

Counseling Cops: What Clinicians Need to Know – A Book Review

by Ellen Kirschman, Mark Kamena & Joel Fay, New York: Guilford, 2014

Reviewed by Daniel W Clark

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Drs. Kirschman, Kamena, and Fay have done an excellent job capturing the challenges of providing mental health services to law enforcement officers. *"Counseling Cops: What Clinicians Need to Know"*, is the book I wish I had in my reference library 20 years ago when I started working with law enforcement and other first responders.

The authors begin by discussing police culture, and assert that the number one error clinicians make is not understanding the culture of law enforcement. Comparing and contrasting officers and therapists reveals many similarities – both want to help others and hold positions of public trust – yet also demonstrates a basic difference – cops are action oriented and decisive while therapists tend to be nondirective and contemplative. The authors suggest multiple options to productively combine forces to address on-and off-the-job concerns.

Additional police cultural factors include emotional distancing, anger, and maladaptive coping such as substance abuse and sexual acting out. A common officer reaction is the myth of uniqueness, that 'I am the only one that feels this way.' Cops see other cops performing their job with seemingly minimal personal impact, while observing that they themselves are experiencing significant reactions, breeding the myth of uniqueness. Gently challenging this assumption can be very helpful to officers and their families.

A common goal for those who assist police and other emergency responders is symptom reduction, and helping them return to their previous level of functioning after a potentially traumatic incident. The authors stress that "it is not the incident per se that determines whether an officer develops persistent symptoms; rather, it is the degree to which the officer personalizes responsibility for the outcome of the incident (p.55)."

The authors review common incidents which may occur in the line-of-duty, such as line-of-duty death or serious injury, suicide, injury or death of a child, shift work, and mass casualty incidents, and offer practical suggestions and treatment strategies (see especially Chapter 9).

They devote a significant portion of their book to discussing police families, and the challenges facing the police family. Often, the first person we as therapists see is a spouse or significant other, not

the officer himself or herself. One of the myths of law enforcement is that you can keep the job at the job, and not bring it home. That's like working as a barista and thinking you can leave the aroma of coffee at work. Helping both families and officers recognize the potential impact of the job, then devising strategies to address the issues, such as reinforcing the importance of communicating between officers and family members, is often crucial.

The authors close with recommendations on "breaking and entering" the first responder community, and resources for both clinicians and clients.

Throughout this exceptional book, the authors illustrate their experiences with case examples, and suggestions for techniques they have found useful. As an example, since police frequently use codes as references, the authors recommend describing the

DSM as the "vehicle code of mental health" which makes sense to officers. Further, the authors state that police officers are "responsibility absorbers" because blaming themselves is a way to maintain or restore the illusion of control. These "insider tips" are likely to be especially useful to a clinician or chaplain who is new to working with police and other emergency responders.

I highly recommend this valuable resource to mental health professionals, chaplains, and others working with law enforcement individuals and their family members.

ABOUT THE AUTHOR

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