

Protect The Body & The Mind

By Rachel Korenblit

**“It’s all normal,”
we think. “No
need to worry.”
But “normal”
does not mean
healthy.**

An officer arrives for his first day on the job and announces, “I will not be wearing a bulletproof vest! Most cops never get into a gunfight. Plus, I am excellent at dodging bullets.” How would you respond?

Even on the off chance that he is right about never taking a bullet or having a reason to draw his weapon during his career, in this profession, he is a target for bullets. For that reason, he must be prepared and take steps to ensure his safety.

Now consider this: an officer states, “I do not need to talk to someone. I am tough as nails and do not get affected by the stress and trauma. It’s just what we do and part of the job. It is not like every cop develops PTSD.”

In fact, there is a chance he is correct in that he might never have a post traumatic response that leads to Post Traumatic Stress Disorder (PTSD), but the job still exposes him to stress, grueling schedules, moral distress, politics, red tape, drama, trauma, and scrutiny via the court of public opinion.

Because of the dangerous nature of the job, wearing a bulletproof vest is a necessity. In the same way that officers need to wear a vest to stay safe, they also need tools to ensure they maintain their mental health.

Officers constantly put their bodies and minds at risk to help others, but rarely look to others for help coping with their stress. There is a misconception among law enforcement that if this work “gets to you,” you are not meant for it. It feels okay to complain about it or drink over it, but to actually experience feelings (other than variations of anger) about it means you might be “too soft.” For better or for worse, the work done on the force requires that you “toughen up.” It is hard to do your job when you are bogged down by your emotional responses. There is no room to be shaken by everyone’s personal trauma you respond to. So, in order to manage, you tune out these warning signals until you achieve a level of numbness; like turning down the volume of the tornado siren to become the calm in the storm. However, the defenses you employ that keep you



**WE'VE GOT
6 YOUR SIX**

safe in the field often work unapproved overtime and can easily spill over into your personal life. We have normalized so many symptoms of police work: sleeplessness, hyper-vigilance, detachment, isolation, drinking, strained personal relationships, risk-taking behaviors. "It's all normal," we think. "No need to worry." But "normal" does not mean healthy.

Why should you wait for there to be a "problem" or crisis to examine your health? Why wait for burnout, an alcohol-related incident, a positive tox screen, a suspension, a spouse's ultimatum, a public panic attack, or a suicide attempt to reach out? Would you wait for your car to breakdown to consider getting it serviced?

It can be dangerous to deactivate the dashboard warning lights at the risk of missing vital warning signs.

Due to the nature of the field, most of law enforcement operates on a reactive model, but prevention and maintenance are vital in staying mentally fit for the job and yourself. Instead of stuffing things down and moving on, it is important to face what arises head-on in real time.

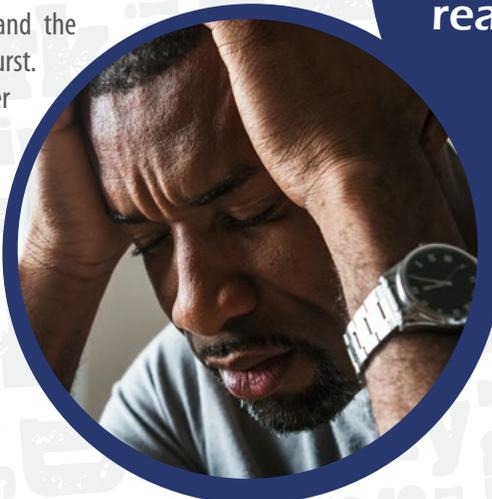
During the winter, exposed pipes can quickly freeze in cold climates. As a result, the water may freeze in the pipes and the expanding ice can eventually cause the pipe to burst. An effective prevention method is to leave the water running at a trickle—the constant movement keeps the water flowing, preventing it from turning to ice.

In law enforcement, you are exposed to high levels of stress and trauma. When you do not express what you are experiencing, the stress builds up inside of you, sometimes to a point when you can no longer contain it. Too often, we only become aware of this buildup when it becomes a "problem." A moment of rage, a panic attack, displacing an emotion on a loved one, feeling disconnected, unable to get out of bed, experiencing physical aches and pains, taking more medication than prescribed, drinking more often to settle—these are all signs the pipe is about to burst. When the job pushes you to be "above" normal, human responses, it is easy to let stress build up. In other words, it is crucial to process stress as you experience it to prevent accumulation.

As an officer, you signed up for a job that you knew in advance would be stressful in order to help others. Should there not be someone there to help you cope with your stress? There are resources that can help alleviate the stress that inherently comes along with the job.

When you install an exposed pipe in a cold climate, you should expect to take steps to mitigate the possible damages. When you embark on a profession that exposes you to danger, you wear a vest and arm yourself. And, when you embark on a profession that exposes you to extreme stress, it's necessary to make a conscious effort to upkeep your mental health.

**Bottom line:
You do not need an
"issue" to go to therapy.
Being a police officer or
emergency responder is
reason enough to have
a safe space to
maintain mental
fitness.**



Common Questions About Therapy

What can I do for my mental health?

- Take care of yourself physically. Your body and your mind have a symbiotic relationship, each fueling the other and sharing messages with each other. When you keep your body healthy, you unburden yourself of the messages sent from your brain to your body, and you quiet the chatter your body is sending to your brain.
- Speak to someone who “gets it,” whether they are in the field or not. Make sure to have people in your life you can share with, vent to, and rely on for support. There are many support groups for first responders that you may find helpful. You can even attend some virtually and wait to turn your camera on when you begin to feel comfortable.
- Establish a relationship with a therapist

How do I find a therapist?

At times, finding the right therapist can be like dating. The first one is not always the right fit. Some prefer to see a therapist with experience or expertise working with first responders because they are familiar with the culture, and not much can shock them. For most, it is important that they feel understood and safe in their sessions. It’s a good idea to ask a potential therapist for a free consultation so that you can get a feel for their style. Where can you find a therapist:

- By asking someone you trust for a recommendation
- Therapist databases (e.g., psychologytoday.com)
- A google search for someone in your geographic area
- Reach out to a first responder wellness advocate - they probably have therapists they’ve worked with or referred people to
- Call your insurance to ask for someone in your network

What kind of techniques should I look for?

There are many schools of thought out there, but at the end of the day, the technique is only as good as the therapist utilizing it. It’s most important to look for the therapist behind the method. You can ask a therapist what their approach is in a consultation and see if it is something you feel comfortable with.

How often do I need to see a therapist?

I’d suggest you start seeing your therapist weekly and continue to meet regularly at an interval decided on with your therapist. If you are no longer meeting regularly, keep therapy on standby and check-in or increase session frequency when something comes up.

What should I talk about in therapy?

There is no “supposed to” in therapy. You can use your session in whatever way works for you. You can process past events, explore your relationships,

process recent events, target habits you’d like to change, learn more about how you tick, improve communication, air your grievances, and more. It is mostly someone you can confide in and a place to let out your thoughts and feelings.

When is a good time to check-in with my therapist?

It might be a good time to set up a session when you notice a change in any of your habits: such as eating, sleeping, or alcohol consumption. If you feel more frustrated or agitated than usual, feel your motivation waning, or if you’re unsure how to approach a specific communication/relationship hurdle. If you feel conflicted with a new directive, worked a scene that throws you off or sticks with you, or simply want to share your thoughts, setting up a session can help.

Do I need a problem to go to therapy?

I see all sorts of normal people in therapy. The healthiest of people are those in therapy. When speaking through what’s on your mind, you become more aware of yourself and those around you.

Will my department penalize me for being in therapy?

This is a common question I receive. Here are some important points:

- Some employers encourage their employees to be in therapy
- If you seek out treatment on your own, your therapist cannot disclose that you are being treated, let alone the details, without your express consent. One of the only exceptions is that, like cops, therapists are mandated reporters. They have a duty to warn if your life is actively in danger, if you are endangering someone else’s life, or if there are clear signs of child or elder abuse (each state regulation differs slightly).
- Being in therapy can be a point in your favor if, in the future, you’re faced with a fit-for-duty evaluation
- Insurance companies legally cannot share your health information with your employer
- There are potential legal protection options. Under the ADA, it is illegal to fire someone merely because they have a disability. FMLA can provide qualified employees with protected leave. If you take time off for treatment, be sure to comply with the FMLA guidelines. It is illegal for an employer to interfere with or retaliate against an employee’s entitled protected leave. Take a closer look at ADA and FMLA if they are of concern, and be sure to speak to your delegate, supervisor, or EAP, and seek legal guidance.

What about the stigma?

Many officers are afraid of the judgment they might face if they go to therapy. One of the only ways to change the stigma is to defy it. We need to smash the stigma from the top down and the bottom up. Try therapy for yourself and normalize it. If you’re in leadership and in therapy, consider being open about it.

Mental Health Resources for Law Enforcement

SAMHSA – Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/dtac/disaster-responders>

NAMI - National Alliance of Mental Illness

<https://www.nami.org/Your-Journey/Frontline-Professionals/Public-Safety-Professionals>

Reps for Responders

<https://repsforresponders.org/>

Live Another Day

<https://liveanotherday.org/resources/first-responders/>

First Responders Wellness Center

<https://www.firstresponderswellnesscenter.com/resources/>

(Arizona) Freedom Care Military and First Responder Program

<https://valleyhospital-phoenix.com/programs/military/>

(Colorado) Badge2Badge Support Group Meetings

<https://www.badge2badge.com/>

Blue Help

<https://bluehelp.org/about-us/V>



About the Author:

Rachel Korenblit, LCSW is a trauma therapist for first responders in New Jersey. She leads a team of clinicians treating NJ first responders in recovery from substance and alcohol use and facilitates Warrior Talk, a national virtual support group for military and first responders. In her spare time, Rachel attends Seton Hall University School of Law with the hopes of enhancing policy to promote and protect first responders seeking mental health treatment. As an advocate for improving and maintaining mental wellness, Rachel herself is in therapy.