

The Impact of Stress on Officers and the OPP Response

Introductory Overview

It has been estimated that illness and accidents related to stress account for three-quarters of all time lost from work. Estimates vary but the annual cost to the U.S. productivity alone is thought to be over US \$300 billion. ⁽¹⁶⁾

Left unmanaged, employee stress can result in poor individual performance and an increased rate of absenteeism, but it can also have other effects on the organization, such as increased employee turnover and a negative impact on employee morale.

A number of occupations are at high risk for stress. Law enforcement constitutes one such profession. Several studies have been done worldwide to define and explain police officer stress and its consequences for officers. Most policing organizations have responded with programs based on counselling and peer support models.

The OPP has implemented a multi-faceted program to address both everyday stress and critical incident stress. The Human Resources Bureau has been designated to lead this response as part of the commitment of *The Promise of the OPP* “to create and sustain a positive working environment in which all employees have equal opportunity to fulfill their potential within the profession”.

Stress in Policing

Organizational Stress

“The stress of belonging to the law enforcement profession affects every officer. It is just a matter of degree”. ⁽¹⁾ Dr. Hans Toch in his book, *Stress in Policing*, provides the results of studies he completed on two police forces in 2001. He concluded that policing is the most psychologically dangerous job in the world with data pointing to “slightly higher than expected mortality rates for illnesses ranging from coronary diseases to cancer”. ⁽¹¹⁾ Beyond problems related to an officer’s health and well-being, Toch lists the following as consequences of police stress: higher divorce rates, marital discord, disruption of family-life, child-rearing problems, alcoholism, suicide, performance anxieties, overachievement, callousness, absenteeism, emotional detachment and post traumatic stress disorder. Toch interviewed officers in the U.S. and the U.K. who listed poor and insensitive supervision, unreasonable workload, shift work, personal safety and the volume of paperwork as their key stressors.

Three separate studies to investigate the impact of stress on individual officers are reported by Simon Knowles in his article, *Investigating the affect of stress on*

July 17, 2006

police officer psychological and physiological well-being.⁽⁹⁾ Stressors include excessive paperwork, work overload, politics, bureaucracy, lack of resources, personnel shortages, long hours as well as risk of physical and psychological abuse.

Sheehan and Van Hasselt in an article, *Identifying Law Enforcement Stress Reactions* list subtle yet devastating factors that can cause stress: inadequate training, lack of recognition for superior job performance, poor supervision, insensitivity to family or personal needs, long hours, shift work, public scrutiny, media focus.⁽⁵⁾ Specialized duties such as undercover assignments, crisis negotiation, and hostage rescue may also increase stress levels.

Critical Incident Stress

A critical event is defined as any situation faced by individuals which causes them to experience unusually strong emotional or physical reactions and has the potential to interfere with their ability to function either at the scene or later. The event has sufficient emotional power to overcome the usual coping abilities of the individual. "It would appear that certain tragic events are so dramatic, shocking and disturbing to our collective psyches that we agree they are critical incidents".⁽¹¹⁾ The list includes, but is not limited to, the death of others (including suicide), life or career threatening injury, wounding or killing a suspect, being in extreme danger, attending a disaster or multi-casualty incident, death or serious injury of children, a failed rescue, an accidental death caused by the officer, or a situation involving hostages.

Signs and symptoms of critical incident stress syndrome refer to the emotional, physical and cognitive reactions that may be experienced and include nausea, chest pains, disorientation, confusion, numbness, fear, anxiety, disturbed sleeping, hyper-vigilance, memory problems, flashbacks and nightmares. The majority of officers exposed to a critical incident will be affected by acute stress reactions. These reactions will only be temporary and will resolve on their own. However, "two to four per cent of personnel will experience ongoing effects that negatively impact on their work, family and personal life".⁽⁶⁾

Post-incident perceptions are often not the same for officers involved in the same incident. Diminished sounds, tunnel vision, slow-motion time, memory loss for parts of the event, perceptual distortions that any individual, including officers, may experience are normal reactions to an abnormal event. "Given these natural sensory deprivations, agencies should expect officers' reports to be incomplete. After all, how can officers involved in an incident that lasted two seconds remember every detail, each sight and sound, even the words spoken."⁽²⁾ Dr. Denis Lapalme, OPP Psychologist states that 'post-incident perception' is not a scientific term but refers to the obvious fact that everyone perceives a situation differently. "Each person focuses on different things, what is most important to

July 17, 2006

them. In policing, one of the purposes of training is to lesson this isolation effect by teaching officers how to reduce their stress when in difficult situations. When stress is reduced, they will have a clearer perception of what is going on around them". (15)

Cumulative Stress

It is difficult to calculate the effects of continued exposures to motor vehicle accidents, murders, suicides, kidnappings, rapes and other violent acts that assault the sensibilities of law enforcement officers. In the past, "assistance was often delayed until officers displayed maladaptive behaviors such as excessive drinking, domestic violence, or even suicide."⁽⁵⁾ Cumulative stress results from a build up of stressors that may be work- related or non work-related. Each of the stressors or incidents, in and of themselves, may not necessarily overwhelm the individual's coping mechanisms. However, the combined effect of many events can overwhelm the individual. In general, cumulative stress reactions do not show up for months or years after, and can be a result of a combination of critical incidents. "This type of stress can cause permanent psychological or physical damage because the stress builds up slowly over time and consequently goes unnoticed until the individual becomes sick or exhibits significant and observable behavioral changes." (5)

A FBI study indicates that cumulative stress contributes to high rates of gastrointestinal disorders, high blood pressure and coronary heart disease; alcohol and prescription drug abuse; and high levels of domestic abuse.⁽⁵⁾ Many transitory symptoms were reported in this study including sleeping difficulties, muted emotional responses, and hyper-vigilantism. Policing organizations can unknowingly absorb the losses from officer stress. "Accumulated stress, post traumatic stress disorder and other related maladies do not show themselves as neatly connected to the work. Breakdowns show themselves months or years after the exposures and manifest themselves as physical illness, substance abuse or various forms of behavioral dysfunction". (12)

The practice of providing critical incident stress management and support services to law enforcement personnel has a rich history, but the origins of such assistance actually can be traced to the military. As discussed by Sheehan in an article for the *FBI Law Enforcement Bulletin* (2003), the military in the two world wars, the Korean and Vietnam Wars discovered that "what affects the mind affects the body, and what affects the body affects the mind".⁽⁴⁾ Principles established for treating physical traumas also applied to treating psychological ones. "These military observations became concretized as the three pillars of crisis intervention: proximity (the ability to provide psychological support wherever needed in the field), immediacy (the ability to provide rapid support), and expectancy (viewing adverse reactions to critical incidents as basically normal reactions of extreme stress and not as pathological reactions)".⁽⁴⁾ The three

July 17, 2006

principles formed the historical foundation for crisis intervention not only for the military, but also law enforcement.

Police organizations have a legal and moral responsibility to offer stress and trauma support to police officers. Every organization has a legal duty of care to provide a safe working environment for employees, as dictated by occupational health and safety policy legislation. This responsibility extends to protecting employees from psychological harm. However the very nature of policing implies that it may be impossible for police officers to avoid exposure to potentially stressful events. Consequently, police organizations have a responsibility to minimize the adverse impact of such events and protect police officers from additional injury. "Regardless of the legal responsibility to do so, there is a moral obligation to minimize the impact of policing on the police officers who serve and protect the community." (3)

The OPP response

Historical Overview

The OPP employee assistance program (EAP) has evolved over the past 26 years to become a multi-faceted approach to providing pre-education, post-incident intervention and ongoing support for employees and their families.

From 1980 to 1990, the OPP staff psychologist administered an *ad hoc* program that included post-incident support only for officers involved in such critical incidents as shootings or use of lethal force. No ongoing counselling was available for employees or their families. The psychologist met with the officers involved in an incident to provide some general information on stress and to determine suitability for returning to full duties. An informal team made up of officers involved in the use of lethal force assisted the psychologist by meeting with fellow officers and following up with them if required.

In 1990, the beginning of a more structured process was implemented. Crisis intervention involved the newly hired psychologist, Dr. David Hoath, attending the scene immediately following a critical incident to provide assistance to the individual officers. Dr. Hoath stated "I traveled the province to provide this assistance, but could not offer any ongoing counselling to officers in need as there was simply no funding. In 1991, the Peer Support Team and the Trauma Support Team were established. With a total of approximately 20 volunteer members, these teams provided one-on-one support for co-workers, but could only refer to community resources for further clinical treatment. Employees had to pay for any resources they accessed." (8)

In 1995, the OPP EAP Review Committee was established with representatives from each region and the Ontario Provincial Police Association to review existing

July 17, 2006

employee support services and to make recommendations for changes in program design and features. The program review included a determination of effectiveness in comparison to EAP industry standards. The services were specifically compared to those provided by other police organizations, with respect to program operation, administration and cost.

As part of the program review, a survey was distributed to employees providing a geographical cross-section sample. It was used to analyze employees' satisfaction with the existing assistance program. The program evaluation was presented to the Committee in June 1997 and included 32 recommendations to foster the development of a comprehensive EAP to provide effective assistance to aid employees in resolving personal or work-related problems. The result was an employer-sponsored service designed to support employees and their dependants in finding help for psychological issues, family problems, substance abuse or health concerns. The driving force was, and continues to be, the improvement of an employee's job performance and health through reducing personal problems that may negatively affect the employee's ability to work.

The model developed meets the needs of the employees and the organization by using components of several employee support programs. By 2001, all recommendations had been implemented. As a result, the OPP has an effective support program available to all employees and their families. The new program is made up of three principal components: external counselling, peer teams and education. This is in accordance with the International Association of Chiefs of Police (IACP) *Officer Involved Shooting Guidelines and Peer Support Guidelines*. (17)

Counselling Service

An external provider of counselling services was chosen to address the need for confidentiality. Assurances of confidentiality and anonymity are essential to a successful program and the resolution of problems experienced by employees. The company chosen provides an accessible bilingual service for employees and their families in locations across the province of Ontario, including remote areas. The service is easy to access and provides high quality short-term off-site counselling services for a wide range of problems, such as family and marital relationships, stress, emotional and personal concerns, substance abuse, bereavement, crisis intervention, childcare and eldercare, legal and financial issues. A toll-free 1-800 assistance line is accessible 24 hours a day, 365 days a year. Employees serving overseas or vacationing in North America have access through the service provider's global network.

The OPP provides this service to all uniform and civilian personnel and their families at no cost to them. The program's use remains above average for policing organizations (Appendix A) and has expanded in recent years to include nutritional counselling, childcare issues, career counselling and smoking cessation.

July 17, 2006

Employees have expressed confidence in the services provided by referring co-workers and, in many cases, reusing the counselling program.

There are both clinical and traditional Aboriginal counsellors available to OPP officers. Officers from OPP-administered and self-directed First Nations police services (e.g. Nishnawbe-Aski and Lac Seul) also utilize this service.

Since 1998, family members have had access to counselling. In her book *I Love A Cop*, Dr. Ellen Kirschman discusses the effects of stress on police families. "Research has shown that spouses are vicariously affected by organizational stress and often resentful of the degree to which policing interferes with their family life. Trauma is contagious and like secondary smoke can contaminate family life. Families are the true 'first responders' and often know well before supervisors or friends that something is wrong. Speaking to family members, especially spouses, you can literally feel his or her pain, rage, hopelessness and fear. They need some support or counsel for themselves. When one member of the family is in pain, all are in pain".⁽¹³⁾ Over the past few years, 20-25% of the calls for assistance come from family members.

Peer Teams

Internal peer teams have been established and include six regional Critical Incident Stress Responder teams (CISR) and the provincial Trauma Support Team (TSO). They are not trained counsellors, but offer a safe and trusting opportunity for employees and their families to discuss emotional issues with someone they trust and who can understand their struggles, particularly as they are shaped by the policing profession. Appropriate training is provided annually to the teams, including certification in Critical Incident Stress Management, suicide intervention, ethics, death notification, addictions and grief counselling. Peers include Aboriginal members of the OPP.

This component of the program is designed to provide immediate assistance and follow-up support to employees, by their peers, following a critical incident. The IACP guidelines speak to "the need for immediate support (for those involved in critical incidents) to prevent their experiencing long term stress symptoms".⁽¹⁷⁾

A literature review supports this vision:

July 17, 2006

“The law enforcement community is unique in terms of an officer’s potential exposure to especially traumatizing experiences. The degree to which an officer may be affected by these incidents depends on the degree of support or lack of support that the officer receives. Intervention during the hours immediately following a critical incident is crucial. The rationale behind the provision of such services by cohorts is that cops tend to feel more empathy and closeness with fellow cops”. (18)

“In some programs, peer supporters are an extremely important ‘first line of support’ for officers”. (19)

“Police officers often have difficulty trusting and confiding in someone outside the close circle of sworn personnel. This support has tremendous credibility coming from a fellow employee who has been there”. (20)

The team member is another employee who has a clear understanding of the job as well as the organization and can relate to the feelings of the individual who has experienced a critical incident. When a referral comes from a trusted peer, many officers are more likely to take advantage of counselling services than if they had to make an appointment on their own or follow the suggestion of a family member or clinician. The peer provides assistance either in person or by telephone.

One of the conceptual elements of such a program is the desirability of intervening as soon after a critical incident as is practicable. “Peers are trained to provide basic information about the possible effects of critical incident stress and will provide information on other support services available to employees by giving an emotional ‘bridge’ to the professional”. (20) The peer will remain available to the employee, when requested, to provide ongoing assistance following the critical incident.

Reactions to a critical incident may take days or weeks to surface and employees have someone to turn to for support. Research indicates the importance of using peers to fulfill this role. “The peer counselling movement is congruent with the traditional police culture, which holds that only an officer can understand another officer and that ‘you have to have been there to know what it is like’”. (11)

(1) Regional Critical Incident Stress Teams

Each region has a team of four to eight members who volunteer their time on a 24/7 basis. In the OPP program, a critical incident includes off-duty death of an employee, any near-death experience, disaster or multi-casualty accident, or any work-related highly emotional event. When employees are involved in a critical incident as so defined, the Incident Commander, Detachment Commander, Bureau Commander or Shift Supervisor contacts the regional Team Leader for the call out of the CISR Team. When notified, team members proceed to the scene of the incident to provide support and assistance to any employees

July 17, 2006

involved, as guided by program policy, and consult with the Incident Commander to determine if a formal Critical Incident Stress Debriefing (CISD) is required.

(2) Provincial Trauma Support Team

In the OPP EAP, a traumatic incident is defined as any incident in which an employee has been threatened with a weapon, suffers an assault that endangers his or her life or has had to use lethal force in the line of duty. A Trauma Supporter attends the scene of the incident as soon as possible to provide support and assistance to the employee involved. A formal debriefing is held to ensure support and assistance is available to all employees directly involved. Only uniform members may apply to this team and must have themselves experienced a traumatic incident. There are currently ten members on this team.

Both the CISR and TSO teams use a CISD model based on the core principles of education and crisis intervention as developed by Mitchell and Everly. "The objectives are to sensitize participants to reactions following critical incidents, to introduce participants to effective intervention strategies and to develop awareness of stress management techniques. Peers use their experiences and coping skills to normalize reactions, mobilize resources and to restore individuals to regular functions. Assistance is based on a positively oriented cognitive model to assist officers after a critical incident."⁽¹⁰⁾

The OPP Staff Psychologist, Dr. Denis Lapalme leads all formal debriefings for the teams and explains that "participants are asked to focus on the adaptation, not on the event; recognize the problems are temporary, reappraise the event as a challenge, and assimilate one's own experience and that of others to identify ways to cope with the effects of the stressful incident. This is an educational intervention rather than a psychological intervention."⁽¹⁵⁾

Where SIU is involved (e.g. following a police shooting, the details of the events themselves are not discussed. As reflected above, this is an education-based debriefing for the affected officers, not a discussion of what actually happened.

In an article appearing in the Journal of Police and Criminal Psychology, Plaxton-Hennings presents a qualitative analysis of archival data collected by a Sheriff's Department in the Western United States of officers involved in critical incidents over a twenty-year period. "It appears that the traumatic event may not be the event itself, but rather the organization's response to the officer if they are left feeling isolated unsupported, un-empowered, and ultimately, traumatized. The most common positive strategies utilized (to cope after a critical incident) include talking with friends, utilizing peer support and counselling from a mental health professional."⁽³⁾

Education and training strategies

July 17, 2006

Stress management training makes officers more stress resistant. The OPP Academy, with the assistance of the peer teams, is involved in several initiatives in this regard. Understanding, recognizing and coping are three steps in the training initiatives: understanding and recognizing occur before an incident to ensure officers understand the nature of the stress response and learn to recognize the common symptoms; and coping occurs after an incident when the peer teams and the counselling program are available to everyone involved.

Interviews with officers who have been involved in a critical incident have revealed, "They were not prepared for the chain of events that occurred afterwards. Educating officers about what to expect if they are involved in a critical incident is important, especially when the training includes what to expect from co-workers, families, friends and the press. With pre-education, when a critical incident occurs they will have a plan and an understanding that can prepare them for the aftereffects." (1)

Operational Field Briefings are mandatory for all officers and are based on videos or written material sent to all operational worksites. In 2003, the briefing "Critical Incident Stress Responder Program" discussed the counselling services available through the EAP, the role of the OPP support teams and the protocol for their callout. In 2005, a session was presented on the signs, symptoms and coping strategies for critical incident stress. In 2006 the training focuses on a holistic view of officers' emotional health and uses Dr. Kevin Gilmartin's book, *Emotional Survival in Law Enforcement* (7) as a resource.

Annual training also includes Immediate Rapid Deployment (IRD) and flash scenarios to address perceptual and memory distortions that may follow exposure to a critical incident. "The more you train, the more you perceive, and the more details you can see and understand." (15)

Training on critical incident stress and EAP resources is included in the Academy programs for the Incident Commander Course, the Crisis Negotiators Course, the Emergency Response Team Course, the Tactical Rescue Unit Course, and for Supervisors and Coach Officers. The OPP EAP and the Academy strive to ensure every employee of the OPP is aware of the resources available to them.

Conclusion

The OPP will continue to use an integrated and proactive approach to employee health and safety that includes promoting stress management for all employees. At the same time, specific programs will address the needs of specialized units who may be more vulnerable to stress and trauma. One example is the planned approach to support officers and civilians involved in the investigation of child

July 17, 2006

pornography. "These employees will be given self-administered psychological tests to determine their life-balance and follow up interviews with the staff psychologist will take place on a regular basis". (15)

The critical incident stress debriefing structure will continue to be based on an education model but will also include resiliency. "Resiliency is the process of adapting well in the face of adversity, trauma, tragedy, or even significant sources of stress. It means 'bouncing back' from difficult experiences. Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone". (14) Members of the CISR and TSO teams will receive such training in 2006.

As Dr. Ellen Kirschman states in her book, *I Love A Cop*, "There is a continuing need for law enforcement agencies to invest in their employees' well-being. (When) cops are treated patiently, respectfully and compassionately they were able to recover from psychological injuries and return to work. What cannot be calculated with any accuracy are the contributions these officers now make to their departments and their coworkers both by their example and by their willingness to get involved with the teeming emotional life that percolates below the surface of almost any law enforcement agency." (13)

The OPP will continue to meet best practice standards so that the organization is able to fulfill its duty of care to all employees.

July 17, 2006

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July 17, 2006

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Appendix A

Information provided by Family Guidance International, the provider of external counselling for the OPP on March 21, 2006

OPP	2003	2004	2005	Overall Average
Counselling Goals				
%Addiction Related	1.1%	1.4%	2.0%	1.5%
%Couple	14.7%	13.6%	13.5%	13.9%
%Family	10.2%	10.3%	10.4%	10.3%
%Individual	23.3%	23.4%	26.1%	24.3%
%Other	0.6%	1.3%	1.7%	1.2%
% Physical Health	0.2%	0.1%	1.2%	0.5%
% Work-Related	3.1%	3.3%	4.6%	3.7%
% Stress	28.1%	30.1%	27.3%	28.5%
% Depression	18.7%	16.4%	13.1%	16.1%

POLICING SERVICES*	2003	2004	2005	Overall Average
Counselling Goals				
%Addiction Related	1.1%	1.7%	1.9%	1.6%
%Couple	14.9%	14.0%	14.8%	14.6%
%Family	10.2%	10.0%	10.0%	10.1%
%Individual	22.8%	23.2%	26.0%	24.0%
%Other	0.4%	1.3%	1.4%	1.0%
% Physical Health	0.2%	0.5%	1.1%	0.6%
% Work-Related	2.7%	2.9%	4.0%	3.2%
% Stress	28.9%	28.6%	13.5%	23.7%
% Depression	18.8%	17.8%	27.2%	21.3%

Annual Usage Rates	OPP	Policing Services*
2003		10.1%
2004	12.2%	10.2%
2005	15.2%	10.4%

* Based on FGI services provided to six police forces in Canada

APPENDIX B

A bibliography on stress in policing and critical incident stress management provided by Dr. Denis Lapalme, OPP Psychologist:

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July 17, 2006

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