

# **Challenges to Providing Disaster Mental Health Services to Police Officers: Clinicians' Perspectives**

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**Purpose:** The terrorist attacks of September 11, 2001 have resulted in governmental attention and support for disaster mental health preparedness (Institute of Medicine, 2003; National Institute of Mental Health, 2002). Committee reports have stressed the need for expanding research, training, and economic resources devoted to meeting the mental health needs of the public following terrorist attacks and other catastrophic events (National Institute of Mental Health, 2002). While it is difficult to anticipate what the future demands will be for disaster mental health, it is critical to understand the current levels of knowledge, applicable skills, and training among mental health practitioners. This information is important to developing a professional preparedness strategy for social work practitioners called upon to provide disaster mental health after catastrophic events. Yet, the literature on evidence based practice, and in particular, on the effectiveness of disaster mental health interventions (i.e. crisis intervention, debriefing, etc.) is limited (Norris, 2006). Additionally, the effectiveness of professional training in the area of disaster mental health is in need of further study (Reyes & Elhai, 2004).

The clinician panel is a key component of the external, non-departmental peer assistance program for New York City Police Department officers. It is comprised of mental health professionals, primarily master level social workers trained by the organization to specifically address the mental health needs of police officers. Volunteer peer support officers (trained to provide peer assistance) along with the clinicians perform ongoing outreach and provide support in response to catastrophic events and other workplace traumas (e.g., police involved shootings). This study looked at clinician and police perspectives on help-seeking and peer support and what police need to manage day-to-day and traumatic stress. Additionally, clinician perspectives on knowledge, skills, and supervision and training needs relevant to providing disaster mental health services were explored.

**Methods:** Qualitative or naturalistic methods of research are designed to facilitate the exploration of complex processes. Qualitative methods offer an opportunity to build knowledge about little known phenomena or new systems, and permit exploration of practice and knowledge thereby promoting a deeper understanding of connection and disconnection between the two (Marshall & Rossman, 1999). A phenomenological study using in-depth, semi-structured interviews with 10 members of the clinician panel and three administrative program staff were conducted. A purposive sampling strategy permitted access across professional

disciplines (including social work, psychology, and psychiatry), gender, and geography. A thematic analysis of transcripts was conducted using ATLAS ti.

Results: Preliminary analysis indicates that the clinician's who provided immediate crisis intervention and ongoing mental health services to over 150 police officers between September 2001 and August 2006, observed a reduction in overall stress and improved interpersonal relationships among police officer clients. While police are known to be resistant to professional mental health services, participants in this study reported that the police officer clients, once engaged in treatment, are highly motivated as evidenced by prolonged engagement in therapy and requests for referrals for their spouses, friends, and other family members (Woody, 2005). Additionally, participants described the challenges of providing treatment at ground zero, and the impact that this exposure had on their own day-to-day functioning. Issues relevant to more advanced clinical training and supervision in the area of immediate and long term disaster mental health treatment are discussed. Finally, all participants identified a need for new theory, training, and practice paradigms that move beyond the narrow concept of trauma, with a specific focus on disaster mental health.

Implications for Practice: This study provides new information for social work professionals interested in disaster mental health interventions and training. In particular, this study raises important training and supervision issues for practitioners interested in providing disaster mental health services and/or in treating police officers (and other first responders). This study also offers insight into an existing peer support model that combines volunteer peer and paid professional services to reach the unique needs of this population. This work is critical in light of the increased stress related to the continued threat of catastrophic events and the ongoing day-to-day occupational stress of police.

Institute of Medicine (Ed.). (2003). *Preparing for the psychological consequences of terrorism: A public health strategy*. Washington, DC: Board on Neuroscience and Behavioral Health of the National Academies, The National Academies Press.

Marshall, C., & Rossman, G. (1999). *Designing qualitative research*. Thousand Oaks, CA: Sage.

National Institute of Mental Health. (2002). *Mental health and mass violence: Evidence-based early psychological intervention for victims/survivors of mass violence - A workshop to reach consensus on best practices* (No. 02-5138). Washington, DC: U.S. Government Printing Office.

Norris, F.H. (2006). Disaster research methods: Past progress and future directions. *Journal of Traumatic Stress, 19*(2), 173-184.

Reyes, G. & Elhai, J.D. (2004). Psychosocial interventions in the early phases of disaster. *Psychotherapy: Theory, Research, Practice, Training, 41*(4), 399-411.

Woody, R. H. (2005). The police culture: Implications for psychological services. *Professional Psychology: Research and Practice, 36*(5), 525-29.