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ON THE JOB WITH A  
**POLICE PSYCHOLOGIST**



# ON THE JOB WITH A **POLICE PSYCHOLOGIST**

## **A Conversation with Dr. Karen O'Brien, Police Psychologist**

Last year, we had the chance to sit down with Dr. Karen O'Brien, a psychologist with a mid-sized urban U.S. police department. From her varied work experience as preschool teacher, to collaborating on behavioral health technology research with U.S. Service Members, to providing clinical services for Veterans, Dr. O'Brien brought a unique perspective to her work with officers.

While Dr. O'Brien has now transitioned to being a psychologist to the Veterans' Administration (VA) in Texas, her experiences and observations about behavioral health within the law enforcement community are insightful.

## **Police Culture**

Consider, for instance, the cultural issues that Police Psychologists face on a daily basis. The unique nature of law enforcement has always fostered an environment that pushes officers to accept unique cultural behaviors and beliefs that are different from those held by average citizens. Officers are slow to trust. As related to behavioral health, the Police Psychologist must navigate a careful balance of respecting the warrior mindset and providing quality services.

For Dr. O'Brien, it helps that her agency has made a strong commitment to providing Psychological Services for staff and their families. Reputation matters, as does being an integrated part of the law enforcement team. Dr. O'Brien mentioned she was a member of the Hostage Negotiation Team and was on-call for them. Being peers working toward a common goal goes a long way toward establishing her credibility and trustworthiness to address personal issues.



We've heard similar observations for other Police Psychologists, the importance of being embedded within teams and not just seen by officers when a personal problem arises.

As a Police Psychologist working within this subculture, it's also imperative to stay mindful of how small the police community really is. Dr. O'Brien compared police work to working in rural settings. Everybody knows everybody, or at least quickly hears every rumor about everybody. Boundaries are always important in behavioral health work, but are especially important in these closed communities, even if the department seems very large. A strong reputation for confidentiality and being a team player is paramount.

Issues around confidentiality are central to the challenge of working in law enforcement for a psychologist. For Dr. O'Brien, her office being physically located apart from headquarters is an important start. Dr. O'Brien also sees the importance of separating her different roles, commenting that she would not do a fitness for duty evaluation for someone she sees for individual or family services. She's also been fortunate in leadership respecting the boundaries of confidentiality even with mandated referrals. We've heard from other agencies about psychologists ending their employment due to being expected to disclose protected information.

## Working with Officers

If an officer is seeking help for a mental or emotional concern, chances are they are feeling the effects of stigma and shame. In the words of Dr. O'Brien,

*"The biggest obstacle with stigma is the fear that you're going to be deemed psychologically unfit to do your job. Because of this, people are less likely to admit, even to themselves, that they need help."*

Plus, with the build-up of critical incidents and exposure to trauma over time, officers often have the concern that if you take your finger out of the dam, there's no going back.

Dr. O'Brien has found incorporating acceptance and mindfulness concepts into her work with officers to be highly effective. She teaches self-regulation skills that normalize the feelings that police officers may be feeling and their reactions to those feelings. We strongly agree with the need to educate on the stress response and what is a "normal" reaction, even if a large part of an officer's persona is being tough and seemingly untouched by the traumatic situations they handle daily. Not only is this important in individual work, but also in training and prevention. It teaches officers to know what to expect in terms of their personal reactions and feelings.





An important concept that Dr. O'Brien brought up in our interview that really stuck with us was this:

*"It's a courageous and wise decision to seek help when you need it. Vulnerability is a strength. Acknowledging what makes you human and being honest about how you feel is strength."*

Dr. O'Brien has found that while shame may be a prevalent emotion when seeking help, it cannot survive empathy. By connecting, by sharing, by simply talking, that shame diminishes and allows for connection, which is a hugely important step on the path to healing.

One surprise for Dr. O'Brien in her police practice has been the extensive need for marital and family work. Due to their unique cultural experiences, many officers will isolate themselves from their families and loved ones, with the byproduct often being relationship issues. Knowing that solid social relationships are a cornerstone of resilience, Dr. O'Brien sees many officer spouses and children as part of her regular practice. In our work with first responders around building resilience, the importance of agencies supporting programs and policies that strengthen rather than impede officer resilience is critical. We can think of no better implementation of such a philosophy than providing officer families with quality behavioral health care.

## **Using resilience-based technologies**

Given TIAG's interest in the area of resilience and technology, we wanted to get Dr. O'Brien's perspective on using resilience-based technologies in her law enforcement work. With her experience researching behavioral telehealth services within the DOD and facilitating mobile app usage with veterans, Dr. O'Brien seemed the perfect practitioner to ask.

*"I do see benefits. First, because of the anonymity that it provides. Officers worry about their fitness for duty being called into question while working within a culture where stigma is attached to help-seeking behavior for mental wellness. This makes access to support in other ways that much more important. Also, let's say officers do go to counseling, or get training in resiliency once a year, the true tests of that resiliency are going to come in their day-to-day work. Therefore, having a tool that can be accessed at any time is invaluable. We want them to practice skills IN VIVO, not just during training, and having apps facilitates that."*



While Dr. O'Brien uses and recommends technology products in her work, some officers are reluctant to use such technology due to the possibility that the data could be used against them if they are involved in a critical incident. This is a critical concern that the behavioral health, law enforcement, and legal fields must address. Behavioral health technology products are designed to increase officer wellness and safety, and consideration needs to be taken on how NOT to penalize an officer for using tools and strategies that help them be a better officer.

## How to Support Officer Resilience

As police departments explore ways to support officers' resiliency, they have called upon their behavioral health professionals to evaluate innovative technologies. Dr. O'Brien cautions that criteria must be developed to properly review technology solutions before giving them to officers. Here are a few key areas she mentioned.

**Become well-versed in the first responder resilience literature.** She suggests staying current with the evolving literature by becoming a member of police-focused societies such as the *Society for Police and Criminal Psychology*, review ABPP publications and guidelines for police psychologists, and join IACP Psychological Services Section and APA Division 18.

**Understand and address ethical concerns for utilizing resilience technologies.** Understand the unique concerns around confidentiality and privacy with officers using mobile apps and online resilience resources. It is important to talk to vendors about how they resolved the confidentiality concerns and what solutions they use to manage and mitigate risks. Also, know pol-

icies that may exist around accessing officers' data during a conduct investigation or a pending lawsuit against an officer.

**Determine if the resilience application uses evidenced-based recommendations and skill-building tools.** To reinforce and normalize resilience building throughout an officers' career, the application should have a balance of education and skill-building tools. It is important to ask vendors what evidence-based theories, practices, and approaches they used and how they translated them into tools and resources.

**Ask if police officers were involved in the development process.** Oftentimes, technologies are developed from the heads of only a few people. There is a misconception that they know what is best for police officers. Such beliefs tend to backfire as without officer input, the application may not resonate with officers. Conducting user research on how officers would use the application is vital.

**Look to see if the application is "de-jargonized" to ensure content is relatable.** There are many resilience applications that put a heavy emphasis on clinical jargon. Such vocabulary creates obstacles for an officer to relate to the application in their own language. The application needs to fit police culture and contexts.

**Be cognizant of embedded assessment tools.** Assessment tools can be helpful, but pose ethical concerns, too. Assess the appropriateness of the assessments included in the application. Are they validated assessments? Are they primarily for clinical use? What happens if an of-



officer scores “low” on an assessment? Consider how the application guides users to appropriate resources and information and if that “low” score could somehow be used against the officer if he or she is involved in a critical incident.

**Ensure support resources are relevant and easily accessible.** Every department will likely have support resources available, so ensure these local resources can be incorporated into the application. The resources should have direct links to access the resources outside the application – such as a website or a phone number. In addition, the application should cover different levels of support, from support lines with peer support to crisis lines. Resources empower officers by showing them the programs and people available when they make the difficult decision to reach out.

## Concluding Thoughts

While we believe we’ve come a long way from a strictly, “Suck it up, buttercup” mentality in the DoD, VA, and law enforcement, Dr. O’Brien’s sentiment that, “*You have to be okay with change happening slowly*” reminded us that we still have a way to go.

The police culture isn’t going to change any time soon, but progressive agencies who provide embedded clinicians, peer support staff, and a commitment to training and prevention can go a long way to mitigating the worst of mental health outcomes for officers. Psychologists like Dr. O’Brien who are willing to seek out innovative healthcare solutions are a critical piece of facilitating that change.

When we asked Dr. O’Brien what she hoped an officer, leader, or spouse would take away from our interview, she responded with,

*“Most of what I do is what I’ve always done. It’s normalizing that the way you act and think in a crisis is pretty common. If you look at someone’s context, life history, what brought them here...it makes sense. Trying to take those things out of the realm of disorder and into the realm of this is normal; that’s the ultimate goal.”*

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