcement stress management techniques, is key to having the right tools and knowledge to confront, endure, and manage the law enforcement occupational stress and critical incidents troopers must face in the course of their duties. In this way, when critical incidents are experienced or occupational stress becomes burdensome by the law enforcement officers (troopers), positive coping mechanisms can be utilized to maintain balance. The trooper, who utilizes positive coping practices, can maintain positive relationships with their coworkers, family, and the community they serve. Troopers are able to maintain their high morale levels and still feel positive job satisfaction.

The trooper who employs poor coping practices or chooses not to utilize positive stress management techniques, however, may experience a decrease in job satisfaction, a reduction in job performance, disciplinary issues, low morale, and experience a decrease in positive relationships with co-workers, family, friends, or community members. Without positive coping strategies, serious mental health or personal issues may arise for the trooper, such as divorce, loss of family, depression, post-traumatic stress disorder (PTSD), or even suicide. In addition to a reduction of quality of life for the trooper, negative coping practices may ultimately lead to added fiscal concerns for AST through increased counseling or disciplinary actions, civil liability, or even the loss of the employee, necessitating replacement and resulting in a significant fiscal loss of investment by AST. The trooper who experienced significant or cumulative negative effects of utilizing poor coping practices to manage their occupational stress may recover from those negative effects and return to healthy, positive relationships and job performance. However, the road to recovery may be expensive for AST and time consuming, and come at a great cost in quality of life for the trooper and their family or friends.

Development of a stress management program, specifically designed by law enforcement for law enforcement, such as AST's CIRT/PSP, would offer a valuable resource to the individual trooper to help ensure positive personal, departmental, and community relationships. With investment in the CIRT/PSP, benefits to AST include improved job performance, increased morale, and an increase in job satisfaction. These positive outcomes can lead to retained agency investment through employee retention, high productivity, and positive community service relations. Having a stress management program in place to help when the stress load becomes overwhelming is critical to ensuring a mentally and physically healthy public safety organization.

Alaska State Trooper Program Development

To develop the AST CIRT/PSP program required an understanding of LE occupational stress, LESM programs, and the development of a conceptual framework model to aid understanding about human behavior and behavior modification theory. Program development for this project also required a merger of public health aspects pertaining to intervention program development with those of the overall LE organizational structure and mindset. While public health and law enforcement have a lot in common, as is described in Chapter 8, these two disciplines aren't natural collaborators in terms of intervention development processes or design. With this in mind, however, it was interesting to note the recommended methods suggested by the NIJ and the FBI for program development follow, almost exactly, the same evaluative processes suggested by those of public health practice.

Program development is the "process through which people, conditions, and environments are changed to improve population health outcomes" (Harris, 2011, p. 42). Creation of policy documentation and program procedures are only one aspect of the overall

program development. Program development begins with the planning stages in conducting a formative evaluation, and continues as an ongoing activity through process evaluation and outcome evaluations.

Formative evaluation specifically addresses identifying specific needs and involves key stakeholders, such as command staff, administration, program director, program team members, trooper employees, and family members. During the formative evaluation, the program mission statement, program objectives, and job descriptions need to be established, as well as team member qualifications and application process. It is in this stage that the overall program structure, including policy and procedure documents are developed, as well as a training plan to market the program to employees. Additionally, data instruments for use during process evaluation are developed, as well, during this phase, to collect program implementation data for use in the process evaluation stage. A timeline for program implementation, the process evaluation, and future outcome evaluation is established during the formative evaluation, see Appendix A. Lastly, it is in the formative evaluation that the program's short-term, intermediate, and long-term goals and activities are created.

Process evaluation monitors how well the program is functioning and determines if corrective actions are needed. It assesses employee and team member satisfaction with the program and utilizes data collection instruments developed during the formative evaluation to analyze and report results. It seeks to collect data on the program's short-term and intermediate goals. This phase of evaluation begins after the program has been implemented.

An outcome evaluation is to be conducted at a specified time in the future to monitor program effectiveness, specifically through determining if the long-term goals are being met. During this phase, program stakeholders would establish outcome measures, collect long-term

goal data, and analyze the results. This phase of evaluation looks to see if the program is effective. If it is found to be so, evaluators would determine if the CIRT/PSP is responsible for the effectiveness in meeting the long-term goals or if some other factors contributed to the results. If positive results are not found, evaluators would seek to discover what potential barriers inhibited program success.

Formative Evaluation

The first step of a formative evaluation is typically to conduct a needs assessment to identify perceived sources of stress experienced by officers, as well as to determine if an overall need exists for the development of a LESM program. The AST conducted a quasi-needs assessment through administering an internal, confidential survey of trooper employees that assessed troopers' perception of how supported they felt emotionally and psychologically supported by the agency.¹¹ Results from the survey highly indicated the need for AST to develop and implement a comprehensive LESM program, including program procedures, documents, and policies.

The knowledge gained from the literature search and review conducted about suggested LESM development practices, and in using the research questions previously stated as a guide, some of the sections included in AST's CIRT/PSP SOP policy documents are as follows, including section location in Appendix B:

- Introduction, section 114.001
- Background, section 114.002
- Overview, section 114.004

¹¹ The results of this survey were for internal use only, and were not to be reproduced or reported publicly.

- Mission Statement, section 114.005
- Team Member Job Descriptions, section 114.020
- Team Member Application and Selection Process, section 114.040
- Team Member Training Requirements, section 114.030

The introduction was designed to provide the reader with a cursory overview of the program and its key aspects. Background information was provided to give context to the reader about the specifics of law enforcement occupational stress and stress management programs. It was intended to concisely explain the problem and legitimize the need for the program. The Overview was designed to give a quick, clear picture of what others can expect from the program and the agency. The Mission Statement expresses the purpose and direction of the program, and identifies the problem the program is intended to address, as well as the agency's response to the problem. The team member job descriptions were clearly identified to articulate what is expected of each member (CIRT/PSP director and team member). Team member application and selection process sections detail how the positions are applied for and the selection criteria utilized. Team member training requirements were designed utilizing the suggestions of the NIJ, FBI, USMS, and FLETC. All of the designed sections can be reviewed in Appendix B

In accordance with the program development models suggested by the literature and document reviews, and the specific request by AST for their program to be structured closely to that of the USMS's program, the design of the critical incident response and debrief follows the Mitchell Model design, see sections 114.050-066, 080-090 of Appendix B. The interventions provided by this program follow direct and indirect pathways. Direct intervention pathway is utilized in counseling support response immediately following a critical incident and indirect intervention through the long-term peer support aspect. The CIRT/PSP utilizes an external

program framework in their model of referral for professional psychological care, as they do not have a mental health professional on staff (internal) or on retainer (hybrid). The program does not target specific sub-groups within the agency, such as homicide investigators or traffic fatality investigators.

The format selected for the policy documents is consistent with current AST policy document formatting and overall program structure. Given AST's specific needs and requests, the policy documents were provided to DPS, Office of Professional Standards (OPS), who will then review per agency requirements and modify them as necessary. As such, the policy documents detailed in this report are considered a drafted version, with the final documents being within the control of DPS/OPS. All SOP documents drafted, as well as the many different sample SOP documents referenced from other agencies, were provided to OPS for their final consideration.

Program goals are developed during the formative evaluation process. Overall, the goals of the CIRT/PSP are to prevent and treat stress-related problems among Alaska State Troopers in a strictly confidential manner, to maintain and improve the department's effectiveness, and to ensure a high quality of law enforcement services by reducing LEO occupational stress.

- Short-term goals and activities include developing and disseminating SOP for the CIRT/PSP; and to recruit and train CIRT/PSP members to national standards.
- Intermediate goals and activities are to provide CIRT/PSP LESM training sessions to at least 75% of all AST employees, command staff, and administration within one year of program implementation, and annually each year after; and to evaluate the quality of CIRT/PSP services being provided.

- Long-term goals and activities are to maintain an effective CIRT/PSP; to reduce the department's rate of absenteeism, disability leave, and turnover associated with occupational stress and critical incidents by 25% within three years; and to significantly improve department morale and employee perception of agency's support of their emotional and mental well-being.

The drafted program policy and program procedures need to be assessed to see if they meet the needs of the agency. Stakeholders need to have the opportunity to assess and provide feedback for any areas identified as in need of change. For this purpose, a qualitative survey was developed for use with command staff and agency administrators, see Appendix C. Survey data obtained will provide the program director with information regarding the perceptions of the command staff's support for the program and areas which may need to be readdressed or addressed differently to ensure their support for the program. The survey will be provided, along with copies of the program policy documents, with a request for completion within one week of receiving the documents, although it is expected some will not return in such a timely fashion. The timeline proposed expects a one month return deadline. The survey data would then be compiled and presented to the CIRT/PSP director for review. Final policy documentation reflecting necessary changes, if needed, would be officially submitted for inclusion into OPM.

The CIRT/PSP Team Member application forms will provide quantitative data on specific aspects regarding the demographics of CIRT/PSP applicants (e.g. male/female, experience levels, post locations, other demographic information) to ensure no particular group is under-represented, see Appendix D. The program director can review the data provided to assess the applicants for team selection according to the agencies established criteria, see section 114.040 of Appendix B. In addition, the data will provide the program director evaluative

feedback to ensure applicants represent the employee stakeholders, in terms of peer support. If the data reveals few applicants having a large amount of law enforcement experience are applying for team member positions, another assessment may be needed to determine why so few are interested in participating; the same holds true for male/female, rural/urban, and ethnicity applicants in an effort to determine what barriers may exist.

The CIRT/PSP team members must meet specific training requirements within a specified timeframe following selection as team members, see section 114.030 of Appendix B. Team members will be surveyed to determine (through self-reporting) the type of training they obtained, when they received the training, through which organization, and their certification status. The survey developed will assess their perception of the quality of the training received and seek input on additional training they feel would be needed to successfully fulfill their CIRT/PSP duties, see Appendix E. The data obtained will identify areas of training improvement by those actually performing the services of the program, thus providing a clear description of areas of need.

Process Evaluation

Development of materials for dissemination of CIRT/PSP information and details to trooper employees would be produced during the process evaluation phase (see Appendix A). These materials fall outside the scope of this project; however, a qualitative and quantitative survey instrument has been developed for the agency's future use, see Appendix F. Instruments developed include a one-group, post-training survey form which should be provided to each attendee at the end of each CIRT/PSP training session. The data will inform the CIRT/PSP director with the quality of training provided, by whom (which CIRT/PSP Team Members), and

certain participant perceptions about the CIRT/PSP, including an overall understanding of the training participant's support for the program. Of particular interest will be the participant's level of confidence in the confidentiality aspect of the CIRT/PSP. If the participants indicate an overall lack of confidence in the confidentiality component of the program, training material may need to be revised or the training component needs to provide further information on this important and vital aspect of the CIRT/PSP. The CIRT/PSP post-training survey data would be utilized to provide evaluative feedback regarding the quality of the training sessions and the ability of the program to achieve the intermediate goals. If intermediate goals have not been met, barriers may need to be identified to ensure the goal is reached.

The CIRT/PSP participant satisfaction survey will provide feedback by those trooper employees who have utilized the program, see Appendix G. The survey will inform on the quality of the participant's experience through self-report. The survey will be given to the CIRT/PSP participants by team members with explanation to return it to the CIRT/PSP program director directly via USPS mail, for participant anonymity. The participant survey data should be compiled bi-annually to provide feedback to the program director regarding the quality of support being provided and their overall satisfaction with the program. The program director should utilize this data to provide feedback on a bi-annual basis to each CIRT/PSP team members regarding the quality of support they are providing and any areas identified as needing improvement.

Outcome Evaluation

After the program has been fully implemented and operational, and after the short-term and intermediate goals have been met, the agency needs to conduct an outcome evaluation. The

purpose of the outcome evaluation is to assess if the program is effective in meeting the long-term goals of: reducing the department's rate of absenteeism, disability leave, and turnover associated with occupational stress and critical incidents by 25% within three years; and significantly improving department morale and employee perception of agency's support of their emotional and mental well-being. The AST can utilize the initial survey data collected through internal survey as base-line data, as well as human resource department statistical data (e.g. sick days utilized, employee turn-over, etc.) for assessment of improvement in long-term goal areas. The information provided in the outcome evaluation will provide quality feedback to stakeholders regarding the overall effectiveness of the program. Part of the outcome evaluation should also include cost analysis and/or return-of-investment research to validate program fiscal spending.

Chapter 6: Discussion

The goal of this project was to develop the components of a LESM program for the AST. To achieve this goal, it was necessary to develop a thorough understanding of what LE occupational stress is, what affect the stress has on the well-being of the LEO, and ways LEOs respond to those stresses. Additionally, it was necessary to understand what those in the LE industry are doing to ensure LEOs maintain health, namely through the use of LESM and PSPs. Understanding how these programs are designed, composed, and structured was necessary to develop such a program for AST.

The agency had recognized the need to support the psychological wellbeing of their troopers since 2002; however, the policy and methods they utilized were vague. Several LODDs occurred, between 2013 and 2014, provided the impetus to develop a more comprehensive program for the AST. Subsequently, in 2014, AST conducted an internal survey among their commissioned staff seeking information regarding their perceptions of how supported they felt, emotionally and psychologically, by the agency. Upon review of the study results, it became very clear to AST command staff and administration that the troopers were experiencing significant negative effects of occupational stress, particularly those associated with critical incidents, and a comprehensive LESM program was necessary.

The request by the agency to have their new program policies and procedures strictly modeled after those of the USMS imposed a constraint on free development of the program. The public health recommendations for designing a health intervention program follow a path by which stakeholders are consulted and have input in the development. The stakeholders would normally design the program's mission statement, goals, and other specifics of the program in a collaborative way. By AST requesting their program follow that of the USMS, these steps

(normally a part of a formative evaluation) were not conducted. The mission statement, goals, and program layout was created through the review of the many different sample policies and procedure documents of other agencies, as well as those of the USMS. It would be in the agency's best interest to have stakeholders review the drafted mission statement, goals, and program particulars to ensure they clearly reflect the direction the agency wants to go with the program.

One of the biggest challenges AST is going to face in implementing this program will be in establishing employee confidence in the program. The agency has included clear specifics regarding the confidentiality aspects within their policies and procedures; however, the perception of stigma or other LE cultural aspects that create barriers to LESM program use (e.g. macho, bravado) will need to be addressed and monitored. It may take time for the program to "catch-on," and the agency needs to understand implementation of new programs often take a long time to achieve a majority "by-in" by those involved. This is normal and requires patient persistence in program implementation.

The size of AST's agency (approximately 400 commissioned officers) is relatively small, presenting another concern regarding confidentiality to be considered. The literature and background information did not reveal any specifics for implementing a LESM program in a small agency versus a large one. However, concern exists that in a small agency, employees may be more likely to know one another and the identity of those utilizing the program may become known. This is an understandable concern, although the CIRT/PSP team member training and the program structure are designed to protect participant identity.

It should be acknowledged that several critical incident response debriefing methods exist, other than the Mitchell Method described in this report. While other methods were

mentioned in the background and literature review, The Mitchell Method of CISD was the most utilized and referred to by far. Since it was made clear by AST at the very beginning of project discussions, the CIRT/PSP will follow the Mitchell Method of response, this project did not provide contrasting aspects between the different critical incident response methods. Also, the background and literature review did reveal some documentation that discussed the possibility of psychological harm being induced through the use of CISD programs. In light of the fact that the overwhelming majority of all agencies reviewed for this project expressed complete support for incorporating a LESM program with the use of CISM methods into their agency's policies, review of that literature was not included in this report.

The literature and background review clearly revealed the importance of focusing on preventative, pre-incident strategies to ensure LEOs have the knowledge and skills to address occupational stresses with positive coping before critical incidents are experienced. The developed CIRT/PSP SOP and policies only discuss implementing the program into the existing workforce without providing an specifics for ensuring those just entering the occupation, agency through the academy, have been trained. This approach to program implementation was utilized to get the information out to those working in the field, now; along with suggestions that the agency incorporate training to those in the academy soon after program implementation is completed. In adding this program to the academy, the agency would provide LESM and PSP training, not only to troopers, but to all LEO from other agencies who utilize the AST academy for their training needs. Although thorough research was not officially conducted about this topic in this project, it is believed no other Alaskan LE agencies have a LESM or PSP in place. With development of the CIRT/PSP, the AST have the ability to set the tone and LESM and PSP model for other Alaska LE agencies, to follow.

As were mentioned in the Introduction and Background sections, LESM program utilize one of three pathways for professional behavioral health support: internal, external, or hybrid. The AST CIRT/PSP utilizes an external pathway at this time, although the agency had discussed having a professional psychologist on retainer (hybrid pathway). Literature suggests the most supported pathway is an internal one, where the agency has a licensed professional police psychologist on staff; particularly because LEOs state they prefer to speak to someone one who is “one of them” and not an “outsider.” Consideration of collaborating with other Alaska LE agencies to retain a specialized police psychologist may provide better support in this area than referral to an external professional. The agency could consider revision of this aspect after the program has been implemented.

Chapter 7: Strengths and Limitations

Strengths

The AST, as detailed Chapter 2, had recognized the need for psychological services and critical incident debriefing many years ago, as is demonstrated by their two previous SOP in the DPS/OPM. Although an acknowledgement for these services is demonstrated by the existence of these documents, the procedures contained therein did not reflect a modern understanding of LESM program organization, procedures, or details. In fact, the original SOP (2002) was vague and offered little direct understanding for those troopers who may have been in need of these services. Therefore, the greatest strength of this project was the overall development of the program policies, documents, and procedures for full program implementation.

The SOP document developed provides a thorough description of the department's responsibilities in addressing LE occupational stress and critical incidents encountered by the trooper. The program mission statement, as well as detailed program organizational layout, will provide troopers with assurances of the program's strict adherence to confidentiality and respect for the privacy of program participants. The development of procedures and a suggested timeline for full program implementation and future evaluations provides clear direction for what steps the agency should take next. Development of program surveys and data collection forms provides instruments for the agency to incorporate into those next steps of completing the formative, process, and outcome evaluations, as described.

Another strength of the developed SOP documents is the detailed description of the organizational structure of the program (e.g. director, team member) and the job descriptions and responsibilities of the program members. Directives on how the program director and team members are selected are detailed, including professional standards and ethical considerations, as

well. In addition, the previous SOP did not include any suggested training or standards for program team members. Team member and employee training recommendations were included, as were requirements for maintaining training currency.

A detailed description of “what to do” in responding to a critical incident by the CIRT/PSP, when to activate the team, and CIRT/PSP team member actions at and after a critical incident were laid out for the team member to follow in the new SOP drafted documents. This not only gives direction to CIRT/PSP team members, but provides AST administration and trooper employees involved critical incidents or in need of peer support an understanding of what to expect.

This project report provides the AST with a concise compilation of background information about LE occupational stress, LESM programs, the behavioral and psychological theories that help to explain how they work, and barriers that may need to be overcome to ensure program success. Sections of this report could be provided to command staff, other supervisors, and trooper employees to aid in understanding these aspects of the program, how LESM programs work, the assurances of confidentiality, and the agency’s motivation for implementing the program. This report should be utilized as a reference work by the agency for direction in future program implementation and evaluation, especially for understanding how the evaluation steps are to work and the need for their use.

Limitations

Despite the fact that both disciplines, law enforcement and public health, have a common focus of protecting the public, these two disciplines are not natural collaborators. A significant knowledge and language gap existing between the two that complicates interdisciplinary

collaboration in program development. Public health practice representatives are experts in the field of developing health interventions in generalized health or community settings. They have a long history of tried and true methods for developing intervention programs and understand the steps for implementing them. Despite this fact, public health representatives are not experts in the field of law enforcement or in understanding the law enforcement occupation and its associated challenges. While public health interventions associated with the law enforcement profession do exist, a quick Internet search for collaborative programs, using Google Scholar and the phrase “public health” + “law enforcement” only revealed programs focused on: collaborative bioterrorism approaches, interventions aimed at “protecting” the community at large “from” law enforcement over-reach or abuse, and articles or programs that seek to instruct law enforcement on how to perform their duties with minority populations, such as the mentally ill or minority races.

Law enforcement agencies, overall, do not have frequent or common interaction with public health professionals in terms of utilizing their expertise for internal help within the LE agency itself. Law enforcement agencies may collaborate with other disciplines regarding how they perform their duties; however, they have difficulty in seeking assistance from “outsiders.” They are experts in LE issues and in understanding how to perform their terrible and costly job in highly dangerous situations with the utmost professionalism and compassion. To recognize they are not the “experts” in everything, however, would indicate they have a vulnerability which is something LEOs have difficulty with. Admitting vulnerability may cause the LE agency, in their estimation, to appear weak. Recognizing the need for specialized assistance in developing health interventions is necessary.

These challenges of interdisciplinary collaboration posed significant limitations for completion of formative evaluation aspects of this project, particularly in recognition by AST for the importance of formative evaluation procedures. The standard methods of program implementation and formative evaluation were presented; however, a standard of typical, internal, agency procedures held sway. Formative evaluation aspects for developing SOP and policy documents by survey of stakeholders were not conducted. While other evaluative processes may be implemented in the future, per the standards of program development that are recommended by public health evaluators, challenges in understanding their necessity and use still exist. Interdisciplinary dialogue and collaboration must start somewhere. This project and any future collaborative efforts between AST and UAA's MPH program would be a good place to begin. Further aspects pertaining to this specific limitation are addressed in Chapter 8.

Along with the challenges experienced in interdisciplinary collaboration, time constraints experienced in working with the agency posed a significant limitation. While an initial project timeline for completing this project's goals included implementing the program with dissemination of program details to all employees, the timeliness of agency approvals prevented achieving those goals. A recognition that the agency operates on its own timeline quickly became necessary. Despite AST command's support for the development of the program, agency administrators were not quick to provide their support, feedback, or facilitation. Several stalls were experienced in receiving feedback regarding policy and program details.

Additionally, two major changes in command staff occurred during the time of project completion. This further complicated command staff support and "by-in" by the new commanders who had no previous knowledge of the program. These staffing changes required a

starting over at “ground zero” with each change to bring the new commanders up-to-speed with the program details, the necessity for its development, and procedures involved.

Chapter 8: Public Health Implications

Connections: Law Enforcement and Public Health

The main goal of public health is to create conditions in which all people can be healthy. Health can be defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2003). To achieve this goal, public health interventions seek to promote physical and mental health, as well as to prevent disease, injury and disability within populations.

The Centers for Disease Control and Prevention (CDC) define Public Health Systems as a group effort, comprised of “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction” (The Public Health System and the 10 Essential Public Health Services, 2014). The concept of the Public Health System, typically thought of as only including those entities directly involved in health care delivery, are described as being composed of the many entities within a community that contribute to the well-being of the community as a whole, see Figure 12.

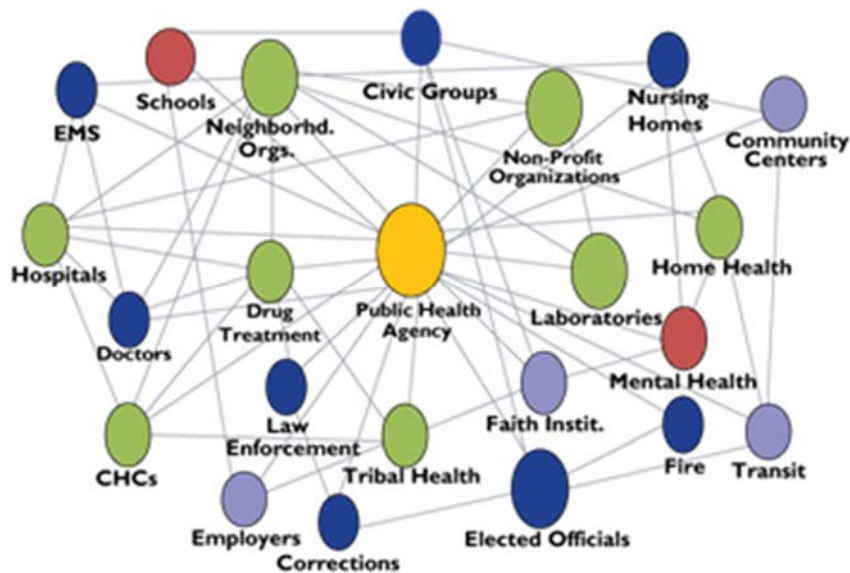


Figure 12: The Public Health System (Centers for Disease Control and Prevention, 2014)

These interconnected entities undertake the 10 Essential Public Health Services activities to improve the health of the community and its members. The CDC (2014) notes the 10 essential public health services that the Public Health System undertakes as:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Since the Public Health System seeks to improve the health of populations through delivery of the 10 essential services, how populations are determined and how programs are designed to improve the health of those populations should be discussed. One of the key sciences of public health practice is epidemiology, often referred to as “population medicine” (Friis & Sellers, 2014). It is the study of the distribution of health needs or problems within human populations and the factors that contribute to their emergence, severity, and consequences (Oleske, 2009, p. 4). Epidemiology seeks to identify those causal factors that could be identified, eliminated, or

modified to prevent or control negative health outcomes and improve the health of populations (Oleske, 2009, p. 4). An epidemiologic model can be utilized to describe how public health interventions, such as the CIRT/PSP described in this project, are developed and how these types of programs are used to improve the health of a population of people, see Figure 13.

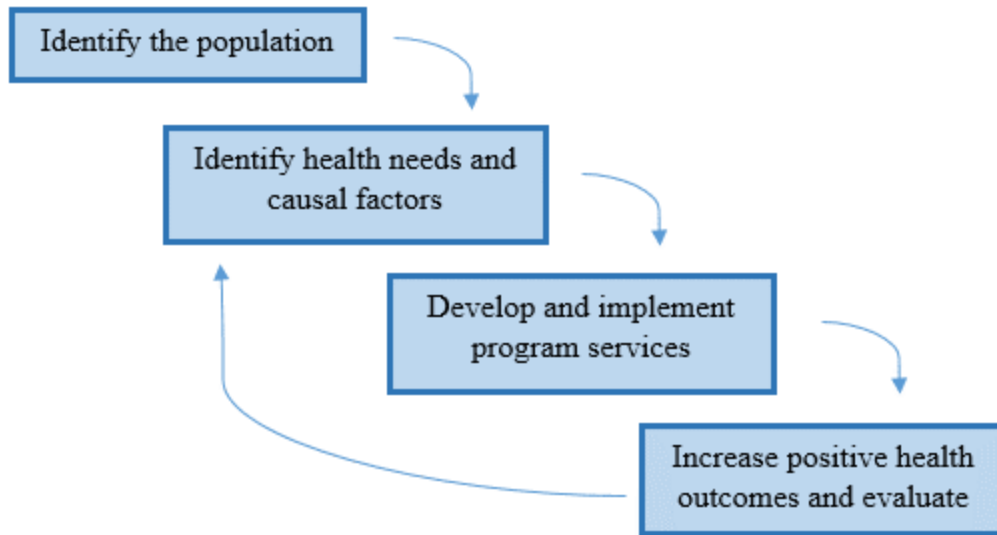


Figure 13: An epidemiological model of program development

Populations can be described by common characteristics shared among the members of that population, for instance a population may be described by geopolitical boundaries, such as the population of the State of Alaska or as citizens of a particular city. Populations may also be determined by the commonality among members of a special group, such as military personnel or law enforcement officers. The members of the special group create a population in epidemiological terms and share common, specific health needs or concerns.

The LEOs then are a population with specific health care needs and concerns; specifically they are at high risk for occupational stress complications that may impact their health and potentially the health of those around them. Identifying the needs of this particular population is

important because the negative consequences of LE occupational stress can adversely impact not only the emotional and physical health of the LEO themselves, but also can negatively impact that of their families, friends, and their ability to deliver effective public safety services to the communities they serve (Gershon, 1999; Gupton, et al., 2011).

The LE organizations are called upon to be co-workers with other organizations to provide the 10 Public Health Essential Services to the community at large; however, LEOs, as a sub-set of the community, are also recipients of these essential services. Their ability to successfully perform their duties in helping to ensure community well-being is essential and in order to successfully perform their duties, their own health and well-being must be addressed. LE agencies “need to be healthy before they can treat the community’s illnesses and injuries” (Harpold, 2000). As a member of the overall public health system, the AST would benefit from looking at the development of their CIRT/PSP through the lens of co-workers in the overall Public Health System, described in Figure 12, by delivering the 10 essential public health services within their agency.

After identifying the health need within the population being examined, the next epidemiological step in program development is to create and implement a program that would specifically address the health concern identified. This is what AST is doing in development of their CIRT/PSP; and in doing so, AST are also delivering the 10 essential public health services to their own agency. These could be modified to reflect the specifics of their agency and their CIRT/PSP program as the following:

1. Monitor and identify occupational stress related concerns or problems associated with the duties performed by the troopers of their agency, and solve those problems by delivering training on developing positive coping strategies.

2. Investigate occupational stressors associated with the negative health outcomes of occupational stress within their agency.
3. Inform, educate, and empower their troopers about occupational stress and associated impacts on their health, and provide them with the tools necessary to cope, be productive, and have a high quality of life.
4. Develop and utilize a community partnership with the University of Alaska, Master of Public Health program, to perform future program evaluations in the form of student-intern project practicum experiences.
5. Develop policies, procedures, and evaluative plans to support the CIRT/PSP.
6. AST administration and command staff support for CIRT/PSP by enforcing program regulations that will protect troopers and ensure their physical and emotional well-being.
7. Link troopers to needed services to assure physiological and emotional well-being, and encourage service usage.
8. Assure AST provides a competent public service workforce for the communities they service by ensuring the psychological and emotional well-being of their troopers.
9. Develop an evaluative plan to ensure the CIRT/PSP effectiveness, accessibility, and quality.
10. Through current training in critical incident response, peer support, and LE occupational stress issues, seek new insights and innovations for reducing negative outcomes.

The last step in the epidemiological model is an achievement of increased health outcomes, elimination or mitigation of the specific health concern, or recovery. The outcomes need to be assessed and evaluated to ensure the program is meeting the needs identified, and if not modification of the program takes place. These steps are completed in the process and outcome evaluations.

The Epidemiologic Triangle

The epidemiologic triangle is a standard model that provides fundamental understanding of development of a health concern. It recognizes three components: agent, environment, and host in the development of the health concern, see Figure 14.

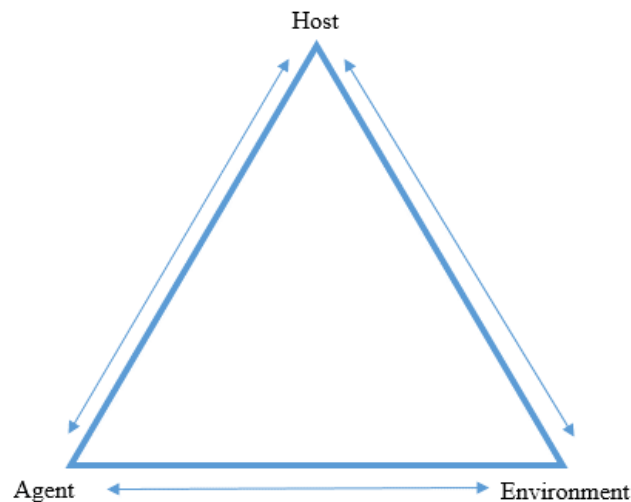


Figure 14: Epidemiologic Triangle

It is similar to the models described for Social Cognitive Theory and Cognitive Behavioral Therapy, as it recognizes the interrelated nature of health concerns between the three components and is useful to understanding the causal factors involved.

Agents in the epidemiologic triangle are those entities that can cause the health concern. In the case of this project, the agent is LE occupational stress. It exists and must be present in order for a health concern to appear; however, its mere presence is not enough to ensure negative health outcomes will take place. The host (LEO in this analogy), after exposure to the agent may, or may not, develop the negative health outcome of concern. This is dependent on the host's reaction to the agent. In terms of this analogy, the LEO's (host's) ability to employ healthy coping mechanisms in dealing with occupational stress (agent) may keep the negative health outcomes associated with it at bay. The last component of the triangle is the environment, comprised of all the external factors outside of the host and agent, including the physical, occupational, and social aspects. This would be the workplace environment with its social or cultural makeup, the physical dimensions where the LEO must perform their duties, and the social or cultural makeup of the community in which they work. The environment can be considered a reservoir for the agent to exist in and is thus interrelated with the agent, just as it is with the host.

Examination of the epidemiologic triangle and the interrelation of its three members, it becomes obvious that prevention would be key to ensuring the agent (particularly, the negative effects associated with LE occupational stress) is unable to infect the host (LEO). Prevention is important to preventing the onset of the problem. This can be thought of as receiving a vaccination against a disease; the person is not-likely to develop the disease if vaccinated against it.

Public health refers to this as addressing up-stream causes to prevent the agent from impacting the host; a getting ahead of the problem. While this is ideal and preventative measures are the number one priority of public health programs, successfulness of preventative measures are impacted by several factors. In this analogy, the type of critical incident experienced by the LEO and their own individual personality may impact the effectiveness of prevention measures. In these cases, early detection and prompt treatment form secondary measures of defense to ensure limitation of the negative health impact. If early detection or prompt treatment is not utilized, a third measure of rehabilitation is required. These aspects are further described in the three stages of public health's disease prevention model.

Disease Prevention Model

The Disease Prevention Model (DPM) is composed of three phases: primary, secondary, and tertiary, see Figure 15.

Disease Prevention Model		
Interrelation of agent, host, and environment possibly producing a stimulus	Reaction of host to stimulus	
No negative health outcomes	Negative health outcomes	
Health promotion and specific protections	Early diagnosis, prompt treatment, negative health outcome limitation	Rehabilitation
Education about LE occupational stress	Early identification of those troopers having difficulty coping either with a one-time critical incident or long-term accumulation of negative impacts.	Negative health outcomes require necessitating rehabilitation and recovery.
Education about positive coping mechanisms	Prompt treatment through utilization of CIRT/PSP to prevent negative health outcome progression and complications associated with it.	Long-term process
Utilization of CIRT/PSP	Short-term process	
Primary Prevention	Secondary Prevention	Tertiary Prevention

Figure 15: Disease Prevention Model

The primary phase, no negative health outcome has been experienced. The primary focus of the primary prevention phase is to educate LEOs about healthy and unhealthy behaviors associated with occupational stress, so they will not choose to engage in the negative behaviors and be less likely to experience the negative outcomes. For AST, this involves supporting the CIRT/PSP and educating their troopers about LE occupational stress, its impact, how to recognize it, the potential negative effects, and how to develop positive coping strategies. This will reduce the troopers' chances of developing negative outcomes associated with the occupational stress they are going to experience as a matter of course in performance of their duties. Fiscal investment in prevention can be seen as minimal as compared to the secondary and tertiary phases which require more funding and time to help troopers recover to pre-negative health impact status.

The secondary phase is an intervention stage and it consists of targeting those individuals experiencing some negative effects of LE occupational stress to educate them about how to stop utilizing negative coping strategies and instead utilize positive coping mechanisms or otherwise receive aid to return to a healthy state. It is in this stage that prevention is aimed at stopping the progress of the negative health outcomes quickly and return the trooper to a positive, functional status. This phase requires a short-term response. While this phase of prevention will require more fiscal investment by the AST agency to aid the trooper overcome the negative impact they are experiencing, the fiscal investment is much less in comparison to the tertiary phase, especially since an established program and protocol for addressing the issue quickly is already in place. Nothing new needs to be designed or discovered; a plan is already in place.

The tertiary phase involves treatment for those troopers who already have experienced profound negative outcomes associated with occupational stress to help them to recover, to develop an understanding of how they got to this state, and how to avoid letting things get ‘that bad’ again. The tertiary phase is the most costly phase of the three and the one that stands the least chance of success since the serious negative impacts have already developed.

If the AST utilize the DPM in developing and supporting their CIRT/PSP, then utilizing the primary phase of prevention clearly makes the most sense. Waiting until negative behaviors or outcomes have already developed that require implementing tertiary phase responses simply doesn’t make fiscal sense, nor does it provide much concern for the reduction in quality of life experienced by the trooper they employ.

Crime Prevention Model

Although public health concepts may seem foreign to the AST who have modeled their agency on criminal justice issues, a clear comparison could be made between the DPM and the Crime Prevention Model (CPM) law enforcement agencies are highly familiar with (Harpold & Feemster, Negative Influences of Police Stress, 2002) . The CPM, developed in the 1970's involves the 1) anticipation and 2) appraisal of a crime risk, and 3) the initiation of some action to remove or reduce it (National Crime Prevention Institute, 1986). The goal of the CPM is to prevent crime before a criminal act has been committed. A very simplified analogy of the CPM would be to:

1. Acknowledge a business district has experienced a high level of burglaries and anticipate their recurrence.
2. Have officers perform security checks on the businesses after they have closed to check to see if business owners have locked their businesses properly, as well as increase officer presence. If a business is found to be left unlocked, the officer calls the business owner to come and lock the building, and to educate them about the importance of locking up.
3. The third step of CPM would be employed by officers who encounter a burglary in progress or respond after a burglary has occurred. At this stage, a crime has already occurred and the officer's response is reactionary. The action required at this tertiary phase necessitates stopping of the crime to prevent any further harm.

The AST can apply these same familiar concepts of the CPM to their CIRT/PSP by substituting "negative LE occupational stress outcomes" for "crime risk" in the above definition. Therefore, understanding their occupational stress program in CPM terms would be: 1) the

anticipation and 2) appraisal of negative LE occupational stress outcomes, and 3) the initiation or some action to remove or reduce it.

Chapter 9: Conclusion and Recommendations

Conclusion

Although people from all walks of life experience stress during the course of their lives, research has revealed the enormous job-related stress burden experienced by LEOs in comparison to other career fields. Occupational stress for LEOs is a very real concern for the officers, their families, their agencies, and the communities the officers serve. The stress they experience is the result of many variables, such as risk of physical harm or danger; witnessing of and responding to critical incidents; occupational agency demands, and personality traits. Officers must cope with these regular stressors and the coping strategies they use may be positive or negative. Positive coping strategies will offset negative impacts associated with occupational stress the LEOs encounter. Positive coping will improve the officer's quality of life, allow them to maintain a high level of morale, and enable them to provide good, compassionate public service to the community. Negative coping strategies may result in physical, physiological, emotional, or psychological mental harm; departmental disciplinary issues; family problems; or even suicide.

Recommendations and common practices for developing and implementing a LESM and critical incident program are utilized by many federal, state, and local LE organizations across the nation. The LESM program model most supported includes a CIRT debriefing conducted by peer support team members trained to federal standards to address the reactions officers have to critical incidents and occupational stress. Peer support team members share a common background with the officer in need and can provide an understanding that those outside of the profession cannot, and are a key component to the successful program.

Recognizing that troopers, by virtue of their profession, encounter situations that require them to take action which may result in their suffering emotional or psychological trauma, the AST are developing and implementing a CIRT/PSP within their SOP and OPM. The CIRT responds to support the trooper following critical incidents to offer psychological and emotional support immediately following these traumatic incidents. The PSP can also operate in non-immediate ways, by helping troopers who are experiencing difficulty in coping in the long-term with the stressful and traumatic aspects of their jobs.

Utilizing the background and literature review of current practices for developing LESM and PSPs, this project developed SOP, policies, and program documents for AST's CIRT/PSP. This project report, with the detailed background and conceptual framework, should serve as a concise reference for AST to use for future program evaluations.

Recommendations

Family Support Needed

The LE occupation can take a tremendous toll on LEO families. This is not a new revelation, either, as Congress held hearing in 1991 on stress-related problems among officers' families and the 1994 Violent Crime Control and Law Enforcement Act included legislation requiring additional support for officers' families (Finn & Esselman-Tomz, 1996, p. 15).

All current recommendations for LESM programs indicate inclusion of family support is imperative to having a comprehensive program. Many LE agencies have instituted training programs for new officers' spouses, (i.e., Los Angeles County Sheriff's Office's eight-week program spouse training program and Rochester Police Department seven training sessions for significant others of recruits in the police academy) in an effort to educate them about the life

impacts of a LE career on the family and have reported positive results (Finn & Esselman-Tomz, 1996; Stratton, 1981). By including training, peer counseling, or other support, the agency can ensure family members can receive the help they need to cope with the impact of their officer's occupation, as well as help them to become (or remain) sources of support for their LEO, rather than potentially becoming an additional source of stress. "Police family [members] do not wear the badge or carry the weapon but are very much affected by those who do. Their support role clearly contributes to maintaining law enforcement services to the community" (Finn & Esselman-Tomz, 1996, p. 5).

Many sources of stress for LEOs end up negatively affecting their family members, as well as some occupational conditions, perhaps those the officer even enjoys (e.g. shiftwork or undercover work), may cause serious problems for their families. In addition, troubles at home can create serious "on the job" stresses for the officers, as well. With a comprehensive LESM program that includes families, many of the difficulties for the families may be reduced if they are provided with training or services to help them learn to understand the demands of the LE occupation on their loved one, as well as develop positive coping strategies of their own.

Results of a study conducted of 479 LE spouses, demonstrated 77 percent of spouses reported experiencing an unusually high amount of stress associated with their officer's job (Borum & Philpot, 1993). The study reported the most common aspects of their officer's job that (self-reported) created the stress as:

- Shift work and overtime, disrupting family activities or reducing time the family can spend together);
- The officer's cynicism, their need to feel in control in the home, and their LEOs inability or unwillingness to express their feelings;

- The fear the officer will be hurt or killed;
- The officer's and/or other people's excessively high expectations of their children (i.e., the trooper's kid should behave differently/better than other people's children);
- Avoidance, teasing, or harassment of officer's children because of their parent's job;
- The presence of a gun in the home;
- Friends' discomfort because of the officer's weapon and 24-hour role as a law enforcer;
- An impression that the officer would prefer to spend time with fellow officers rather than their family;
- Either excessive or too little discussion about the job;
- The officer's perceived paranoia or excessive vigilance, and subsequent overprotection;
- Helping their officer cope with work-related problems.

Family members are also among the first to recognize the signs their officer may need additional help, making them key team members who can often encourage their officer to get the help they need before problems get severe. Family members could refer their officer for help if necessary, as well. Without training to recognize these stress-related problems or knowledge of the services available for themselves or their officer, however; family members may not be able to fulfill this key role.

Program Implementation Procedures Needed

To have a successful, long-term CIRT/PSP, AST's program must generate awareness, support, and referrals among three target groups: 1) AST administration and command staff, 2)

troopers, and 3) family members. The CIRT/PSP program cannot be effective if AST administration, command staff, troopers, or family members are critical of the program and not supportive. Troopers and their family members, not only need to be aware of the program, but they also need to have confidence in the sincerity of the agency supporting it.

For AST administration and command staff to offer their full support for the CIRT/PSP they need to have an understanding of the nature and severity of stress-related problems faced by their troopers and the need to address them. If administration or command staff are of the opinion that troopers should be able to cope with problems on their own or that existing, general psychological services available in the community are sufficient, these stakeholders will not view the program as necessary for their agency. Involving them in the program planning, training, and evaluation will provide them with insight into the need for their support. Utilizing the provided goals and measures, as well as conducting official program evaluations will provide administration and command staff with specific determinants of program performance. If they are skeptical about whether the program can prevent or reduce stress-related problems, including them in formative evaluation procedures, as well as having process and outcome program evaluation plans in place will help with this.

Administration and command staff support is key to “setting the tone” of the agency for whether troopers will be stigmatized for program usage or if they will be encouraged to obtain assistance out of a genuine concern for their well-being. If administration or command are not supportive of the program they can stifle program success by not providing funding for the program, or by not facilitating and encouraging troopers to attend program training seminars. Without administration or command support, time to attend training or to utilize program

services, such as counseling, will make the trooper less likely to use the program and will limit program success and create more occupational stress for the troopers.

Troopers and family members need to have awareness of the program and its services. They, too, need to develop an understanding of the stress-related issues they are facing and how to identify them. They need knowledge regarding how to develop positive coping strategies to prevent future stress-related problems. Troopers and their families need to have assurance in the programs confidentiality so as to alleviate the fear of stigmatization for utilizing the program's services. They also need to develop confidence in the program's ability to help. Development of statewide, regular training seminars about the program and development of program brochures or a website containing program information will ensure all troopers have a thorough understanding of what the program is and how to utilize it. Similar seminars should be also offered to trooper families, and as a matter of routine practice at the academy, ensuring new troopers begin their careers with the skills necessary to successfully prevent negative stress-related problems. The procedures, documents, surveys, and timeline are prepared for this use.

A key to successful program awareness and utilization is to provide on-going training, not a one-time effort. One initial program training seminar will not be enough because some troopers or family members may forget what they learned about the program and the positive coping skills suggested. A one-time effort will not provide an appearance of sincerity by the agency in support of the program, either. Also, the program needs to utilize a proactive approach by reaching out to troopers on a regular basis just to "check-in" and see how they are doing, not just immediately following response to a critical incident. This would be especially helpful for veteran troopers who have been "coping" on their own for so long, they would be reluctant to seek help from the program or are skeptical of it. These veteran troopers are less likely to seek

help, but will be more likely to talk with a peer who proactively contacts them. Procedures for proactive contact should be included into the implementation phase, and reviewed in future program evaluations.

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Appendix A

Program Implementation and Evaluation Timeline		
Evaluation Activity	Implementation	Accomplished
Short-term Goals:		
Conduct survey of command staff. Provide SOP and policy documentation for feedback	Immediately following SOP and policy draft approval by OPS.	Within one month.
Utilizing survey data from command staff, revise SOP and policy documentation, as needed	Immediately following survey completion by command staff.	Within two weeks
Develop program dissemination products to send information on the program out to all trooper employees, including SOP and policy documentation.	Immediately following SOP and policy approval.	Within one month of program documentation finalization.
Provide Team Member application for interested persons.	Immediately	On-going
Provide training survey for selected team members.	Annually, following selection as team member	Require to be completed by specified annual date.
Intermediate Goals:		
Develop trooper employee training program training materials and methods. Develop a training plan and timeline. Conduct the training sessions.	Immediately following program information dissemination. Training provided annually each year following program implementation.	Within one year for initial training sessions. Annually each year thereafter
Evaluate training sessions utilizing post-training survey.	Immediately following each training session.	To be completed prior to the end of the training session.
Team members are to provide Participant survey to each person who utilized the CIRT/PSP.	Immediately following consultation/interaction with CIRT/PSP team member	Request within one month of interaction. Voluntary
Participant survey data compiled and feedback provided to team members	Bi-annually	Bi-annually by specified date.
Long-term Goals:		
Develop follow-up survey using initial needs assessment survey (internal agency document) format for outcome evaluation. Conduct survey. Complete outcome evaluation.	Within three years of program implementation	Within one year.

Appendix B
DEPARTMENT OF PUBLIC SAFETY OPERATING PROCEDURES MANUAL
ALASKA DEPARTMENT OF PUBLIC SAFETY
STANDARD OPERATING PROCEDURES
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM
Chapter 114 Chapter Revised 09/01/2015

114.001 Introduction

The Alaska State Troopers have established the Critical Incident Response Team and Peer Support Program (CIRT/PSP) to offer appropriate support resources to Alaska State Trooper employees when personal or professional problems negatively affect their work performance, family, or self. The CIRT/PSP is designed to be a confidential consultation and resource for AST employees and is NOT to be used as an investigative tool. The CIRT/PSP Team will consist of trained, sworn personnel able to support AST Trooper employees by providing assistance in the areas of personal and group critical incident debriefing, anonymous and confidential peer support, and resilience training.

114.002 Background

Nearly all people, from all walks of life, have experienced stress or a stressful situation to some degree during their lives. Stress is defined as a mentally or emotionally disruptive and upsetting condition occurring in response to adverse external influences, and a stimulus or circumstance causing such a condition. Although people from all walks of life experience stress during the course of their lives, research conducted since the early 1970s has revealed the enormous job-related stress burden experienced by Law Enforcement Officers (LEOs) in comparison to other career fields, with many researchers considering law enforcement to be one of the most stressful of all occupations. The particular stressors that affect law enforcement officer may arise following response to a critical incident or may have accumulated over time through performance of their normal duties. Evidence of this stress is exhibited in LEO disproportionately high rates of suicide, divorce, alcoholism, emotional and multiple health problems compared to other occupations.

The LEOs must find ways to cope with these stress inducing events they routinely experience, and not all coping mechanisms utilized are positive. The LEO sub-culture itself tends to be very masculine and characterized by bravado, and may prevent an officer from seeking help from

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

mental health professionals when the stress becomes overwhelming. Seeking mental health services is often viewed as a sign of weakness, cowardice, and a lack of ability to do the job by LEOs. Many LEOs fear censure, stigmatization, thwarted career advancement, and alienation from colleagues, as well as seeming as if they may be the type of person who ‘folds under pressure.’ Without knowledge of, or failure to put into practice, positive healthy coping mechanisms to deal with these stresses, professional and/or personal problem may arise.

Nationally, law enforcement agencies have recognize the need for developing a LEO stress management programs to provide their employees with knowledge of healthy and positive coping practices, and research has shown the most successful programs utilize a peer support model. Peer support programs provide a fellow LEOs within the same agency, who has been trained and certified in LEO stress management, for the LEOs to talk with. Many LEOs feel it is easier to talk to a colleague than to mental health professional. Stress management programs for LEOs are not only beneficial to the individual LEO and their quality of life, but they also help to maintain and improve an agency’s effectiveness by increasing officer retention and departmental loyalty, and help to ensure a high quality of law enforcement services are provided to the citizens they serve.

114.003 Definitions

- A. Critical Incident:** Any situation faced by AST trooper employees that cause them to experience an unusually strong emotional reaction and which has the potential interfere with the ability to function either at a scene or at a later time.
- B. Critical Incident Response Team/Peer Support Program:** A group of trained AST departmental members consisting of a director, CIRT/PSP Team Members, and other law enforcement or mental health professionals able to conduct Critical Incident Stress Debriefings and One-to-One peer support to AST Trooper employees.
- C. Critical Incident Stress Debriefing:** A formal Critical Incident Stress Management Debriefing (CISD) is a group discussion of a traumatic experience. These confidential meetings typically occur within a reasonable time of the incident. Although a CISD is usually held within three days, the specific timing depends on a number of factors.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

CIRT/PSP Team Members must judge the timing of the CISD meeting on a case by case basis.

- D. CISM:** Critical Incident Stress Management – standardized Federal Law Enforcement Training and Certification – terminology.
- E. Follow-up Services:** Contact with CIRT/PSP Team Member following initial services provided by CIRT/PSP Team Member.
- F. Peer Support (Individual Support):** One-on-one support available to AST Trooper employees about any topic that is of concern to that employee. The AST Trooper employee may approach any CIRT/PSP Team Member at any time.
- G. CIRT/PSP Director:** Departmental Director assigned with primary oversight and administrative functions of the CIRT/PSP.
- H. CIRT/PSP Team Member:** Employees of AST who are approved and trained in CIRT/PSP response. They are able to identify the normal stress reactions associated with critical incidents.
- I. Referral:** Recommendations made by CIRT/PSP Team Members to AST Trooper employees suggesting contact with chaplains, other mental health providers, or some other out-of-agency contact.
- J. Confidential:** The CIRT/PSP Team Members must agree, prior to accepting a position with the CIRT/PSP, to actively protect confidentiality in order to ensure the success of the program. Although no special legal privilege is extended to CIRT/PSP Team Members, such as in the case of doctors/patients and attorney/clients, CIRT/PSP Team Members shall ensure AST Trooper employees understand all conversations and sessions are kept in strict confidence with the following exceptions of:
 - 1. Information indicating imminent harm to self or others.
 - 2. Information that may prevent serious crimes.
 - 3. Situations requiring mandated reporting by law (i.e. child abuse, domestic violence, etc.)
 - 4. Information shared between CIRT/PSP Team Members enabling Team Members to garner assistance and experience from one another. These discussions shall be general

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

in nature, shall not include name or other unnecessary identifiers, and shall not be discussed outside of closed CIRT/PSP Team Meetings.

- 5. As *THE* core foundation upon which this program proceeds, all CIRT/PSP Team Members will sign confidentiality agreements. Failure to maintain confidentiality, except as identified within this section, will result in CIRT/PSP Team Member removal with the possibility of being disciplined or terminated.**

114.004 Overview

This program is designed to:

- A.** Provide emotional support during and after times of personal or professional crisis to AST Trooper employees who express a need for assistance.
- B.** Promote trust, allow appropriate anonymity, and preserve confidentiality for persons utilizing the CIRT/PSP within the program guidelines.
- C.** Develop CIRT/PSP Team Members who can identify personal conflicts and provide guidance or referral to professional/alternate resources as required.
- D.** Maintain an effective CIRT/PSP Team Member training and response program.
- E.** Support those who have had family tragedies.
- F.** Check on the status of illnesses and provide support where desired and needed.

114.005 Mission Statement

Alaska State Troopers' most valuable resource is its employees. The Critical Incident Response Team / Peer Support Program's goal is to assist peers with stresses caused by personal and/or professional problems. The Alaska State Troopers have recognized the value of providing a way for their employees to deal with personal and/or professional problems. A demonstrated successful approach is to provide a program, comprised of peer members, who have volunteered to make themselves available to any member of the department in need. The program provides AST employees someone who understands and cares to talk out their personal or professional problems with confidentiality.

114.010 Alaska State Trooper, Departmental Responsibilities

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- A.** The Alaska State Troopers considers communications between a Trooper employee and a CIRT/PSP Team Member privileged and shall NOT question a CIRT/PSP Team Member concerning the identity or services provided to a Trooper employee.
- B.** The Alaska State Troopers will ensure Trooper employees attend sessions for all mandatory CISD or CIRT/PSP activations.
- C.** The Alaska State Troopers will support scheduling and logistics requirements of the CIRT/PSP team regarding training and performing their duties.

114.020 Job Descriptions

A. CIRT/PSP Director

- 1.** CIRT/PSP Director will be assigned by the AST Colonel, in collaboration with AST Command Staff. CIRT/PSP Director must have current CISM/PSP Training and certification in accordance with Federal Law Enforcement Training Center (FLETC) recommendations.
- 2.** Shall ensure CIRT/PSP Team Members comply with policy and SOP set forth in this document.
- 3.** Shall monitor CIRT/PSP Team Members to ensure they meet the requirements of their regular duties and remain eligible for team participation.
- 4.** Shall monitor CIRT/PSP Team Member's performance to ensure they meet the standards of training, performance, and behavior.
- 5.** Shall provide assistance to CIRT/PSP Team Members reporting confidentiality exceptions previously described.
- 6.** Shall be ultimately responsible for the administration and logistical needs of the program to include maintaining CIRT/PSP Team Member roster schedule, timely notification of scheduled meetings and trainings, and providing general administrative and oversight functions.
- 7.** Shall submit an annual report to the Command Staff by March 1st of each year consisting of the number of CIRT/PSP Team Members, number of critical incident call-outs, number of peer support contacts, number of wellness meetings provided by the

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

CIRT/PSP, total number of hours expended, and any monetary expenditures to include overtime, training, or equipment.

8. The Director may offer support and perform the duties of a CIRT/PSP Team Member as described below.

B. CIRT/PSP Team Member

1. Shall not interfere in any on-going criminal or internal investigation and avoid direct involvement in the incident. Regardless of the rank, the CIRT/PSP Team Member exercises no command authority when performing team duties.
2. Shall notify the CIRT/PSP Director immediately of issues that may impair or affect their ability to operate as a CIRT/PSP Team Member
3. Shall recognize they are not mental health providers and operate within the limits of their training. They shall encourage Trooper employees to seek professional assistance when appropriate (see referral above.)
4. Shall not take notes or otherwise document any session or meeting with a Trooper employee.
5. Shall immediately notify the Director and affected party's command of emergent or criminal issues described previously in this policy.
6. Duties may include: listening to a peer's feelings after a critical incident; provide information on other support resources that are available, such as professional behavioral health support, alcohol anonymous, credit counseling, etc.; conduct Critical Incident Stress Debriefings; respond to a peer's request for support; and provide CIRT/PSP information to new employees and their family.

114.025 CIRT/PSP Professional Conduct Guidelines

The credibility of the CIRT/PSP Team, and its individual members, is vital to the success of the CIRT/PSP. The personal and professional credibility and conduct of every member reflects directly upon the team. As such, CIRT/PSP membership bears the burden of maintaining the highest level of conduct both in and out of the workplace. CIRT/PSP Team Members will be held accountable for their adherence to the following guidelines:

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- A.** CIRT/PSP Team Members will exercise care in their duties, following the principle of “Do No Harm”, while they are acting in a CIRT/PSP support role.
- B.** CIRT/PSP Team Members will not employ diagnostic or treatment procedures that are beyond their scope of formal or practical training.
- C.** CIRT/PSP Team Members will accept responsibility for promoting what is best for the client and will avoid actions or circumstances that might have a high risk of harm to the client.
- D.** Members will not deny service to any client based on race, color, religion, sex, national origin, age, disability (physical or mental), status as a parent, sexual orientation, cultural background, or agency position.
- E.** Members will only make promises to clients that they themselves can individually carry out and will faithfully honor these commitments.
- F.** Members may not keep records or notes pertaining to any individual they may have assisted while carrying out their official duties as a CIRT/PSP Team Member.
- G.** The substance of individual client contact is confidential and held under the protection and guidelines of DPS Policy and ethical standards.
- H.** CIRT/PSP Team Members should pursue direct questioning to obtain a more accurate assessment for peers who make statements that raise concerns about the potential for suicide. Team Members will not leave the peer alone until the potential for “self-harm” is adequately mitigated. Team Members will report such exchanges as soon as possible to the Program Director.
- I.** Members will maintain strict confidentiality of information discussed during peer interactions. This includes information discussed during Critical Incident Stress Debriefings (CISDs). Members will ensure the highest level of confidentiality possible for CISDs.

114.026 Ethical Issues

- A.** Professional relationships with peers will exist for the benefit of the peer. All actions or decisions will be based on what is best for the peer.
- B.** Members will not have inappropriate physical or sexual relationships with clients.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- C. Members will avoid relationships that conflict with their CIRT/PSP duties and will seek advice from the Program Director on questions of potential conflict.
- D. Members will not promote particular moral, philosophical or religious values in the performance of their CIRT/PSP duties.
- E. Members will not maintain or foster peer dependency and will do all in their power to assist them in regaining or developing independence.
- F. Members who are Troopers must remember they are law enforcement officers first and peers second. Any conflict of role should be resolved in that context. Any questions concerning this issue should be resolved with the Program Director.

114.030 Training

- A. All training shall be provided by recognized professional organizations and individuals working in the CISM/CIRT/PSP field.
- B. Initial training will consist of at least a Critical Incident Stress Management Basic Course. CIRT/PSP Team meetings shall be conducted on a quarterly basis.
- C. CIRT/ PSP Team members will be required to attend the designated mandatory recertification training annually. Failure to attend two (2) annual mandatory recertification trainings consecutively, without prior approval, will result in suspension and/or removal from CIRT/PSP.
- D. CIRT/PSP Team members will be required to successfully complete advanced CISM courses designated by the Program Director.

114.040 Team Selection

- A. All interested employees who choose to volunteer as a CIRT/PSP Team Member must submit their application and questionnaire through their chain-of-command to the CIRT/PSP Director.
- B. All prospective CIRT/PSP Team Members must be willing and able to meet the following criteria:
 - 1. Applicants must have at least five (5) years of employment as an Alaska State Trooper.
 - 2. Be willing to respond as often as needed within the course of normal duties.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

3. Agree to maintain confidentiality within the course of normal duties.
 4. Be empathetic and possess quality interpersonal and communication skills.
 5. Must attend and successfully complete an approved Basic CISM/Peer Support training course. Failure to attend or successfully complete the designated training will result in removal from consideration or participation with CIRT/PSP and those applicants must re-apply in the future.
 6. Must participate in on-going training.
- C.** All prospective CIRT/PSP Team Members will undergo a thorough background process, and be vetted by, the Office of Professional Standards. The background process may consist of interviews of: the candidate, their immediate supervisor, their detachment commander, the references supplied by the candidate, and at least two (2) “cold calls” to non-referenced co-workers of the candidate. The findings of the background process will be reported to the CIRT/PSP Director. Applications are not complete until the background process has been completed and submitted.
- D.** Selections are made by the selection committee consisting of: the CIRT/PSP Director and at least three (3) Team Members. Upon review of the completed application the selection committee will score the applicant based on the standard rating form. The selection committee may choose to ask additional questions, request further follow-up to the background process, accept the candidate, or reject the candidate.
- E.** Employees who have previously applied, and previous CIRT/PSP team members separated from the team in good standing, must submit a new application and questionnaire.
- F.** New CIRT/PSP Team Members will not respond to any Critical Incidents until they have successfully completed the Basic CISM training designated by the Program Director.
- G.** CIRT/PSP Team Members will be required to maintain their CIRT/PSP training certification levels (determined by the Program Director).

114.045 CIRT/PSP Administration

- A.** Any violation of the professional conduct guidelines annotated in 114.025 or 114.026 may result in suspension or removal.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- B.** Other possible criteria for suspension or removal include failure to attend or complete designated training and loss of one's good standing with the program.
- C.** The Office of Professional Standards (OPS) will investigate any complaint regarding the actions of a CIRT/PSP Team Member. If necessary disciplinary action will result in removal from the CIRT/PSP.
- D.** Members removed from CIRT/PSP for disciplinary action may NOT reapply for membership.

114.050 CIRT/PSP Team Activation Procedures for Critical Incidents

- A.** The CIRT/PSP Director shall be responsible for maintaining and updating current CIRT/PSP contact rosters. The roster will include back-up Team Members to assist the primary Team Members should the need arise.
- B.** Notification and activation of CIRT/PSP team shall be mandatory for:
 - 1. Use of deadly force that results in death or serious injury
 - 2. Line of duty death
 - 3. Serious injury to department members in the performance of their duties.
 - 4. Suicide or attempted suicide of an AST Trooper employee or witnessing the suicide or attempted suicide of another person.
 - 5. Serious injury, suicide, or sudden death of an employee's family member
 - 6. Hostage situations
 - 7. Plane crash involving AST Trooper employee
 - 8. Terrorist attacks
 - 9. Rescue operations in which a victim dies
 - 10. Catastrophic natural event
 - 11. Any incident that produces an extraordinary high level of stress, deemed necessary of supervisor.
- C.** If CIRT/PSP does not respond to a traumatic incident, the involved AST Trooper employee may contact the CIRT/PSP on-call Team Member directly.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- D.** If the incident requires the fastest CIRT/PSP deployment possible for a large scale response, such as a Line of Duty Death or AST shooting with multiple law enforcement officers wounded, the normal Primary/Back-up duty schedule will not apply (see section 114.060).
- E.** A minimum of two (2) CIRT/PSP Team Members will respond to any critical incident activation.
- F.** The CIRT/PSP Team can be contacted 24 hours a day, seven days a week.
- G.** The CIRT/PSP Team Member or Director may determine telephone contact as an adequate response, during which the Team Member may provide education and guidance on the potential effects of critical incident stress and coping mechanism, as well as providing additional contact information, if necessary. These would be in situations not necessitating the activation of CIRT/PSP Team Members and may include: employee physical or psychological stress, experience of traumatic incidents not listed above. They may be work related or personal.

114.060 Line of Duty Deaths or Shooting with Multiple Law Enforcement Officers Injured

- A.** A Line of Duty Death (LODD) of an AST Trooper employee necessitates immediate CIRT/PSP Team activation to the affected location.
- B.** Upon notification of the incident, the Program Director, or designee, will notify headquarters command staff of activation response.
- C.** CIRT/PSP Director, or designee, will inform regional command staff of CIRT/PSP deployment and assess immediate needs.
- D.** First CIRT/PSP Team Member to arrive on site will confirm the condition of those injured in the incident and provide an assessment of the situation to the Program Director, or designee, as soon as possible.
- E.** That First CIRT/PSP Team Member should then make every effort possible to contact and provide immediate support to the family.
- F.** If it is a LODD of an AST Trooper employee, the Program Director, or designee, will make emergency travel plans for immediate response of Team Members to the location.
- G.** The Program Director will ensure the CIRT/PSP Team has been activated and responding.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- H.** Program Director, or designee, will remain in place at headquarters to coordinate CIRT/PSP call-outs or support as needed.

114.065 CIRT/PSP Actions at the Critical Incident

- A.** CIRT/PSP Team Members will meet and discuss, to the extent possible with regards to confidentiality, the incident with the appropriate AST Supervision. They will coordinate and determine the best method and location to provide support to those affected.
- B.** CIRT/PSP Team Members will use the most appropriate methods to provide support to those affected by the critical incident, but will not exceed their level of formal or practical training.
- C.** CIRT/PSP Team Members will always adhere to the Confidentiality Requirements regarding the incident.
- D.** CIRT/PSP Team Members will meet at least once per day as a group to interact and observe each other for any potential vicarious trauma incurred by Team Members being affect by the incident.
- E.** CIRT/PSP Team Members will provide situational updates once per day to the Program Director, or designee. Additional updates may be required each day depending on the severity of the incident or intense concern about the incident by command staff.
- F.** Responding CIRT/PSP Team Members will not employ diagnostic or treatment procedures that are beyond their scope of formal or practical training. Peers needing support that exceeds the CIRT/PSP Team Members training shall be referred to professional services.

114.066 CIRT/PSP Actions after the Critical Incident

- A.** CIRT/PSP Team Members will provide the Program Director, or designee, a final situational assessment.
- B.** After completion of each CIRT/PSP response, the Program Director will coordinate follow-up contacts for each CIRT/PSP Team Member participating in the mission to check on their health and well-being. Other CIRT/PSP Team Members who did not respond to the critical incident may help with these follow-ups.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

- C. Professional Behavioral Health support should be considered for CIRT/PSP responses having a high potential for vicarious trauma to CIRT/PSP Team Members, such as LODDs. Those ‘out briefs’ should be conducted prior to CIRT/PSP Team Members returning to their normal duties to mitigate any trauma incurred.
- D. The Program Director will request administrative leave for CIRT/PSP Team Members who respond to a LODD or similar traumatic incident for recuperation.
- E. After completion of each CIRT/PSP response, the Team Members who responded will provide the Program Director with a completed CIRT/PSP Response Form. *The information contained on this form is for CIRT/PSP official use ONLY and will not be disseminated outside of the CIRT/PSP. The sole purpose of this form is to gather statistical data and activity numbers. Identifying information of personnel will NOT be documented on this form. The form is to be completed with five (5) working days of the CIRT/PSP response.*

114.070 Travel Procedures and Process for CIRT/PSP Activation

- A. If a physical CIRT/PSP Team Member response is needed, the Program Director, or designee, may authorize travel for Team Members to the location.
- B. CIRT/PSP Team Members will not “self-deploy” without prior authorization.
- C. Travel Authorization forms will be submitted, if time permits, prior to beginning travel. If there is no time to submit the Travel Authorization forms, the CIRT/PSP Team Member will submit the form within five (5) working days.

114.075 Leave for Recuperation after response to CIRT/PSP Activation

The Program director, or designee, may grant up to 16 hours of excused absence (administrative leave) to CIRT/PSP Team Members involved in CIRT/PSP activation for recuperation.

114.080 Critical Incident Stress Debriefing

- A. Critical Incident Stress Debriefing (CISD) will be conducted as soon as practical after a critical incident. CIRT/PSP Team Members will conduct a debriefings within 24-72 hours after the critical incident. Attendance at CISDs are mandatory for the AST Trooper

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

employee if involved in an incident noted above in 114.050 (B) requiring activation of the CIRT/PSP.

- B.** The CISD immediately follows the critical incident and generally lasts no more than one hour. The known facts of the critical incident will explain the purpose of the CIRT/PSP response and will provide a short educational briefing on CISM. It gives all parties involved in the incident the ‘Big Picture’ of what occurred. It provides involved AST Trooper employees a reminder about exercise, what foods to eat, to drink plenty of water, and to know their thoughts are normal. Other AST Troopers may be present and give support. The CIRT/PSP Team Member who conducts the CISD will determine if a more thorough or additional CISD is necessary.
- C.** No notes or records are made of anything that occurs or is said during the CISD session
- D.** The CISD is not counseling or an operational critique
- E.** Debriefings may occur on an one-on-one basis, as well

114.090 Follow-Up Service

- A.** Follow-up services are intended to reduce the stress levels of employees and to assure them of continued AST support.
- B.** Post-traumatic stress follow-up services will be provided through contracted behavioral health clinicians, as needed.
- C.** Shall be provided in accordance with CIRT/PSP or CISM guidelines and may include mental health or other professionals deemed appropriate or requested by CIRT/PSP Team Members or affected AST Trooper employees.
- D.** Follow-up after activation of CIRT/PSP Team will occur at one (1), three (3), and six (6) months after the incident, per nationally recognized CISM best practices.
- E.** The Program Director will coordinate follow-up visits with those affected as needed after the burial and on the first anniversary date of the employees death after a LODD.
- F.** Workers’ compensation information and assistance will be provided, if needed.
- G.** Health benefit claims and other benefit information will be provided, if needed.

Appendix B (continued)
ALASKA DEPARTMENT OF PUBLIC SAFETY
CRITICAL INCIDENT RESPONSE TEAM AND PEER SUPPORT PROGRAM

H. The CIRT/PSP is not a gate-way for official, professional behavioral or psychological health services. It is not necessary for the AST Trooper employee to contact CIRT/PSP prior to seeking outside services or help.

**Appendix D
Critical Incident Response Team / Peer Support Program
Team Member Application**

1. Applicant Sex: Male _____ Female _____

2. Applicant Age:

≤ 25	26-30	31-35	36-40	41-45	46-50	≥ 51

3. Applicant Ethnicity:

Caucasian	African American	Hispanic	Asian	Pacific Islander	Alaska Native	American Indian	Other - List

4. Years of Law Enforcement Experience:

< 5 Years	5-10 Years	10-15 Years	15-20 Years	>20 Years

5. Years of Service with Alaska State Troopers:

< 5 Years	5-10 Years	10-15 Years	15-20 Years	>20 Years

6. Rank:

Trooper	Investigator	Sergeant	Lieutenant	Captain or Above

7. Current Post Location:

Anchorage Area	Fairbanks Area	Kenai Area	Southeast	Rural Post

8. A) Has applicant been previously involved in a critical incident?

Yes	No

B) If yes what type:

Officer Involved Shooting	Witness or Response to Homicide or Vehicular Death	Witness or Response to Suicide	Witness or Response to Sex Crimes	Witness or Response to Child Crimes	Personal Experience	Other - List

9. Has applicant had prior Critical Incident/Peer Support Mentor Training?

Yes	No

10. Applicant passed Office of Professional Standards background check?

Yes	No

11. Applicant Post Certificate Level:

Basic	Intermediate	Advanced

12. Applicant Education Level:

High School	Some College	Associate Degree	Bachelor Degree	Masters Degree	Advanced – PHD, etc.	List

**Appendix F
Alaska State Trooper
Critical Incident Response Team / Peer Support Program
Post-training Session Survey**

1. Who presented the training (list all involved):

2. Your years of service with Alaska State Troopers:

< 5 Years	5-10 Years	10-15 Years	15-20 Years	>20 Years

3. Your total years of law enforcement experience:

< 5 Years	5-10 Years	10-15 Years	15-20 Years	>20 Years

4. Your rank:

Trooper	Investigator	Sergeant	Lieutenant	Captain / Above

5. Current Post Location:

Anchorage Area	Fairbanks Area	Kenai Area	Southeast	Rural Post

6. Where was training the delivered?

In-Service	Post Visit	Academy	On-line	Other

7. Rate your overall satisfaction with this training session:

0 (lowest)	1	2	3	4	5 (highest)

8. Rate your overall belief that participation in the CIRT/PSP will remain confidential:

0 (lowest)	1	2	3	4	5 (highest)

9. Rate your overall belief that this program will reduce employee absenteeism, disability leave, turnover, or citizen complaints associated with occupational stress and critical incidents:

0 (lowest)	1	2	3	4	5 (highest)

10. Rate your overall perception of departmental morale:

0 (lowest)	1	2	3	4	5 (highest)

11. Rate your perception of Command Staff's support of the Program:

0 (lowest)	1	2	3	4	5 (highest)

12. Rate how likely you are to refer someone to this program if the need arises:

0 (lowest)	1	2	3	4	5 (highest)

13. How likely are you to utilize this program in the future if the need arises:

0 (lowest)	1	2	3	4	5 (highest)

Appendix G
Alaska State Trooper
Critical Incident Response Team / Peer Support Program
Participant Satisfaction Survey

1. Which CIRT/PSP Team Member(s) did you work with?

2. How would you rate the training or expertise of the CIRT/PSP Team Member(s) you worked with?

Poor			OK			Very Good
0	1	2	3	4	5	

3. Do you feel you have made progress on resolving the issues or problems you have been discussing with the CIRT/PSP Team Member(s)?

No Progress			Some Progress			Great Progress
0	1	2	3	4	5	

4. Would you refer a coworker who you thought might benefit from seeing a CIRT/PSP Team Member? Yes _____ No _____

5. How did you become aware of the CIRT/PSP?

Coworker _____	Supervision _____	Brochure _____
Training Session _____	Relative _____	DPS Email _____
Academy Class _____	Friend _____	Other _____

6. Were you referred to the Program by someone else or did you contact a CIRT/PSP Team Member directly?

Self-Referred _____ Referred to program by another _____

7. Do you feel your interaction with the CIRT/PSP Team Member will be held in confidence? Yes _____ No _____

8. Please rate your overall satisfaction with the services received.

Very Unsatisfied			Moderately			Very Satisfied
0	1	2	3	4	5	