Topic: Stress First Aid: A Peer Support Solution for Law Enforcement & Investigations
Date: February 28, 2021

Contact: Christopher Cagle
Email: contactwhalelines@gmail.com

Issue Summary: Peer support has been identified as an effective approach to enhance emotional well-being. By adopting a common language, increasing social connectedness, and providing both emotional and tactical support for day-to-day stressors, peer support is a low-cost, effective service that can promote awareness among Law Enforcement and Investigations (LEI), and reduce stigma merely by providing a platform for discussion. *Stress First Aid* (SFA) is a self-care and peer support model developed for those in high-risk occupations like the military, fire and rescue, and law enforcement.[1]

Background: In 2014, President Barack Obama created the "President's Task Force on 21st Century Policing" to address issues of public trust and safety. The task force recognized that the safety and well-being of our police officers are as important to community policing and public safety as is building community trust and confidence.[2] In November of 2020, amidst the COVID-19 pandemic, civil unrest, racial tensions, and a catastrophic year of hurricanes and fires, United States Forest Service (USFS) LEI Director Perry stated LEI was taking a four-pronged approach at officer well-being and mental health: (1) Employee Assistance Program (EAP) through a single source – Federal Occupational Health, (2) training and resources, (3) Critical Incident Stress Management, and (4) peer support.

Law enforcement professionals face higher safety risks and more job-related stress than those found in many other professions. Because they also face the added requirement to remain in control of a situation while suppressing their emotions, it is no surprise that law enforcement employees are at an increased risk for substance use disorders, mental health conditions, divorce, and stress-related health problems. Studies show low morale in law enforcement organizations to be directly linked to critical incident stress, operational stress from continuous exposure to difficult situations while performing one's duties, and organizational stress, which is often noted in surveys as the most frequent and/or significant stress for law enforcement professionals.[3]

While our core values emphasize serving others, we often don't seek help when our own health is at risk. While we may be able to endure hardships without complaints, we may not be aware of our own early warning signs of distress. While we strive to perform perfectly in high-stakes environments, we can feel ashamed when we can't do it all, make mistakes, or need to slow down to take care of ourselves. Officers and agents may try to conceal stress reactions from supervisors because they fear stigma and want to avoid medical or psychological intervention. However, recognizing the signs of severe and persistent distress in oneself or a fellow officer and taking steps to lessen the severity is critically important. Practicing self-care or helping connect a fellow officer with a trusted source of support may help prevent stress reactions

from progressing into clinical mental health conditions, physical health conditions, or significant life impairment.

Peer support is a "system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful."[4] Although peer support does not rely on specific clinical protocols, it is an evidence-informed approach built upon the following social and behavioral theories: social support, experiential knowledge, helper therapy principle, social learning theory, social comparison theory, and self-determination theory.[5] These components lead to greater empowerment by providing hope, a sense of personal responsibility, and advocacy of self and community.[6] In addition, the good peer support fosters trust, acceptance, understanding, and empathy.[7]

First, peer support provides a social forum for voluntarily expressing emotions, struggles, fears, and life challenges that is often lacking in modern life. Three in five Americans report feeling lonely[8], which can be more dangerous than obesity and as damaging to health as smoking 15 cigarettes a day.[9,10] Loneliness is often associated with chronic physical and mental health conditions, leading to a downward spiral with each exacerbating the other.[11–13] Social isolation increases the likelihood of mortality by about 30%, but strong relationships have a protective effect and increase survival by 50%.[14,15] Social connectedness is critical because not acknowledging or suppressing emotions is correlated with decreased life satisfaction, depression, anxiety, and greater psychological distress.[16] Conversely, habitually accepting emotions and thoughts without judgment is linked to greater resilience, better psychological health, and reductions in depression and anxiety.[17]

Second, peer support provides opportunities for participants to assist others who are going through difficult situations. Many studies have shown that helping others regardless of receiving any support in return has great psychological benefits, which was coined the "helper therapy principle" by Riessman back in 1965.[18] For adults, giving to others through activities such as volunteering or providing financial or emotional support improves well-being and reduces mortality.[19]

Third, there is evidence that listening to others who have experienced similar struggles, even without actively communicating back, can improve psychological well-being. Users who consume information from online support groups but do not actively post report the same level of improvement in areas of empowerment, including feeling better informed, having greater acceptance of their condition, improved self-esteem, and increased optimism and control.[20] Also, the self-reflection that occurs as a response to feedback from peer supporters creates a therapeutic feedback too.[21]

A platform that provides confidential emotional support with synchronous and asynchronous communication has even played a significant role in suicide prevention.[22] The sense of belonging and access to a social network for both emotional support and tactical resources can help address some of the most debilitating and costly chronic mental and physical health conditions today. Moreover, peer support

directly contributes to the protective factors for mental well-being by enhancing control, increasing resilience and community assets, and facilitating participation and promoting inclusion.[23]

Key Points: What is Stress First Aid? Combat and Operational Stress First Aid was initially developed for the United States Navy and Marine Corps by Patricia Watson, Ph.D., in collaboration with William P. Nash, MD, Captain, MC, USN (Retired), Richard J. Westphal, Ph.d., PMHCNS-BC, Captain, NC, USN (Retired), and Brett T. Litz, Ph.D., as an application of the five empirically supported intervention elements for recovery from disasters and other adverse events. These elements were identified via expert consensus after a review of the literature to guide intervention practices at the early to mid-term stages following disaster and mass violence, particularly in situations of ongoing threat (Hobfoll et al., 2007). These elements provide a framework for developing a public health approach to disaster response that has been incorporated into a number of early intervention models (Benedek & Fullerton, 2007). Furthermore, it was designed to enhance individual and system capacity to weather and withstand adversity.

For use outside of military settings, the model is called Stress First Aid (SFA) and has incorporated self-care strategies into the framework. It has been adapted for fire and rescue, public safety, pretrial and probation, rail work, and healthcare settings (Watson et al, 2013, 2017, 2019, 2020; Westphal, Watson, et al., 2015).[24]

The SFA model is based on research supporting the value of five key, evidence-informed elements that help people recover from stress and adversity. Stress First Aid (SFA) is a framework to improve recovery from stress injury, both in oneself and in coworkers. The framework aims to support and validate good friendship, mentorship, and leadership actions.[25] SFA includes core actions that help to identify and address early signs of stress reactions in an ongoing way (not just after "critical incidents"). It uses a Stress Continuum as its foundation to help reduce stigma, create a common language about stress reactions, and help recognize when actions may be indicated, which level of intervention would be most appropriate, and how to use the Stress First Aid framework over time.[24] The goal of SFA is to identify stress reactions along that continuum and to help reduce the likelihood that stress outcomes develop into more severe or long-term problems.[25]

SFA also has a public-facing companion called “Curbside Manner: Stress First Aid for the Streets,” conceived as a way to help improve support and reduce stress in the communities first responders serve. It is also seen as a way to help first responders remember the core actions of SFA. Using SFA more frequently in public contacts than in peer support would nevertheless help memory retention of the framework when needed for peer support. In alignment with the first goal of LE&I’s Strategic Plan – to deliver law enforcement services to the public – the Curbside Manner version of SFA aims to reduce stress and help move the public towards more effective coping. It is designed to be used with every call that might involve someone in distress. It maps onto the five basic elements in the same way that peer support SFA does, but the actions are operationalized for the public, incorporated into first responder

duties in a natural, seamless way and implemented only when they do not interfere with primary duties.[24]

Excelling as a high-performance law enforcement organization requires full engagement of its employees. Whenever leaders offer real solutions for helping their workers better balance the demands of their professional and personal lives, employees' willingness to invest effort and energy increases, their engagement deepens, and morale improves. Peer support and effective, caring leadership have been identified as important components. An effective peer support program aims to increase well-being, morale, performance, and retention, reduce absenteeism, workers' compensation claims, litigation, grievances, turnover, accidents, errors in judgment, interpersonal problems, resistance to change, and loss of intellectual capital. The LEI Organization, in turn, sustains a professional, high-performing workforce.

I envision SFA taught at every level, from local units to regional ALERTs, and nationally to every FS LEI employee, so that through the common language of SFA, we can serve ourselves, serve each other, and serve the public. Furthermore, I believe Stress First Aid for Law Enforcement would help to create an inclusive, professional, high-performing Law Enforcement and Investigations organization that cares about employees from hire to retire.

Recommendation: a tiered approach –

1. First teaching one to two Stress First Aid courses per region, virtually via Adobe Connect or TEAMS (2 hours each). Cost is free. There are seven people currently in LEI who have attended a train-the-trainer course and could teach SFA virtually. A cadre could be developed from these seven, and if need be, bolstered by the trainers available through the USFS SFA coordinator, Kim ————.
2. Teaching several train-the-trainer courses to arrive at a minimum of 2 trainers per region. These courses should include instruction by Dr. Patricia Watson, psychologist from the VA Center for PTSD, who originally worked to adapt the military model to USFS firefighters, Vickie Taylor, director of the Prince William Public Safety Resilience Center, or Richard Westphal, professor of nursing at University of Virginia, co-authors of the Stress First Aid model who have extensive experience training law enforcement in the model. Kim Lightley is the USFS point of contact for these train-the-trainer courses. The estimated cost per session is unknown at this time. The firefighter version of this training is currently taught through the NAFRI Learning Portal, under charter with the USFS.
3. Identify an LEI SFA coordinator. The SFA coordinator will maintain sustainability and quality assurance by coordinating with Kim Lightley for training needs, maintaining trainers in each region, and working with regional trainers to provide SFA refreshers at ALERTS (1-2 hours) and initial training to new employees as needed (2-3 hours). The LEI SFA coordinator could also investigate the possibility of incorporating SFA into basic training at FLETC.

References: (The Internet references cited in this paper were valid as of the date of publication. Given that URLs and websites are in constant flux, the author cannot vouch for their current validity.)

(1) National Center for PTSD, Department of Veteran Affairs (October 2016). *Stress First Aid for Law Enforcement*. Retrieved February 3, 2021, from https://www.ptsd.va.gov/professional/treat/care/toolkits/police/docs/PoliceStressFirstAid.pdf

(2) Various authors, Final Report of the President's Task Force on 21st Century Policing, (March 2015)

(3) David Cruickshank, Chief Executive Officer of the Law Enforcement Research Group in New Britain, Connecticut, *The Police Chief,* 79, September 2012: 26-30.

(4) Mead S, Hilton D, Curtis L. Peer support: a theoretical perspective. Psychiatr Rehabil J. 2001;25(2):134-141. doi:10.1037/h00950323.

(5) Barak A, Grohol JM. Current and Future Trends in Internet-Supported Mental Health Interventions. J Technol Hum Serv. 2011;29(3):155-196. doi:10.1080/15228835.2011.6169394.

(6) Mead S, MSW, Macneil C. Peer Support: What Makes It Unique? Int J Psychosoc Rehab. 2004;10.6.

(7) Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry. 2012;11(2):123-128.7. oi:10.2337/diaspect.25.3.1808.

(8) Loneliness and the Workplace: 2020 US Report. Cigna; 2020. https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combatting-loneliness/cigna-2020-loneliness-report.pdf. Accessed February 3, 2020.9.

(9) The "Loneliness Epidemic." Health Resources and Services Administration. https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic. Published January 10, 2019. Accessed January 27, 2020.10.

(10) Holt-Lunstad J. The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. Public Policy Aging Rep. 2017;27(4):127-130. doi:10.1093/ppar/prx030

(11) Petitte T, Mallow J, Barnes E, Petrone A, Barr T, Theeke L. A Systematic Review of Loneliness and Common Chronic Physical Conditions in Adults. Open Psychol J. 2015;8(Suppl 2):113-132. doi:10.2174/1874350101508010113 12.

(12) Mushtaq R, Shoib S, Shah T, Mushtaq S. Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. J Clin Diagn Res JCDR. 2014;8(9):WE01-WE04. doi:10.7860/JCDR/2014/10077.482813.

(13) Kool MB, Geenen R. Loneliness in patients with rheumatic diseases: the significance of invalidation and lack of social support. J Psychol. 2012;146(1-2):229-241. doi:10.1080/00223980.2011.60643414.

(14) Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7):e1000316. doi:10.1371/journal.pmed.100031615.

(15) Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci J Assoc Psychol Sci. 2015;10(2):227-237. doi:10.1177/174569161456835216.

(16) Kashdan T, Barrios V, Forsyth J, Steger M. Experiential avoidance as a

generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies. Behav Res Ther. 2006;44:1301-1320. doi:10.1016/j.brat.2005.10.00317.

(17) Ford B, Lam P, John O, Mauss I. The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence. J Pers Soc Psychol. 2017;115. doi:10.1037/pspp000015718.

(18) Riessman, F. The 'helper-therapy' principle. Soc Work. 1965;10(2):27-32.19.

(19) Brown SL, Nesse RM, Vinokur AD, Smith DM. Providing social support may be more beneficial than receiving it: results from a prospective study of mortality. Psychol Sci. 2003;14(4):320-327. doi:10.1111/1467-9280.14461

(20) van Uden-Kraan CF, Drossaert CHC, Taal E, Seydel ER, van de Laar MAFJ. Self-reported differences in empowerment between lurkers and posters in online patient support groups. J Med Internet Res. 2008;10(2):e18. doi:10.2196/jmir.992

(21) Calvo R, Milne D, Hussain S, Christensen H. Natural language processing in mental health applications using non-clinical texts. Nat Lang Eng. January 2017:1-37. doi:10.1017/S1351324916000383

(22) Barak A. Emotional support and suicide prevention through the Internet: A field project report. Comput Hum Behav. 2007;23:971-984. doi:10.1016/j.chb.2005.08.001

(23) Seebohm P, Chaudhary S, Boyce M, Elkan R, Avis M, Munn-Giddings C. The contribution of self-help/mutual aid groups to mental well-being. Health Soc Care Community. 2013;21(4):391-401. doi:10.1111/hsc. 1202

(24) Watson, Patricia, Ph.D. Psychological First Aid, Stress First Aid, Mental Health First Aid, and Skills for Psychological Recovery, National Center for PTSD

(25) National Center for PTSD, Department of Veterans Affairs, Stress First Aid: Self-Care and Peer Support Model, retrieved February 3, 2021, from https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp