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Post-Traumatic Stress Disorder Early Retirements in Law Enforcement

Alecia Ainslie
alecia140@icloud.com

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Post-Traumatic Stress Disorder Early Retirements in Law Enforcement

by

Alecia Ainslie

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College of Humanities and Social Sciences
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Abstract

The American Psychiatric Association defines post-traumatic stress disorder as a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence, or serious injury (Torres, 2020). Why are law enforcement officers retiring at an alarming rate due to post-traumatic stress disorder? “Law enforcement professionals anticipate and accept the unique dangers and pressures of their chosen profession. However, people under stress find it harder than people not experiencing stress to connect with others and regulate their own emotions” (Department of Justice, 2021, para. 4). With the increase of post-traumatic stress disorder retirements, teaching resiliency and implementing mental health support at an organization is crucial in preventing these kinds of retirements. “The goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties” (International Association of Chiefs of Police, 2016). In order for officers to want to utilize the services of a peer support program-the organization members and the team members need to be aware of the ethical issues that can arise through receiving help from the program.

Table of Contents

Post-Traumatic Stress Disorder Early Retirements in Law Enforcement	5
Chapter 1: Introduction	5
Statement of the Problem.....	5
Background and Issues to be Covered in the Capstone	6
Conclusion	11
Chapter 2: Review of Literature	12
What is post-traumatic stress disorder?	12
Organizational culture.....	13
Mental health support implementations.....	15
Peer support groups.....	17
Peer support group definition and guidelines	18
Ethical considerations for peer support groups.....	21
Concordia University’s stewardship principles	23
Development of an action plan	24
Cognitive-behavioral interventions.....	25
Post-traumatic stress policy	27
Minnesota post-traumatic stress disorder state statute.....	29
Execution of policy implementation.....	30
Conclusion	31

Chapter 3: Implications, Recommendations, and Conclusions 34

 Practical Implications for Law Enforcement Agencies and Administration 34

 Recommendations for Further Research..... 34

 Conclusion 35

References..... 37

Post-Traumatic Stress Disorder Early Retirements in Law Enforcement

Chapter 1: Introduction

Statement of the Problem

What is causing an increase in post-traumatic stress disorder retirements in law enforcement? Within the last few years, the numbers have dramatically increased and it appears there will be no slowing down of these kinds of retirements in the future. Because of this, how can agencies be supportive to their officers who are going through the process of this kind of retirement? “Policing is a stressful occupation with high potential for experiencing critical incidents and other types of work-related stressors that may lead to negative outcomes, including alcohol problems, post-traumatic stress disorder, burnout, and suicidality” (Arter & Menard, 2018, p. 30). With a long list of negative outcomes, how can law enforcement agencies prevent post-traumatic stress disorder retirements, while being supportive of their officers who are struggling with post-traumatic stress disorder? Peer support teams are a vital tool for law enforcement agencies, however there are ethical issues that arise with the establishment of these programs. By developing a department policy and procedures for the peer support team, choosing the team members, and understanding the ethical dilemmas that are related to peer support is crucial for maintaining a well respected and well utilized program, and creating a safe space for officers. “Research finds that the police subculture shuns showing weakness, which may contribute to the failure to seek mental health services when needed. Studies examining the usage of services among law enforcement officers have found barriers to seeking psychological help include officer’s concerns with the stigma surrounding mental illness, lack of confidentiality, therapists competency to work with police, and position negative impact on career advancement” (Arter & Menard, 2018, p. 30).

Background and Issues to be Covered in the Capstone

As I reflect on my own suburban agency with 75 sworn officers and having lost nine officers over a three-year period, this topic is near and dear to my heart. One of those nine officers shared his testimony during a victim impact statement during a court proceeding and revealed the despair he felt from his post-traumatic stress disorder from his career. His post-traumatic stress lead to suicidal thoughts and ultimately caused him to retire early from his job as a police officer. Another of those nine officers is a close friend of mine and was involved in an officer-involved shooting. When I speak with him about his experience of his early retirement due to post-traumatic stress disorder and how he feels he was treated by our agency, I know there is room for improvement. Several officers have expressed-whether it be through personal testimony or through my research-that their administration or agency has caused them to feel isolated and is a main contributor to their suffering during the process, and we as law enforcement need to do better. We will continue to lose outstanding officers if agencies are not getting ahead of the problem and teaching resiliency and providing support to their organization's members. If the unfortunate occurs and an officer needs to retire due to their diagnosis, then as an organization-we need to continue to support them through their struggles.

Post-traumatic stress disorder is not a new concept. Retiring from emergency services due to post-traumatic stress disorder is also not a new concept. However, with the events of 2020 which included civil unrest, the Defund the Police Movement by Black Lives Matter, and Covid 19, law enforcement agencies are seeing a shocking increase in post-traumatic stress disorder and retirements. In one article by Police1, a survey conducted with 1,355 active duty law enforcement officers on the impact of job perceptions revealed the following:

“63% of the sample reported that recent events have impacted their work productivity on a daily or weekly basis. Further, 55% of the sample reported that they consider quitting their job on a daily or weekly basis. The majority of participants reported that they often feel trapped or helpless in their job at least once per week and indicated they are unlikely to recommend a job in law enforcement as a career choice. Notably, 38% of the sample reported that their department does not provide adequate mental health services, with an additional 8% indicating that they would prefer not to respond” (Lilly & Curry, 2020, p. 1).

These statistics alone should cause an uproar.

When it comes to the strengths of this research, mental health in law enforcement has become a more accepted and talked about concept than it has been in the past. Because of this, it has allowed people to be more honest and frank about mental health and the struggles that this profession gives. Surveys that have been conducted could be some of the most honest feedback that researchers could receive because of the anonymity of them. The weakness of this research however is the feedback received from these surveys often has specific influences on the results. For example, how many years has the officer been working in law enforcement? Have they been formally diagnosed with post-traumatic stress disorder? How does their agency respond to officer mental health, resiliency training, peer support? How was this officer feeling at the time of the survey (any recent traumatic event exposure)?

There are different perspectives and controversies when it comes to post-traumatic stress disorder retirements. There were a few that were evident through research and personal experience. All law enforcement officers have post-traumatic stress disorder, so why does it disrupt some more so than others-even if it was the same traumatic call? Some say that this type of retirement is a “cop out;” an easy way to get out of the profession but still get paid. Some ask

how can a doctor prove someone has post-traumatic stress disorder? Lastly, post-traumatic stress disorder is something that can be managed through therapy and therefore, there should be no reason for someone to blame that for the need to retire. Often times, other police officers are the first to judge and doubt another officer who may be retiring due to post-traumatic stress disorder. If an officer cannot find support from their own partners-who understand and experience similar trauma as they do-then how is one supposed to cope? This is one of the reasons there needs to be a change.

Peer support teams within law enforcement agencies are an important program that can assist with supporting officers who are struggling with personal or professional issues. Establishing these teams in agencies may assist in preventing early post-traumatic stress disorder retirements. These teams are able to share skills and strategies to help an officer understand, process and cope with the trauma they experience in their profession. These teams also provide referrals to professional mental health professionals for ongoing and in-depth counseling.

The Minnesota State Statute 181.973 Public Safety Peer Counseling and Debriefing was first established in 1995. This statute has been revised and republished, with the most recent publication in 2020. The International Association of Chiefs of Police (IACP) established peer support guidelines in 2016. The IACP states “these guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and civilian personnel in law enforcement agencies” (International Association of Chiefs of Police, 2016, peer support guidelines section).

Some controversies when it comes to peer support teams is the breaking of confidentiality and role conflicts. This is where having a department policy and procedures, as well as being familiar with your state statute is important-whether a part of the peer support team

or a member of an agency that utilizes the services of one. Depending upon the situation and details obtained during a peer support encounter, there are exceptions to confidentiality. Because confidentiality is also one of the main reasons officers are hesitant or refrain from using peer support services, making it a priority to have awareness of the exceptions will allow for transparency and trust.

Role conflict is also an important aspect to consider when it comes to peer support teams. It is critical to have members on a peer support team that have different positions at your department (patrol, supervisors, non-sworn) in order to prevent crossing boundaries. Role conflict is also being aware of the amount of contacts had with someone needing support, and being sure to refer them to a mental health professional for further assistance.

Understanding the ethical issues of peer support teams is important when establishing this program and presenting it to your agency. "Peer support teams develop their own reputations, over time and through experience. If people find peer support useful and trustworthy, then word will spread. It's always important to keep in mind, however, that trust is built slowly but destroyed quickly" (Black, 2022, leadership support section).

As this topic was explored, it was determined that there are many suggestions as to how agencies can teach resiliency to their members. By implementing cognitive-behavioral theories including the thought-behavior link, contracting with professional mental health services and developing a peer support group at their agency-these options can help prevent early retirements.

Through research, it was learned there are not many agencies that have a policy in place for mental health retirements. Through personal experience, administration and agencies have treated officers differently who are going through the process of a post-traumatic stress disorder worker's compensation claim and/or retirement. Having a policy related to post-traumatic stress

disorder is key to allowing an organization's members to have an understanding of what to expect in the event they find themselves in a situation that could result in the need for guidance through the process. Members of an agency also need to be familiar with their own State Statute regarding post-traumatic stress regarding law enforcement agencies. Between the State Statute and an organization's policy, this should provide coverage and support to an officer.

The Minnesota Office of the Revisor of Statutes initially established the Posttraumatic Stress Syndrome Benefit in 2012. It was updated again in 2021, and most recently published in 2022. In October 2021, the Justice Department announced funding to promote law enforcement mental health and wellness. The Law Enforcement Mental Health and Wellness Act Program helps fund and improve the delivery of and access to mental health and wellness services for law enforcement. A press release from the United States Department of Justice states:

“‘Each day, law enforcement officers across the country put their lives on the line for the communities they serve,’ said Deputy Attorney General Monaco. ‘This has been especially true since the start of the COVID-19 pandemic, which has claimed hundreds of officers’ lives and added to the stress of an already difficult job. Mental health is as important as physical health, and the Department of Justice is committed to investing in mental health and wellness programs that help keep our nation’s law enforcement healthy and safe’” (Department of Justice, 2021, para. 2).

The importance of understanding cognitive-behavioral theories, having support from mental health professionals, the development of a peer support team, and a post-traumatic stress policy for an organization can impact it greatly. Understanding how all of these needs relate to post-traumatic stress disorder can either prevent or encourage post-traumatic stress disorder retirements. When these needs are not explored, this is when an agency may find fraud or abuse

of these types of retirements. When agencies have members attempt to take advantage of this retirement, it can cause feelings of animosity, hate, and distrust in the officer; therefore having all the tools available to the members before it gets to the point of a true or false need for support is crucial.

Conclusion

When trying to determine what is causing post-traumatic stress disorder early retirements in law enforcement, there are several options to consider. Police administrators and officers should have a desire to combat this diagnosis and early retirement by setting themselves up for success through resiliency training and mental health support. Although there is room for improvement on this topic, there is conducted research that is helpful for current agencies to learn from.

Chapter 2: Review of Literature

The selected research topic chosen during this program is what is causing an increase in post-traumatic stress disorder retirements in law enforcement, and how can agencies be supportive through the process? This topic has been researched more so recently with the influx of medical retirements, however there is still room for improvement and support. As an administrator of a police department, they should want to understand what post-traumatic stress disorder is, how they can prevent this disorder from causing devastation to their officers and determine what they could do to support an officer who is in the process of being forced to retire early with a post-traumatic stress disorder diagnosis. This paper will discuss the research findings and an action plan for implementing a blueprint for success.

What is post-traumatic stress disorder?

The APA, or American Psychiatric Association defines post-traumatic stress disorder as a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence, or serious injury (Torres, 2020). In another article, titled “Post-Traumatic Stress: A Normal Reaction to an Abnormal Event,” a mental health counselor defines it as just that; “‘normal reactions’ to ‘abnormal’ events” (Foreman, 2014, p. 42). The human body is not meant to endure the traumas that officers are tasked to handle daily in the course of their duties, and as a result-some mental health experts argue that first responders are destined for a life of post-traumatic stress. The symptoms of post-traumatic stress disorder fall into four categories that consist of intrusion, avoidance, alterations in cognition and mood, and alterations in arousal and reactivity (APA, 2020). Examples of intrusion are repeated, involuntary memories or dreams, or flashbacks of the traumatic event.

Avoidance means steering clear of reminders of the traumatic event-including people, places, or situations that may trigger the memories. With alterations in cognition and mood comes the inability to remember important aspects of the traumatic event, as well as negative thoughts and distorted feelings about oneself or others (for example: “I screwed up,” or “I cannot trust anyone”). This also includes blaming oneself, while feeling detached from others and the inability to experience positive emotions like happiness or satisfaction. Lastly, alterations in arousal and reactivity symptoms include angry outburst, being easily startled, being self-destructive, or difficulty sleeping and concentrating.

Although these symptoms listed are expected to be felt in the following days after experiencing a traumatic event, for a person to be diagnosed with post-traumatic stress disorder-these symptoms need to last for more than a month and cause significant problems in the daily life of the individual. Many of these symptoms develop within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years (APA, 2020).

The physical and psychological symptoms studied in populations-at-risk (police officers) by medical and mental health studies do show that they are related to various life events and traumas. Waters (2007) lists poor job performance, increased accidents, sleep disturbances, marital discord, domestic violence, post-traumatic stress disorder, depression, suicide, alcohol and other drug abuse, ulcers and digestive disorders, respiratory ailments, and cardiovascular diseases as symptoms of job-related stress which reflect several of the four categories listed above. Traumatic stress may be part of the job that is undeniable, however it does not mean an officer has to go through unending suffrage.

Organizational culture

After gaining an understanding of what post-traumatic stress disorder is, a chief should do everything in his or her power to ensure that their officers are being well taken care of both mentally and physically when it comes to the profession and exposures to traumatic events. For starters, the mission statement of the department would have some verbiage that referred to the health and wellness of the officers, while also covering the importance of the community. The purpose of an organization's mission statement is to help guide and provide the expectations to the employees of what is required out of those who are working. "A mission is a statement or description of an organization's common purpose; ideally, the mission can provide organizational members and constituents a clear understanding of the agency's purpose, goals and objectives" (Stojkovic et al., 2015, p. 36). Communities have an expectation of officers having a healthy and sound mind, especially with the potential of these officers responding to their residence for an emergency. By having a mental status that is in good shape, these officers are working to the best of their ability and able to better assist the community and its members.

Frontline officers also have expectations that their partners are working to their fullest healthy potential, which should be a goal of any agency. Management has been defined as "the process by which the elements of a group are integrated, coordinated, and/or utilized so as to effectively and efficiently achieve organizational objectives" (Stojkovic et al., 2015, p. 8). Management consists of not only a chief, but frontline officers as well. It is a chief's job to ensure there is no question or doubt of understanding in the mission, goals, and objectives of our department.

Officers must be aware of the concerns that a chief has regarding the prevention of post-traumatic stress disorder diagnoses and early medical retirements, and can do so by practicing transformation leadership. Stojkovic et al. (2015) shares this leadership type as a method of

change or transformation within a criminal justice agency based on three related concepts: mission and vision statement, goal setting, and cultivation of creativity and imagination related to organizational concerns and problems. Allowing officers to participate in strategic planning and goal setting, especially when it comes to the mental status of their partners-shows personal investment and the knowledge to see that their visions can morph and be built upon as agencies take control over the stigma of this disorder.

Mental health support implementations

After defining missions and goals, a chief should implement an annual mandated one-hour meeting with a certified mental health professional who specializes in law enforcement trauma and a peer support program (PSP) at their department.

“Because officers are more likely to experience critical incidents and other work-related stressors to a level potentially requiring treatment, and because police subculture is known to eschew the use of such services, it is especially important to examine barriers to service utilization among this group to better inform policy” (Arter et al., 2018, p. 32).

In “An Examination of the Reasons Police Officers Fail to Seek Treatment for Occupational Stress,” “attitudinal research finds that officers have more negative attitudes toward seeking mental health services than the general population” (Arter et al., 2018, p. 32). The top four reasons in this article on why officers do not seek assistance from a mental health professional was stigma, lack of confidentiality, lack of trust in supervisors and administration, and ineffective or of poor-quality services (Arter, 2018). Understanding the stigma around mental health and obtaining services and support would be key to a chief inducting a peer support program.

Dudley (2018) writes that recent research shows there are two kinds of negative influences that affect law enforcement officers: organizational and environmental. If a chief does their part on the organizational side, then the tools would be provided to the department to help combat the environmental stress of the profession. The peer support program would consist of credible and reliable officers that would be trained by a mental health professional on how to provide support and assistance with referrals to professional mental health care. The officers selected for a peer support program must be “credible and reliable officers who can abide by confidentiality protocols; Officers selected for a peer support program must be approachable and discreet” (Dudley, 2018, p. 3). One psychologist in the article “How to Launch a Successful Peer Support Program” states “the importance of the selection process of PSP candidates and the need for them to be credible to their fellow employees, not struggling with their issues, and able to hold confidentiality” (Dudley, 2018, p. 3) is key.

Dudley (2018) shares that in order to have a successful peer support program, there are five essential pillars for success:

Confidentiality: confidentiality and privacy must be maintained-from peer support program officer to the chief of the organization.

Administrative support: the agency must have a buy-in from the chief and command staff. A policy and general orders, securing funds, training, and obtaining credible personnel should be determined. Securing a credible and competent program director also needs to be established, who should understand the value of the program.

Professional mental health professional (MHP) support and guidance: this mental health professional should be involved in all stages of the peer support program-from development of

policy and guidelines, to the selection of the team members, initial and ongoing training, as well as the channel for further mental health resources and services.

Personnel selection: candidates who apply or are nominated will be selected by the peer support program director and mental health professional. There also needs to be a process in place to remove peer supporters who can no longer conform to the guidelines.

Training and audits: approved training through Police Officer Standards and Training (POST) should be available. The mental health professional needs to be aligned with training to ensure the approved mental health guidelines are being followed. Pitfalls need to be addressed and training on active listening, staying neutral, understanding trauma, and watching for signs of substance abuse and suicide should be provided.

Price (2017) shares in her article how the Federal Bureau of Investigation's Critical Incident Management Program uses a variety of approaches, which include defusions and debriefings, peer support, family outreach, manager support, referral for therapy and post-critical incident seminars. Peer support programs are crucial after critical incidents and traumatic events in coordinating these types of assistance. With the establishment of a peer support program and mental health professional for my agency, it will allow officers access to the help and guidance that is often overlooked after critical incidents.

Peer support groups

“Research finds that the police subculture shuns showing weakness, which may contribute to the failure to seek mental health services when needed. Studies examining the usage of services among law enforcement officers have found barriers to seeking psychological help include officer's concerns with the stigma surrounding mental illness, lack of confidentiality, therapists competency to work with police, and position negative impact on

career advancement” (Arter & Menard, 2018, p. 30). Is there something that can be done by police departments to prevent post-traumatic stress disorder retirements? Most police department agencies offer mental health services to assist those in need, however many police officers choose not to utilize such services due to concerns that can be linked to ethical dilemmas. This section will discuss several ethical issues regarding peer support teams in criminal justice organizations.

The American Psychiatric Association (APA) defines post-traumatic stress disorder as a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence, or serious injury (Torres, 2020). Police officers are exposed to many traumatic events throughout their career. If proper treatment to process these events is not utilized, it could potentially lead to a diagnosis of post-traumatic stress disorder. Law enforcement throughout the world have seen an increase in retirements due to post-traumatic stress disorder. Because of this, administrators and agencies have established peer support groups and regular mental health check ups-some of which are mandatory-to assist police officers in receiving the support they need. However, with these services comes ethical issues.

Peer support group definition and guidelines

What is a peer support group and what is their purpose? Minnesota State Statute provides the definitions as follows:

“Subdivision 1. Definitions.

(a) For purposes of this section, the following terms have the meanings given.

(b) "Emergency service provider" includes a peace officer, correctional officer, probation officer, supervision agent, firefighter, rescue squad member, dispatcher, hospital or emergency medical clinic personnel, a person who provides emergency medical services for a Minnesota licensed ambulance service, forensic science professional, or other person involved with public safety emergency services, either paid or volunteer.

(c) "Peer support counselor" means an individual who is:

(1) specially trained to provide public safety peer counseling services in accordance with standards that are both (i) established by an accredited mental health organization or network, and (ii) recognized by the commissioner of public safety; and

(2) designated by the emergency service provider's agency to provide such services.

(d) "Public safety peer counseling" means one or more sessions, led by a peer support counselor, designed to help an emergency service provider who experienced an occupation-related trauma, illness, or stress develop skills and strategies to better understand, cope with, and process emotions and memories tied to the trauma, illness, or stress. Public safety peer counseling includes group sessions led by a peer support counselor, one-to-one contact with a peer support counselor, and meetings with a peer support counselor to obtain referrals to appropriate mental health or community support services" (Public safety peer counseling, 2020).

The Peer Support Guidelines's state that "the goal of peer support is to provide all public safety employees in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties" (IACP Police Psychological Services Section, 2016, p. 1). In the Minnesota State Statute, it states how disclosure of information is prohibited to a third party by the counselor or the recipient that was obtained during peer counseling. This is because "Government data on

individuals receiving peer counseling are classified as private data” (Public safety peer counseling, 2020). In regards to disclosure however, there are exceptions to it. What are the exceptions to confidentiality in peer support groups?

The following exceptions to disclosure of peer counseling are:

“Subd. 4.Exceptions.

The prohibition established under subdivision 3 does not apply if any of the following are true:

(1) the peer support counselor reasonably believes the disclosure is necessary to prevent harm to self by the person in receipt of public safety peer counseling or to prevent the person from harming another person, provided the disclosure is only for the purpose of preventing the person from harming self or others and limited to information necessary to prevent such harm;

(2) the person receiving public safety peer counseling discloses information that is required to be reported under the mandated reporting laws, including, but not limited to, the reporting of maltreatment of minors under chapter 260E and the reporting of maltreatment of vulnerable adults under section 626.557, provided the disclosure is only for the purpose of reporting maltreatment and limited to information necessary to make such a report;

(3) the person who received public safety peer counseling provides written consent authorizing disclosure of the information;

(4) the emergency service provider who received public safety peer counseling is deceased and the surviving spouse or administrator of the estate of the deceased emergency service provider gives written consent authorizing disclosure of the information; or

(5) the emergency service provider who received public safety peer counseling voluntarily testifies, in which case the peer support counselor may be compelled to testify on the same subject” (Public safety peer counseling, 2020).

Ethical considerations for peer support groups

One of the ethical considerations to address is the disclosure of information or breaking of confidentiality. Confidentiality pertaining to a peer support group is defined as a “professional or ethical duty for the peer support team member to refrain from disclosing information” (Toone & Wallentine, 2020). In a study conducted of 838 law enforcement officers in the United States, 28% cited confidentiality as the reason they would not seek mental health assistance (Arter & Menard, 2018). It is vital that a peer support team member know their state law regarding peer support communication. It is crucial as well that before engaging in counseling, clarifying with the recipient officer the potential limits of confidentiality and obtain written consent to proceed.

Another ethical consideration to address is role conflict. Peer support team members are “advised to refrain from entering relationships if the relationship could reasonably be expected to impair objectivity, competence, or effectiveness in performing their role or otherwise risks exploitation or harm to the person with whom the relationship exists” (IACP Police Psychological Services Section, 2016, p. 6). It is recommended to not develop peer support relationships between supervisors and officers, due to role conflict affecting future decisions on assignments, transfers or promotions. With role conflict a peer support team member also needs to be cognizant of the amount of contacts between themselves and any one individual-realizing that a referral may be needed.

In order to ensure ethical expectations and behaviors in the peer support team, departments need to create a formal policy and written procedures that outline confidentiality so that it encourages and promotes the use of their services. This policy and procedure needs to be available to all personnel. Members of the group also need to be mindful of their state's laws when it comes to confidentiality. Educating administration and management that information regarding the utilization of the peer support program will result in anonymous statistics. Obtaining a licensed mental health professional to oversee the team can help ensure ethical expectations and behaviors as well. This professional can provide ongoing training for the peer support team members and be a consultant for when role conflict may become an issue.

In order to promote ethical accountability, peer team members and administration must hold each other responsible for any unethical choices that are made in regard to the peer support team. Because there will be a policy in place, along with a statute, if there are violations to either-there should be a procedure in place that establishes criteria for deselection from the program. The criteria should include a breach of confidentiality, failure to attend training, or loss of an officer's good standing with the department.

Ethical theory needs to be explored regarding peer support programs. It is important to know the difference between teleological and deontological ethical systems. The teleological ethical system is defined as an ethical system that considers the consequences or ends of an action in order to determine its goodness (Pollock, 2022). This system is further explained as "even a bad act, if it results in good consequences, can be defined as good under a teleological system" (Pollock, 2022, p. 29). The deontological ethical system is the study of duty or moral obligation emphasizing the intent of the actor as the element of morality, without regard to the consequences of acts (Pollock, 2022, p. 26). With this system, if the act or intent of the act is

coming from good will, then it is still considered good even if it results in adverse consequences. The difference between the two systems appears to be intent. Peer support teams and members are held to a high standard of confidentiality. As stated prior, there are exceptions to confidentiality. When a peer support team member grows concerned for an officer experiencing suicidal or homicidal thoughts and provides this information to administration or a professional mental health professional-although an ethical issue, this falls under the execution of the state statute. What happens when an officer expresses infidelity within their marriage to a peer support team member, and then the member shares the details with the spouse of the officer utilizing the peer support team's services. This is an example of sacrificing a specific person (the officer), but contributing to the general good (sharing the infidelity claims to the spouse-in hopes of getting the couple counseling, health testing, civil support). This act is coming from a morality standpoint and a desire to support the family, even if the results are divorce, loss of trust, or removal from the peer support team.

Concordia University's stewardship principles

Concordia University has three stewardship principles that can be applied to this Capstone topic. The first one is "Responsible Stewardship of Resources: Be accountable and effective in the use of resources" (Concordia University, 2022). It is important to utilize the resources provided to the peer support group members through training and mental health professionals. In doing so, the officers requesting assistance will receive proper counseling and care. The second principle is "Responsible Stewardship of People: Nurture talent and treat people with respect and uphold their dignity" (Concordia University, 2022). The officers coming to the peer support group are struggling with private personal and/or professional issues. Being respectful of them, their concerns and keeping their struggles confidential will generate

use of the team. As the result of the group being utilized, it could keep officers mentally healthy and prevent early retirements. The last principle is “Responsible Stewardship of Decisions: Be mindful of the intended and unintended consequences of decisions on various constituents (especially the vulnerable) and on the environment” (Concordia University, 2022). Those seeking help from the peer support team are vulnerable. A peer support team member needs to be knowledgeable of their organization’s policy and state statute regarding peer support teams in order to prevent unethical issues that were outlined in this Capstone.

Development of an action plan

Throughout the journey in the Criminal Justice Leadership masters program and during class two of Research Methods in Criminal Justice-the author’s learning cohort was asked to begin research on a topic that would ultimately be our capstone research thesis. As an officer at an agency who has lost nine officers in the last three years due to post-traumatic stress disorder early medical retirements, as well as observing similar trends at our law enforcement agencies, there is clearly a need for more research and understanding to be had on the topic. With that said, the capstone topic has become what is causing an increase in post-traumatic stress disorder retirements in law enforcement and how can agencies be supportive through the process?

Developing an action plan for cognitive-behavioral interventions at an agency to prevent the increase in these kinds of retirements is crucial, which should be supported by a policy that could correct the issue. By exploring cognitive-behavioral intervention, identifying the stakeholders, identifying the solutions to the criticism of a policy, and understanding the current court and legislation decisions for post-traumatic stress disorder retirements can assist an agency during the process. As a leader of an organization, determining how to execute this policy change with an action plan, as well as administrative considerations that would need to be addressed and

determining how to ensure expectation and accountability behaviors in my peers, the community and the criminal justice system is important to consider.

Cognitive-behavioral interventions

“Policing is a stressful occupation with high potential for experiencing critical incidents and other types of work-related stressors that may lead to negative outcomes, including alcohol problems, post-traumatic stress disorder, burnout, and suicidality” (Arter & Menard, 2018, p. 30). Cognitive behavioral interventions are vital to assist in preventing post-traumatic stress disorder retirements in law enforcement. “Cognitive behavioral theories and interventions have been researched and applied in various human services for the last 60 years. The research clearly shows that these interventions positively impact people, helping to create change in both thinking and behavior” (Arvidson, 2022, Slide 3). If these interventions can be taught to all officers before they begin to struggle with physical, mental, and psychological issues from the occupation, then a decrease or complete disappearance of post-traumatic stress disorder retirements could occur. One option to teach officers is by the thought-behavior link. The thought-behavior link is critical in changing behavior; therefore, in order to change behavior, the thinking that occurs before the behavior must be changed. In order to implement this intervention, we need to teach cognitive restructuring and cognitive skills.

Cognitive restructuring teaches individuals the process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes and beliefs. Law enforcement has been long recognized as a high stress profession and linked to certain health problems-such as cardiovascular disease and depression (Gershon et al., 2009). “Police stress has also been associated with maladaptive and antisocial behavior, such as problem drinking and hyper-aggressiveness and violence, both on and off the job” (Gershon et al., 2009, p. 276). With

cognitive restructuring, officers can be taught how to pay attention to the thoughts and feelings that go on inside of them to recognize the risks and use new thinking to avoid trouble.

Cognitive skills are broken down into two skills-social skills and problem-solving skills. Social skills are how an individual interacts with others (for example with this topic: significant others, children, public, administration, partners, etc.). Problem-solving skills include identifying problem situations (for example with this topic: post-traumatic stress disorder, depression, alcohol use, drug use, abusive behavior, etc.), which include goal setting and brainstorming solutions. During one study involving perceived work stress in police officers and how it affects their work stress and health, cognitive problem-solving strategies were used. The examples used were “draw on your past experiences from a similar situation you have been in before; make a plan of action and follow it; talk with your spouse, relative, or friend about the problem” (Gershon et al., 2009, p. 279).

By teaching officers about the thought-behavior link before it gets to the point of experiencing post-traumatic stress disorder symptoms will allow them to be mentally healthy and enjoy a long, prosperous, safe career. As learned earlier, in order to change behavior, the thinking behind the behavior must be changed first. Teaching officers that their post-traumatic stress disorder symptoms and thoughts that can include “avoidance-avoiding thoughts or places associations with the trauma, feeling detached from others, loss of interest in significant activities; reexperiencing-distressing images of the event, nightmares, a sense of reliving the event and hyperarousal-exaggerated startle response, hypervigilance, trouble falling or staying asleep” (Chopko et al., 2021, p. 2726) can be changed in order to change the way they think. If a person is able to change the way he or she thinks, then these destructive and intrusive behaviors can be changed to more positive behaviors.

Post-traumatic stress policy

Reflecting on the amount of officers Burnsville Police Department has lost over the last three years due to post-traumatic stress disorder medical retirements, through research there were many other agencies that could relate. In an article from the Minnesota House of Representatives, “Hundreds of officers have left the Minneapolis Police Department since the murder of George Floyd in May 2020. Rep. Jamie Long (DFL-Mpls) said, almost 80% of those officers say the reason for leaving is post-traumatic stress disorder” (Walker, 2022, p. 1).

According to the Minnesota Reformer,

“About 300 Minneapolis police officers had left the department since 2020, including about 130 patrol officers — the equivalent of an entire precinct’s staff. In addition, about 40 officers were on some kind of continuous leave, such as sick leave, leaving about 600 officers available to work. The city spent about \$12 million on overtime last year while grappling with the staffing shortage” (Winter, 2022, p. 1).

As an administrator, these numbers should be alarming and should cause concerns over what can be developed in order to prevent these types of retirements from occurring. With that said, police administrators need to be aware of fraud and abuse of this type of retirement.

Police1 by Lexipol discusses how in the absence of comprehensive tests for proving or disproving post-traumatic stress disorder claims, that it has led to questioning by some of what the diagnosis truly means. “Law enforcement administrators often have a different point of view. In the absence of comprehensive tests for proving or disproving PTSD claims, they frequently express concerns with fraud and abuse” (Russo, 2018, para. 5).

A policy change that could be incorporated into an organization to prevent fraud, abuse or a post-traumatic stress disorder retirement, could be that if an officer diagnosed with post-

traumatic stress disorder from the profession of law enforcement, a requirement of 32 weeks of post-traumatic stress disorder treatment would need to be completed before applying for disability benefits. During these 32 weeks, an officer would be allowed to be on a worker's compensation claim, with no responsibility for work-related expectations (trainings, court, mandatory meetings, etc.), and having no access to their work email, work phone or department issued weapon. During these 32 weeks, the officer will focus on their health and well-being in order to heal themselves. Representative Jamie Long states "we want officers to get the help they need, we want them to get treatment, and we want them to return to work, and that's not happening right now. We know that PTSD is a manageable condition for most with the proper treatment. In fact, the evidence shows PTSD can be treated with a high success rate" (Walker, 2022, p. 1). Not only would this time allow for the officers to focus on themselves, it "would forbid employers from firing, harassing, or otherwise discriminating against a paid employee who requests or takes leave for work-related PTSD" (Difilippo, 2021, p. 1).

Stakeholders that could be in favor of this policy implementation would be a police department's administration, the city manager, the city's mayor and members of the agency who continue to work that have their future pensions at potential risk from the current increase of retirements. Stakeholders that could be opposed are any officers that have received a post-traumatic stress disorder diagnosis post policy implementation. This would hold true because these officers may compare their diagnosis to others that have retired prior with similar diagnoses and feel as though they are being targeted or treated unfairly. The argument that these officers may express is that many are reluctant to publicly express their experience with post-traumatic stress disorder for fear of administrative repercussions, social stigma, and peer pressure (Russo, 2018). Representative Long states that "people who work with PTSD patients say

avoidance is a big issue, so people will often isolate and put off getting treatment. But a lot of officers are going straight to disability status, and not getting treatment, which isn't optimal for the officer's mental health or short-staffed departments" (Walker, 2022, p. 1).

With the policy change towards post-traumatic stress disorder diagnoses at an agency, the administration needs to be educated on the topic. One idea would be inviting skilled psychologists to a department to deliver evidence based research on post-traumatic stress disorder treatment to the organization's members. Another idea would be instilling a mandatory check-in with psychologists who specialize in emergency services to discuss different topics related to work and personal lives of the officer. Lastly, an organization could develop a peer support team to provide resources and guidance to their organization's members. The Department of Justice (2021) announced funding as part of the Law Enforcement Mental Health and Wellness Act of 2017, Congress authorized the Community Oriented Policing Services Office to establish peer mentoring mental health and wellness pilot programs within state, tribal, and local law enforcement agencies.

Minnesota post-traumatic stress disorder state statute

According to the Office of the Revisor of Statutes, there is a current Minnesota State Statute that states the following:

(a) A law enforcement agency shall provide benefits to any peace officer, as defined in section 626.84, subdivision 1, paragraph (c), employed by the agency who:

(1) suffers a debilitating psychological reaction to a traumatic event;

(2) is diagnosed by a psychiatrist or a licensed psychologist as suffering from posttraumatic stress syndrome; and

(3) is determined by a psychiatrist or a licensed psychologist to be unable to perform other peace officer job duties offered by the employer through reassignment.

A peace officer who meets all of the conditions of this paragraph is entitled to the benefits described in paragraph (b). A peace officer who meets the conditions in clauses (1) and (2) is entitled to the benefits in paragraph (b), clause (2). The availability of benefits does not depend on whether there is also an accompanying physical injury or physical cause of the condition.

(b) The benefits provided by the law enforcement agency shall include:

(1) payment by the employer for unreimbursed loss of wages during the time period the officer is disabled, but not to exceed one year; and

(2) payment by the employer for unreimbursed expenses for medical treatment, including psychiatric or psychological counseling, to cure and relieve the effects of the posttraumatic stress syndrome during the time period the officer is disabled, but not to exceed one year.

(c) The employer may request a peace officer to undergo an examination by a psychiatrist or licensed psychologist selected by the employer” (Posttraumatic Stress Syndrome Benefit, 2021, 299A.475 section). The statute does support my policy change.

Execution of policy implementation

An action plan for the execution of this policy change within an agency would need to be offered, with an understanding that there will be resistance. “The responsibility for overcoming resistance to change within an agency typically falls on change agents-usually management and leadership within the organization. The extent to which managers have a commitment to change and are capable of overcoming change-resistant staff is an important determinant of successful implementation of planned change” (Stojkovic et al., 2015, p. 433). Administration, an agency’s

peer support team and the psychologists that are contracted with the agency will need to be the backbone of support for the policy, expressing that the administration has everyone's best interest in mind-both short and long term. Allowing for open communication with an organization's members, as well as sharing the "why" the change needs to happen, versus "telling" them what is happening will allow for easier acceptance to the policy change. Leading by example and having open communication allows for officers to feel appreciated and valued.

Enacting this policy would impact several groups of people, other than just the officers themselves. If officers are taking steps to remain or regain a healthy mental health, then they can better serve the community that they swore an oath to serve and protect. The United States Department of Justice shares how,

"Law enforcement officers shoulder the solemn responsibility of protecting the public and experience high-stress and traumatic events throughout their careers. Maintaining – and improving – officer's mental health is critically important, not only for them, but also for their fellow officers, their loved ones, and the communities they serve. The department is firmly committed to supporting the mental health of those who serve our communities so that they can best fulfill their duties to protect the public" (Department of Justice, 2021, para. 3).

Having a large amount of post-traumatic stress disorder related retirements force a high cost on city budgets and as a result, "If we don't address this problem, many smaller communities won't be able to afford public safety services and will have to rely on someone else to provide those services for them. The fiscal impact of the increasing number of claims is unsustainable for employers and, ultimately, taxpayers" (Walker, 2022, p. 1).

Conclusion

While researching the topic of what is causing an increase in post-traumatic stress disorder retirements in law enforcement and how agencies can be supportive through the process, the author has learned that there are plenty of research and studies completed that provide revelations on this topic; but there is room for more. There is room for more because these types of retirements continue to occur. The priorities of leadership of police departments should be understanding the definition of post-traumatic stress disorder, researching how to prevent this disorder from causing devastation to their officers, and determining what can be done to support an officer who is in the process of being forced to retire early with a post-traumatic stress disorder diagnosis. Any chief of an agency should strive to prevent losing any of their officers early; knowing that inevitably there will be these kinds of retirements. Having a course of action in place to lessen the struggle and unknown of what these officers may experience will not only help the officer themselves, but the agency as a whole.

Post-traumatic stress disorder retirements are at an all-time high in law enforcement organizations. Establishing peer support groups within these organizations to help employees work through their personal and professional issues is important in order to keep them healthy-both mentally and physically. This paper discussed several ethical issues regarding peer support teams. “Confidentiality is the bedrock foundation of any peer support program. Think about it: Without confidentiality, why would anyone trust utilizing peer support?” (Black, 2022, p. 1). The goal of peer support must be to help, not to get people in trouble or break trust.

When asking what is causing an increase in post-traumatic stress disorder retirements in law enforcement and how agencies can be supportive through the process, the hope was to figure out a solution to the pain and heartache that these officers are experiencing. There has been a lot of research conducted, but there is plenty of room for more. This paper allows an agency to

consider a policy change of a mandatory 32 weeks of post-traumatic stress disorder treatment under a worker's compensation claim after being clinically diagnosed. This policy change would allow for any organization to assist in keeping their officers healthy mentally while supporting both those that were currently working and those that were gone on a worker's compensation leave. Understanding that there would be resistance to the policy, and having a plan in place to execute the policy while addressing the impacts the policy would have on several beings are major considerations. In the end, the goal is to prevent devastating, crippling post-traumatic stress disorder diagnoses and by instilling this new policy-it could truly be life-changing for everyone.

Chapter 3: Implications, Recommendations, and Conclusions

Practical Implications for Law Enforcement Agencies and Administration

Through research, the author has found several conclusions that can be drawn for law enforcement agencies and their administration to prevent post-traumatic stress disorder early retirements in their officers. In one article, it is learned that “The number of Minnesota police officers and firefighters applying for disability retirement tripled in the past fiscal year, with 79% of applicants saying they can’t do their jobs due to PTSD” (Winter, 2021, p. 1). Another statistic reveals that “According to the Substance Abuse and Mental Health Services Administration (SAMHSA), roughly one in three first responders develop PTSD” (Institutes of Health Multi-Specialty Clinics, 2022, p. 1). Looking at these number should be alarmed and want to solve the issue before it results in an early retirement. There are several barriers that police officers experience in order to receive proper care for post-traumatic stress disorder, which include cost of treatment, lack of availability of effective post-traumatic stress disorder treatments, stigma associated with seeking help, and fear of job repercussions (Institutes of Health Multi-Specialty Clinics, 2022). Teaching skills and offering support to officers through mental health professionals and peer support groups can assist them in coping and remaining resilient. Having open communication within an agency and its members regarding what to expect in the event of a career-ending post-traumatic stress disorder diagnosis will also allow for officers and their families to be prepared. All of these suggestions can assist the administration with supporting their staff after they have experienced repeated trauma that causes physical and psychological alterations.

Recommendations for Further Research

Through the author's research, locating transparent testimonials of officers that have experienced post-traumatic stress disorder early retirement was not as prevalent as expected. With the high statistical number of officers who have retired due to the disorder, one would assume there would be several personal stories available. The argument that there is a legal proponent to testimonials is valid; however, once the legal portion of the retirement is finalized, obtaining testimonials would be beneficial for administration and officers to learn from. There were several anonymous surveys available in research, but like mentioned prior-the weakness from the survey feedback often has specific influences on the results, specifically the concerns over anonymity.

Conclusion

What is causing an increase in post-traumatic stress disorder retirements in law enforcement and how can law enforcement agencies and administration support these officers? Through research, the author defined what post-traumatic stress disorder was, different strategies that agencies can implement in order to prevent these types of retirements, and the importance of agency policy and state statute knowledge. The stigma surrounding post-traumatic stress disorder and the struggles that come with the diagnosis is strong. However, if law enforcement agencies can implement professional mental health support, peer support groups, resiliency training and open communication with their officers about post-traumatic stress disorder-then the high statistical numbers of these kinds of retirements can decrease. Retirement is not the only outcome to a post-traumatic stress disorder diagnosis. It is possible to thrive in the midst of the trauma; and in doing so, we can teach one another to do the same. Maya Angelou once said, "As soon as healing takes place, go out and heal somebody else." Let's keep our officers happy and

healthy, so they can continue to do what they were called to do in protecting and serving their communities.

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