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2015

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Published version

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Andersen, J.P., Papazoglou, K., Arnetz, B.B., & Collins, P.I. (2015). *International Journal of Emergency Mental Health and Human Resilience*, *17*(3), 624-627. doi:10.4172/1522-4821.1000243

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International Journal of Emergency Mental Health and Human Resilience, Vol. 17, No.3, pp. 624-627, ISSN 1522-4821

Mental Preparedness as a Pathway to Police Resilience and Optimal Functioning in the Line of Duty

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The idea of fostering 'resilience' among police and military personnel is a topic of growing interest (Andersen et al., 2015a; Cornum, Matthews, & Seligman, 2011; Reivich, Seligman, & McBride, 2011). This topic is particularly timely in light of recent media depictions of questionable use-of-force actions by police and the subsequent public retaliations against the police.

"Shooting of unarmed man in Ferguson, Missouri and subsequent riots and shooting of two police officers (CNN (August 30, 2014). 18 yr old mentally ill boy on streetcar, shot 9 times by Toronto police (CBC News, July 2013)." "Police shoot unarmed couple 137 times after car chase in Cleveland (Daily Kos, August 2013). "Homeless, mentally ill man, killed by police while camping in New Mexico (March 2014, Chicago Tribune)."

To date, the word resilience has been interpreted and applied in the context of policing in a number of ways (McCraty & Atkinson; 2012; Arnetz et al., 2009). However, as in the case of any new terminology being translated into action, we posit that it is critical to offer a consensus operational definition that is both theoretically sound and empirically tested (Andersen et al., 2015a; Andersen et al., 2015b). Bonanno (2004) discusses the unique capacity of human beings to flourish in the face of catastrophic events and recover after exposure to extreme stress and trauma. Arising from observational studies of thousands of civilians, Bonnano (2004) has offered a theoretical definition of resilience as "the ability to maintain a stable equilibrium" in the face of "*isolated* and potentially highly disruptive event(s)." (p.20) How might this definition be applied to first responders who experience, not isolated, but potentially hundreds of disruptive events? Well, in regards to military personnel, Lieutenant-General Jonathan Vance, the recently named Chief of Defence Staff of the Canadian Armed Forces, states that resilience is "The personal capacity to face the most extreme circumstances and continue and [face] the grind of daily operations and be able to continue." Further, Vance refers to longevity, the ability to keep fighting and doing your job on any given day and on any tour, but also future tours and over the course of duty (Vance, 2015). We further refine these descriptions of resilience for application to police work. Specifically, we offer a comprehensive operational definition of resilience based on empirical research conducted with police (Andersen et al., 2015a; Andersen et al., 2015b; Arnetz et al., 2013; Arnetz et al., 2009; McCraty & Atkinson, 2012). In regards to policing, resilience is both *psychological* and *physiological* flexibility in the face of adversity (i.e., a conscious awareness of the best course of action and the best time to take action), self-awareness and control over one's physiological stress responses to threat and recovery from exposures beyond one's control (Masten, 2014). Importantly, police resilience includes the recognition of one's limitations - both physical and mental; the reality-based awareness of one's strengths and weaknesses and the knowledge of when to ask for support and assistance and when to soldier on alone.

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We posit that mental preparedness is the pathway by which resilience is developed and maintained among police and first responders. Although some research shows that police officers are generally more resilient than the average civilian (Galatzer-Levy et al., 2011), we know that police officers are exposed to extraordinarily more adversity than the average civilian. Domestic violence, virulent criminality, child abuse, and serious motor vehicle accidents account for some of the routine critical incidents that police officers witness in the line of duty. Furthermore, police officers often experience organizational stress in addition to operational stress while on duty (McCreary & Thompson, 2006). For instance, a police commander who lacks effective communication and leadership skills will be unable to resolve organizational issues effectively, leading to elevated stress-levels among his/her personnel. Simultaneously, the public understandably maintains high expectations, and voices an often-critical appraisal of the optimal functioning of police officers' in the line of duty, which may add to the stress of policing. What we do know is that, when resilience is poor, continuous stress decreases one's ability to regulate emotions and behaviors (Arnetz et al., 2009; Lovallo, 2016). This is particularly relevant to officers, given that policing can require extremely rapid life or death 'use of force' decisions to be made. These are decisions that result in serious and potentially fatal outcomes for their lives or the lives of civilians.

Policing is unique in that officers are required to engage in very different roles; fighting for their own survival on the street (e.g., when confronting life threatening situations) and at other times having to emotionally supporting victims of crimes (e.g., battered children). These dual roles exist given that police are usually the first caregiving professionals to arrive at a crime scene (Manzella & Papazoglou, 2014). Gilmartin (2002) coined the term "biological rollercoaster" to describe the unique psychological and physiological experience of police work. Officers are likely to experience physiological arousal before, during, and even after exposure to stressful and potentially traumatic situations, both in training and real world calls (Andersen et al., 2015a, 2015b). It should also be noted that physiological arousal may occur numerous times during a police officers' shift, as a result of responding to multiple calls during their shift (Anderson et al., 2002). Anderson, et al., (2002) have shown that elevations in physiological arousal begin from the time that an officer dons their uniform at beginning of their shift. Arousal continues to rise upon receiving a direct call to duty (anticipatory stress) and so on (Anderson, Litzenberger, & Plecas, 2002).

Over time, cumulative exposure to trauma and stress and the frequent physiological stress responses experienced by police officers often have a negative impact on an officer's mental and physical health (Violanti et al., 2006). Police work comprises a classic example of an occupation that places workers at high risk of stress-related mental and physical health problems. To date, research has shown that police officers are more likely to experience mental health conditions (e.g., depression, PTSD) compared similar workers who are not exposed to trauma. Further, police are at risk of advanced physical health

problems (e.g., cardiovascular diseases, cancer) over their years of service (Asmundson & Stapleton, 2008; Austin-Ketch et al., 2012; Violanti et al., 2006; Violanti et al., 2005; Violanti, Vena, & Petralia, 1998). Physical and mental health issues among police are associated with absenteeism, low job satisfaction, an increased number of sick days, as well as an increase of early retirement and poor job performance in the line of duty (Conrad & Kellar-Guenther, 2006; Norvell et al., 1998; Wright & Saylor, 1991). Covey, et al., (2013) found that police officers with symptoms of anxiety were more likely to shoot inappropriately in simulated critical incidents.

On one hand, governments in free democracies continue to invest a great deal of money into policing, which of course includes addressing the aforementioned phenomena (e.g., health problems among police). For example, the Federal Government of Canada spent more than $13.5 billion on policing in 2012 and this number has gradually increased by more than $350 million every year since 2011 (Statistics Canada, 2013). Although many police agencies in democratic countries (e.g., Canada, European Union, United States, etc.) are experiencing severe budget cuts, police organizations overall aim to provide their officers with advanced technological equipment and high-quality tactical training, in order to equip them to maintain peace and order. Nonetheless, it seems that, to date, budgets for police services have not included funds for mental preparedness programs and the development of preventative psychological interventions aimed at promoting health, well-being, and job performance among police offices. The lack of investment in mental preparedness prevention programs is not due to lack of interest, rather, a lack of evidence-based programs for which to invest already stretched policing dollars. Scholars have opened a dialogue about the necessity of mental preparedness as a pathway to optimal functioning and resilience among police officers and are developing empirically tested resilience programs (e.g., Andersen et al., 2015b; Arnetz et al., 2013; Arnetz et al., 2009; McCraty & Atkinson, 2012). Based on recent empirical studies, it is clear that evidence-based resilience training has positive implications for optimal police performance under stress (Andersen et al., 2015b; Arnetz et al., 2009). As highlighted by the aforementioned media reports, there is no better time than now to invest in improving resilience, and the resultant health and behavior of police.

The concept of utilizing *mental preparedness* among police officers to foster resilience is akin to training tactical and weaponry skills– arm individuals with the tools and skills that can be applied in any situation encountered. As mentioned above, there are both psychological and physiological aspects of mental preparedness: The psychological components include the conscious awareness of one's state of mind, ability to notice physiological arousal, ability to focus on the task at hand without distraction of unnecessary thoughts, and the clarity of mind to make the correct decisions. The physiological aspect of mental preparedness comprises enhanced control over one's autonomic nervous system stress responses by applying a set of controlled breathing and visualization techniques. Research has shown that mental preparedness skills can be developed via specific training in controlled breathing and visualization, and importantly, integrating these concepts into use of force training (Andersen et al. 2015b). Some researchers have focused specifically on enhancing physiological control. For example, in their study with police officers in California, McCraty and Atkinson (2012) instructed participants to utilize a 'heart focused breathing' technique in order to reduce both chronic and acute stress. Heart focused breathing is comprised of a focus on the chest area while breathing in a controlled manner, (5 second inhale and 5 second exhale). Other researchers have integrated visualization and breath control. Arnetz and his team (2013) conducted a randomized experimental study with police cadets in Sweden. Officers were exposed, via audiotape, to critical incidents that had been rated by experienced senior police officers to be very stressful. Participants were directed to engage in cued relaxation breathing and then listened to two recordings of the same incident. The first recording was a detailed description of a critical incident (e.g., car accident) and the second was the same incident but included messages from senior experts that directed the officer to behave in ways that would best resolve the situation. Officers were instructed to visualize themselves performing during the critical incident in the optimal manner. Arnetz, et al., (2013, 2009) found that engaging in these visual imagery exercises enhanced police performance and reduced physiological stress responses during a later critical incident scenario. Andersen, et al., (2015b) have developed a psychophysiological intervention that builds from the above techniques and extends the applicability of mental preparedness to police by integrating this training into traditional use of force training applied by police organizations. Promising results from this randomized controlled trial include enhanced physiological control, situational awareness, and improved use of force decision making (shoot/no shoot) during critical incident scenarios (Andersen et al., 2015b). The reason the above-mentioned techniques are so effective is that a core component of resilience is the ability to appraise threats in the environment as manageable (Lovallo, 2015). When a threat is encountered, a resilient individual is confident in their skills and abilities to resolve the threat, whether being alone or by reaching out for support. In the case of catastrophic traumas (i.e., Newtown, CT school shooting) where the threat is unavoidable, resilience is the ability to continue to function adaptively in the aftermath of the incident (Bonnano, 2004).

Mindfulness-based training has also been used to enhance police resilience. Mindfulness includes psychological and physiological aspects of resilience that have been reviewed above. Research has demonstrated support for the application of mindfulness in the reduction of stress and mental health symptoms among police. For example, Chopko and Schwartz (2013) explored the relationship between mindfulness skills and post-traumatic stress disorder (PTSD) symptoms among active duty police officers. The authors report that the practice of mindfulness skills reduced PTSD-related symptoms such as intrusive memories, avoidance, and hyperarousal. Analogously, Christopher, et al., (2015) applied mindfulness-based resilience training among active duty police officers in a town in the United States and found that mindfulness-based training improved – among others - resilience (i.e., better emotional regulation, less fatigue) and health outcomes (i.e., less stress, better quality of sleep) among their study participants. The theory for the application of mindfulness-based training to police includes the premise that reducing chronic and acute stress will improve an officer's ability to remain in the present moment, focused on the tasks at hand, which in turn should enhance performance and long term mental and physical health (Christopher et al., 2015; Manzella & Papazoglou, 2014).

Research suggests that with practice, mental preparedness techniques can become automatic responses, replacing maladaptive, extreme stress responses in the face of severe and chronic stress. The good news is that resilience is not an individual-oriented trait that only some people possess; rather it is "a multiplicity of characteristics associated with better adaptation" (Masten, 2014, pp.167). Furthermore, mental preparedness has a catalytic role in enabling officers to achieve: a) effective decision-making, b) situational awareness, and c) optimal energy management. Andersen, et al., have shown that officers expend significant energy related to the psychological stress aspects of critical incidents even when physical exercise is adjusted for (i.e., upwards of 5000 calories per shift; Andersen et al., 2015b). Considering that officers deplete energy stores during critical incidents and yet are required to manage multiple calls per shift, mental preparedness techniques have been developed that target energy management and burnout (Andersen et al., 2015b).

The public tasks the police and military to face the most stressful and horrific events; situations that the average civilian would run from.

Thus, it is only ethical to arm these officers with mental preparedness tools, for their own health and wellbeing, in addition to the best tactical skills and weaponry. An example of resilience building tailored to military personnel is evidenced by the operational strategy of the Canadian Armed Forces "*The Road to Mental Readiness (R2MR)* training." This training encompasses resilience and mental health training that is embedded throughout Canadian Armed Forces (CAF) members' career, including the deployment cycle. R2MR training is delivered in phases, tailored to meet the relevant demands and responsibilities that CAF personnel encounter at each stage of their career and while on deployment (Canadian Armed Forces, 2013). R2MR training entails – among other components - a set of four resilience promotion techniques: a) goal setting, which emphasizes the necessity for direction towards a specific goal, action taking, and evaluation of progress, b) visualization defined as the mental rehearsal of the best tactical practices before response to a critical incident, c) positive self-talk using certain powerful keywords such as confident, courageousness, and persistence, d) tactical breathing which is similar to the aforementioned controlled breathing technique applied by McCraty and Atkinson (2012) in police officers. While randomized controlled trials of the application of R2MR to police are not available, self-reported surveys of military personnel reveal promising results that this program may help in reducing mental distress and improve quality of life (Arrabito & Leung, 2014; Vance, 2015).

We endorse what Violanti (2014) states; fostering police resilience begins with the commitment from each organization to provide institution-based resources for first responders, including the education and practice of resilience skills. Although the application of mental preparedness training among police is relatively new, we argue that enough evidence has amassed, as shown by randomized controlled trials (the gold standard of research study designs) to support the investment by police organizations in mental preparedness training. As research evidence demonstrates, mental preparedness is a pathway to foster police resilience and optimal functioning in the line of duty; and there is no better time than now to apply resilience trained tailored for the unique exposures of police work.

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