



## Editorial

### **Managing effective transitions: Presenting the different shades of police life and the pivotal role of mental health care providers in promoting officers' wellbeing**

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#### **ABSTRACT**

Police work is challenging and entails officers' exposure to multiple critical incidents. Police officers are supposed to adapt to different critical circumstances so that they resolve critical events effectively. That is, officers may have to use lethal force in order to prevent a violent offender from harming innocent people. On the other hand, officers are the ones who support victims of crimes since they often respond first in the crime scene. That being said, officers may often shift roles between that of a "crime-street fighter" to that of a "social service worker" and vice versa. Further, at the end of their shift, officers return to their homes and they are expected to transition from the role of a law enforcement officer to the role of a caring family member. The aim of this paper is to make mental health care providers cognizant of the aforementioned unique nature of police work. That way, mental health care providers are better able to understand challenges of police work and apply techniques that would allow officers to manage effective role transitions. Future research on this topic is also recommended as a way to help mental health care providers apply evidence-based interventions for police officers' health and resilience promotion.

**KEY WORDS:** Police work, stress, police role shifting, mental health care providers, police wellbeing

Mental health care providers play a pivotal role in helping their clients maintain a high quality of life. Health, wellbeing, and a high quality of life are interrelated components within mental health care providers' clients' personal and professional lives. Police officers and their families may seek help from mental health care providers. In order for clinicians<sup>1</sup> to provide high quality of services to police officers they are expected to be cognizant of the challenges that police work entails. In this paper, the author aims to address an aspect of police work that is closely associated with police officers' health and wellbeing; that is, to the rapidly shifting roles between police officers' personal and professional lives. Author posits moreover, that clinicians ought to consider the present topic in their providing of services to police officers and their families.

Police work is multifaceted and, as a result, police officers are expected to adapt to the different situations experienced in the line of duty. That is, police officers are mandated to respond to violent crimes (e.g., hostage situations, domestic violence) and to apply the use of force (sometimes even the lethal use of force) in order to forestall violent criminals and

save the lives of crime victims. Additionally, officers often support the victims of crimes until other caregiving professionals (e.g., paramedics, social workers) respond to the scene to support trauma survivors.

Thus, what makes police work unique is that police officers often oscillate between different roles; specifically from that of a "crime-street fighter" to that of a "social service worker" and vice versa [1]. This shifting between the different roles in police work often occurs rapidly (often within seconds). For instance, after officers apply the use of force to arrest an offender ("crime-street fighter" role), seconds afterwards may be providing support to the trauma survivors who might have been abused by the offender ("social service worker" role). The rapid role shifting in police work requires that officers maintain high psychophysiological adaptability. Indeed, when officers apply the use of force to a violent criminal their psychophysiology (e.g., heart rate, breathing rate, cortisol levels) is expectedly elevated since they are exposed to an extremely stressful and potentially life-threatening situation [2].

After the threatening situation is resolved effectively, officers' psychophysiology is re-adjusted and synchronized

<sup>1</sup> In this paper, author uses the terms "mental health care provider" and "clinician" interchangeably and as both terms have the same meaning.

to the new situation; that is, officers are expected to calm down (or else to get back “in the zone”) [3] and – in some cases – to support the victims of crimes in an empathic and caring way. It may also be expected that, over the years of service, some officers may experience compassion fatigue (type of secondary trauma experienced by frontline professionals) while other officers may experience compassion satisfaction (satisfaction experienced by caregiving professionals for helping victims of crimes) [4]. Likewise, Chopko [5] mentioned that officers are expected to integrate into their professional lives a number of vital values that allow them to effectively maintain the fluidity between the different roles in police work; further, in his paper Chopko [5] referred to the term “compassionate warriors” to conceptualize the epitome of multiple roles that police officers adopt while on duty.

Police officers’ role shifting reaches beyond the confines of their police work per se. At the end of the day (or night), having completed their shifts, police officers return to their homes where they undertake the role (and identity) of the spouse, parent, friend, and so forth. That is, on their way from the police precinct to their homes, officers “discard” the role of the “police officer” (e.g., crime-street fighter, frontline professional) and transition to the role of the parent, spouse, friend, and so on. Conversely, on their way from home to their police precinct, officers transition roles from that of a father, mother, parent, and so forth, to that of a police officer who is mandated to perform duties and maintain peace and order.

The transition between the roles in police officers’ personal and professional lives is complicated in many ways. For instance, officers may find it challenging for them to be warm and caring parents and spouses after having completed a police shift where they had to respond to stressful calls and potentially life-threatening situations. As a result, they may prefer to remain aloof from the rest of the family or they may feel too overwhelmed to deal with family-related issues [6, 7]. Such situations may lead to tension and agitation in police officers’ family context. Moreover, police officers may experience additional stressors in their family environment such as illness in the family, childrens’ school performance issues, and in some cases, caring for elder parents.

Mental health care providers are encouraged to consider the aforementioned phenomena as integral components of police officers’ personal and professional lives. Clinicians are, thus, expected to be cognizant of the shifting roles experienced by police officers, and hence, better able to provide their services to officers in an empathic and caring way. In addition, clinicians may instruct police officers about certain psychological techniques that would help the former to manage the fluid transition between their different roles. Previous researchers, in collaboration with police trainers, have successfully applied practical techniques (e.g., controlled breathing, tactical breathing, mindfulness exercises) to help officers to be mentally prepared for their exposure to critical incidents; as well, such techniques

encourage officers to maintain fluidity in shifting between their roles within police work (crime fighter vs. social service worker role) [1, 3, 8].

It is imperative that researchers further examine the aforementioned topic and that future research examines evidence-based techniques that best support police officers’ transition from police work to their personal lives and vice versa. That way, police officers will manage effective transitions between their life roles; that is, police officers will be undeterred from being committed and compassionate family members as well as effective frontline professionals in the line of duty.

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