

## **MENTAL STRESS AND WORKERS' COMPENSATION CLAIMS AMONG POLICE OFFICERS**

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### **ABSTRACT**

Law enforcement is an occupation that involves a great deal of mental work stress due to the situations that police officers experience. This article reviews the types of stressful work events that are likely to result in mental stress, the issues regarding workers' compensation for mental stress claims, and interventions aimed at reducing stress among police officers. Because workers are compensated primarily for mental stress claims that arise from a work-related physical injury, practical suggestions are provided for preventing police work stress and supporting officers' workers' compensation claims for compensation for mental stress. The workplace rights articulated in the Universal Declaration of Human Rights (1948) include the rights to work, to protection against unemployment, to nondiscrimination and equal pay, and to just and favorable conditions at work, among others. An area of workplace rights that is neglected in the Universal Declaration of Human Rights concerns work-related injuries, particularly those injuries that arise as a result of mental work stress.

### **INTRODUCTION**

A vast amount of literature describes the nature of the stressful events that workers may experience. Prior stress research has investigated life events or life changes (Dohrenwend, 1973, 1977; Dohrenwend & Dohrenwend, 1974; Dohrenwend et al., 1978; Holmes & Rahe, 1967; Hough, Fairbank, & Garcia, 1976; Thoits,

1983), work stress (Cottingham & House, 1987; House, 1981; Karasek & Theorell, 1990; LaRocco, House, & French, 1980; Moos & Moos, 1983), and traumatic stress (Baum, Fleming, & Singer, 1983; Giel, 1991; Nolen-Hoeksema & Morrow, 1991; Norris, 1992). These are all events and types of stress that can negatively affect workers and result in mental or emotional stress.

Finn and Tomz (1997) categorized into four areas the many tasks and events that police officers are involved in. These four areas have been commonly used among researchers to categorize police stress: first, the law enforcement organization itself is a source of stressful events that occur as a result of working within the paramilitary bureaucratic structure of law enforcement. Examples include inadequate equipment, low pay, shiftwork, inadequate training or supervision, and excessive paperwork. Routine occupational problems such as a lack of adequate training and equipment and low pay were found to be strong predictors of traumatic stress symptoms among a sample of 733 law enforcement officers (Lieberman et al., 2002). Second, law enforcement work that involves direct contact with the community is also a source of stress. Examples include frequent exposure to individuals who are suffering, the responsibility for protecting others, role conflicts, exposure to dangerous work, stressful assignments, and the use of deadly force. Third, the criminal justice system and working with the public involve officers' perceptions of the criminal justice system, the public, and the media. Examples include officers' negative perceptions that court rulings are too lenient on offenders and too restrictive on police functions such as evidence collection and investigations, perceptions of a lack of respect from the public, and negative media coverage of police officers. Fourth, officers' personal lives may also be a source of stress. An officer who experiences mental stress that arises as a result of life stress is not eligible for workers' compensation. Examples include the birth of a child, the purchase of a new home, the death of a family member or close friend, and financial problems.

Emotional labor is an additional form of work stress that police officers are likely to experience. Emotional labor is also experienced by other public service workers. Emotional labor refers to managing emotions so that appropriate behaviors, such as facial expressions and body language, are shown to the public (Hochschild, 2003). Police officers and other public workers are examples of workers involved in emotional labor. The negative effects of emotional labor include emotional exhaustion (Grandey, Fisk, & Steiner, 2005) and reduced job satisfaction (Brotheridge & Grandey, 2002).

Macalpine and Marsh (2008) argued that public service managers perform in a "high managerialism" environment. High managerialism includes managers imposing targets for workers' performance, establishing unclear work priorities, and engaging in workplace practices that negatively affect workers. These workplace activities have a negative effect on the managers, the public workers they supervise, and the members of the public who are served by these workers. Macalpine and Marsh suggest that civil servants should change these workplace

activities. Implementing changes could benefit the public, the managers, and the workers they supervise.

However, police work is different from other public service work because police work involves dangerous and life-threatening situations. Numerous work conditions are unique to police officers, who are required to make split-second life and death decisions, enforce laws, ensure public safety, and work in an environment that has the potential for danger and life-threatening situations. Other public service workers do not perform these tasks or do not share a similar work environment.

### **Exposure to Trauma**

Because of their exposure to traumatic events, and because they are involved in helping victims and survivors who are suffering, law enforcement officers are at risk of developing acute stress disorder and posttraumatic stress disorder (PTSD). PTSD is perhaps the most frequently investigated trauma outcome in police officers. All crisis workers by the nature of their jobs are at risk of experiencing secondary traumatic stress (Beaton & Murphy, 1995), and as first responders at a scene in which individuals are experiencing trauma, law enforcement officers are particularly at risk for PTSD and other negative mental health outcomes associated with helping victims and survivors of trauma. The workplace can also remind individuals who experience work-related PTSD of the initial traumatic event and result in their reexperiencing symptoms or avoiding the workplace (Taylor & Asmundson, 2008).

Using heart rate data as an indicator of autonomic nervous system activity, Anderson, Litzenberger, and Plecas (2002) found that police officers experienced the highest levels of stress immediately prior to and while responding to a traumatic event, and were still experiencing trauma symptoms when leaving their shifts. Seven to ten months following a traumatic event response, 5% of officers reported PTSD symptoms and 25% reported mild to moderate depression (Wilson, Poole, & Trew, 1997). PTSD rates among 42 police officers who were at the scene within hours of a discotheque fire showed that at follow-up 18 months later, 5–7% of the officers were still experiencing psychological distress associated with responding to the traumatic event (Renck, Weisaeth, & Skarbo, 2002).

The majority of traumatic events that police officers experience are intentional, human-made disasters such as sexual assault, involvement in shootings, hostage situations, the death of an officer in the line of duty, and the death or serious injury of children, not natural or accidental disasters (Kirschman, 1997). Because these events are also a source of stress for police officers, Patterson (2001) asserted that traumatic events should be reconceptualized as a fifth category of work stress, given the potentially negative effects that such incidents have on officers' psychological wellbeing. Indeed, such events can have a psychological or physiological effect on police officers.

Research studies investigating police officers and other workers after exposure to traumatic events show that working with traumatized individuals can result in vicarious traumatization, secondary traumatic stress, traumatic countertransference, burnout, and compassion fatigue, although few longitudinal studies have investigated these different types of trauma outcomes (Collins & Long, 2003). Importantly, Fletcher (1991) suggested that exposure to work stress does not always result in psychological distress among workers, because social support buffers the effect of occupational stress on psychological distress.

### **Physiological Effects of Stress**

Stinchcomb (2004) distinguished between psychological symptoms (anxiety, depression, flashbacks, panic attacks) and physiological symptoms (headaches, stomach aches, backaches, ulcers, heart attacks) of stress among police officers. A relationship has been found to exist between stress and physiological symptoms. Franke, Ramey, and Shelley (2002) reported that police officers had higher rates of hypertension, hypercholesterolemia, excess body weight, and tobacco use than the general population cohort. In addition, officers' cardiovascular disease risk factors were affected by stress, cholesterol, hypertension, and physical activity. Stress was affected by the duration of time as an officer, and high levels of stress may contribute to cardiovascular disease either directly or through cardiovascular disease risk factors.

### **Organizational Stress**

Stress management approaches have been criticized because they place the responsibility for managing traumatic, organizational, and personal stress on individual police officers, while ignoring the organizational environment. Police officers also experience mental stress as a result of chronic exposure to the law enforcement organizational environment. Organizational factors such as the inability to influence work activities and racial, gender, and ethnic group bias are sources of stress for police officers (Morash, Haarr, & Kwak, 2006). Given that chronic organizational stress (i.e., the routine and daily tasks and hassles within the law enforcement organization) is the most stressful aspect of police work for officers (Stinchcomb, 2004) and that the lack of organizational and supervisor support is an added source of stress (Anshel, 2000), law enforcement organizations need to pay particular attention to the effect of the organization on officers' mental health.

In a survey of 1206 police officers, Collins and Gibbs (2003) found that organizational stressors (i.e., lack of consultation, communication, and control over workloads, inadequate support, work affecting home life, and excessive workloads) were ranked highest and were most likely to be associated with poor mental health. Participation in organizational decision-making also affects stress, such that officers who participated in decision-making reported less

stress than those who did not, and were more satisfied with their jobs (Slate, Johnson, & Colbert, 2007).

### **Stress Management Approaches for Police Officers**

Some authors contend that individual stress management interventions are needed for police officers (Anshel, 2000), whereas others suggest that the law enforcement organization itself should be the target for change (Collins & Gibbs, 2003; Morash et al., 2006; Stinchcomb, 2004). For example, Collins and Gibbs suggest that stress management interventions should be targeted toward changing the organizational environment rather than toward providing individual stress management training, and that resources should be aimed at effective interventions that can change the organizational environment, change workload assignments, and improve the managerial environment. Morash et al. (2006: 37) recognized that "even if officers use the most effective strategies for coping with workplace problems, police departments bear the burden of reducing or eliminating the workplace conditions that contribute to stress." Work stress interventions should be provided that change workplace conditions such as bias and lack of control over work tasks and the way they are implemented, although such changes will be difficult to achieve to the point where officer stress is reduced.

Stress management approaches that focus on the organizational environment are not commonly used interventions. The most common interventions are those that help officers to recognize the warning signs of stress and to use individual coping strategies (On the job stress in policing, 2000; Sewell, 1999). Examples include goal setting, time management, financial planning, physical fitness, meditation, progressive relaxation, biofeedback, social support, and cognitive coping strategies (Ellison & Genz, 1983; Webb & Smith, 1980). Anderson, Swenson, and Clay (1995) described a similar typology: spot checking and scanning, positive self-talk, deep breathing, anchoring, cognitive rehearsal and desensitization, progressive muscle relaxation, exercise, autogenic training, meditation, imagery, and biofeedback. Additional interventions include stress debriefing (Addis & Stephens, 2008; Carlier et al., 1998); critical incident stress management (CISM) (Everly, Flannery, & Mitchell, 2000); and interventions that target the law enforcement organization and supervisors (Chapin et al., 2008; Ellison & Genz, 1983).

Little is known about the efficacy of stress prevention training for police officers and recruits, particularly for traumatic stress. In their systematic review, Penalba, McGuire, and Leite (2009) concluded that evidence exists only from a small number of low-quality trial studies showing that police officers benefit from interventions aimed at reducing symptoms such as anxiety, depression, sleep problems, cynicism, anger, PTSD, marital problems, and psychological distress.

In a review of the literature examining the affects of pre-trauma exposure training on mental health outcomes, Bryant and Harvey (2000) suggest that whereas some evidence demonstrates that such training may improve coping following a traumatic event, no firm evidence shows that pre-training ameliorates the negative mental health effects arising from exposure to trauma. Expert consensus guidelines suggest that the primary interventions used to treat PTSD are selective serotonin reuptake inhibitors (SSRIs) or exposure therapy utilizing components of cognitive-behavioral therapy (Taylor & Asmundson, 2008). It is unlikely that such specialized interventions are offered in law enforcement settings as part of in-service training.

Anshel (2000) asserted that one limitation of law enforcement training and job supervision is the lack of provision for teaching a cognitive behavioral model for coping. Cognitive appraisals are an important component in the stress-distress relationship (Folkman & Lazarus, 1985, 1991; Folkman, Lazarus et al., 1986; Lazarus & Folkman, 1984). Moreover, it is important for officers to use adaptive coping strategies to reduce stress. Pasillas, Follette, and Perumean-Chaney (2006) found that police officers who reported more avoidant coping strategies also reported more psychological distress.

### **WORKERS' COMPENSATION AND WORKPLACE STRESS**

Dolgoff and Feldstein (2009) provide a summary of workers' compensation: (1) it provides monetary and medical benefits to individuals who have experienced a work-related disability and survivors' benefits to family members of individuals who have died as a result of a work-related accident or illness; (2) although workers are eligible to receive benefits despite fault, most states do not approve claims that arise from worker negligence, intentional misconduct, or intoxication; (3) workers file claims with state departments of labor, workers' compensation boards, insurance companies, or both state agencies and insurance companies; (4) in 2004, 90% of workers in the United States were covered. The authors note that some individuals who support civil liberties suggest that the no-fault criterion of workers' compensation denies individuals their constitutional rights to sue an employer over a work-related injury. Workers can sue only when unusual circumstances occur or the employer fails to pay compensation.

Three categories of workers' compensation claims related to mental stress or mental disability in the workplace have been identified (DeCarlo, 1987). These include (1) *mental-physical* claims, which arise as a result of mental stress that produces a physical disability; (2) *physical-mental* claims, which arise as a result of a physical injury that produces a mental disability; and (3) *mental-mental* claims, which arise as a result of mental stress that produces a mental disability. Workers' compensation laws vary by state, they are determined by state legislation, and no uniform federal workers' compensation law exists

(Barth, 1990; Spaulding, 1990). In addition, states categorize the types of disability that result from a work-related injury.

Mann and Neece (1990), citing court cases, observed that mental-physical claims have been upheld in state courts when mental stress has resulted in a physical injury. The authors cite the case of a police officer who had a heart attack after experiencing the mental stress of being in a car accident. Physical-mental claims filed for a physical injury that results in mental stress have also been upheld in state courts. A police officer who responded to a domestic violence call and was physically injured later experienced psychological problems. Whereas both types of claims are compensable, according to Mann and Neece state courts have not uniformly upheld compensation for mental-mental claims, which are the category that contains the largest number of cases of PTSD claims by officers.

DeCarlo (1987) suggested that mental-physical and physical-mental claims are compensable in all states because the association between experiencing a work-related mental or physical injury and the resultant disability can be readily determined. However, mental-mental claims are the most difficult to award due to the lack of evidence demonstrating an association between work-related mental stress and a resulting mental disability. Without evidence establishing that a physical injury resulted in a mental disability, workers' compensation does not often award compensation in cases of mental-mental claims. Mann and Neece (1990) suggested that few mental-mental claims involve police officers, although most PTSD claims filed by officers fall into in this category. Mann and Neece concur with DeCarlo's assertions that state courts have been inconsistent in supporting these claims.

The central issue involved in mental-mental claims is that the cause of the disability, in this case mental stress, should not only be work-related but should also be supported by a physical injury. Numerous authors have suggested that depression, alcohol and substance use, divorce, and suicide are common stress outcomes among police officers (Anshel, 2000; Biggam, Power, & MacDonald, 1997; Brown, Cooper, & Kirkcaldy, 1996; Cooper & Davidson, 1987; Kirkcaldy, Cooper, & Ruffalo, 1995; Violanti & Aron, 1995). Whereas officers may indeed experience these events as a result of mental stress that is work-related, these situations do not lead to eligibility for workers' compensation. The following example illustrates the significance of a work-related physical injury preceding a mental disability. A police officer filed a workers' compensation claim stating that mental work stress caused a mental injury and a heart injury. The claim was denied by the Arkansas Workers' Compensation Commission because the mental injury was not caused by a work-related physical injury. Arkansas workers' compensation law states that a compensable mental injury or illness must be caused by a physical injury, and the mental injury must be diagnosed by a licensed psychologist or psychiatrist (*Scarlett v. City of Pine Bluff*, 2004).

Few special provisions exist in state workers' compensation laws for police officers, who face unique work stressors. The following example illustrates

recognition of the unique stressors inherent in police work. The State of Connecticut Workers' Compensation Commission issued an amendment to the Workers' Compensation Act, effective January 1, 2009. It describes the benefits for police officers who file claims for mental or emotional impairment and indicates that officers who experience an impairment arising from either the use of deadly force or subjection to deadly force in the line of duty are limited to treatment from a psychologist or psychologist who is on an approved provider list (State of Connecticut Workers' Compensation Commission, 2009). In this instance, the work-related mental stress is clearly defined but arises only from situations involving the use of work-related deadly force. Apparently other work-related mental stressors, such as those that arise as a result of working within the paramilitary law enforcement organization, are not compensable.

Lehmer and Bentley (1997) proposed an alternative to workers' compensation for addressing work stress. A cognitive-behavioral group therapy model provided to workers experiencing psychiatric symptoms was helpful in increasing worker satisfaction and adjustment while at work. The authors assert that the model, offered as an early intervention, could be a cost-effective alternative to workers' compensation and reduce the number of claims filed.

## CONCLUSIONS

Police officers are exposed to workplace events that can result in physical or mental injury or illness. Despite the provision of stress prevention interventions, officers continue to develop work-related mental stress injuries and may require specialized mental health treatment. Should these injuries impair an officer's ability to work, a workers' compensation claim can be filed in order for the officer to receive cash benefits and mental health treatment. Most states are reluctant to award compensation for mental-mental claims because, without evidence of a physical injury to support a claim of mental injury, the potential exists for fraudulent claims to be made or for malingerers to receive compensation (DeCarlo, 1987). In some instances, police officers can receive mental injury compensation, but a mental injury must result from either exposure to deadly force or the use of deadly force. However, the use of deadly force is an acute, infrequently occurring event in police work, and most officers retire without ever having fired their weapon during their careers (Stinchcomb, 2004).

Especially problematic for police officers in some states is the difficulty in demonstrating that a mental disability developed as a result of a work-related mental injury, such as the cumulative effects of mental stress or the influence of chronic organizational stress. Chronic organizational stress is more likely than any other aspect of police work to result in mental stress. However, no physical injury precedes the mental impairment or disability, making it difficult for officers to receive workers' compensation.



The stress management training approaches intended to reduce the negative mental health effects of work stress and help officers improve their coping skills have several limitations. First, training officers to improve coping results from the view that stress and maladaptive coping arise from individual factors. This places accountability for mental stress on police officers instead of on the organizational environment, which is a major source of stress for officers (Stinchcomb, 2004). Second, conflicting empirical evidence exists on whether training is effective, particularly pre-training for traumatic stress. Therefore, if a police officer has experienced numerous traumatic incidents during the course of a career, the burden of proof should be placed on the employer to demonstrate that the officer's claim of PTSD or mental injury should not be supported. This is important, because empirical evidence drawn from law enforcement and the general psychological literature show an association between exposure to traumatic incidents and negative mental health outcomes. Such an approach taken by employers would make it easier for police officers to prevail in mental-mental claims and consequently improve workplace rights for officers regarding mental stress work-related injuries.

Several additional approaches can be used to support police officers' mental-mental workers' compensation claims. First, state workers' compensation laws should be amended to recognize the mental-mental claims filed by police officers. As previously mentioned, the State of Connecticut Workers' Compensation Commission (2009) recently amended its law for police officers who file claims for mental or emotional impairment arising from either the use of deadly force or subjection to deadly force in the line of duty. Other states should enact similar amendments, but in addition they should acknowledge the mental stress that results from other categories of police work stress. If state workers' compensation laws are not amended to recognize the mental stress police officers experience that results in mental-mental claims, police officers are denied the financial and mental health compensation that they should by right receive. Amendments to workers' compensation laws that will make it easier for plaintiffs to prevail in mental-mental claims will have the unfortunate side-effect consequences of enabling fraud, but if there is any occupation for which it would be worthwhile to accept this trade-off, it would be the job of police officer. Because of the unique stressors inherent in police work, which can negatively affect police officers' mental health, and because the efficacy of the stress management interventions provided to police officers has yet to be demonstrated, it would be prudent to support the mental-mental claims filed by police officers.

Second, police unions and law enforcement management should engage in strategies to reduce the stigma associated with the mental health services that are available to officers. In doing so, they should support the recognition of mental-mental stress claims filed by police officers with state workers' compensation commissions. The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) is the largest federation of unions in the

United States. The AFL-CIO has been active in reforming state workers' compensation laws by forming partnerships composed of union and nonunion workers and disability advocates (AFL-CIO, 2010). Police unions should form similar partnerships to reform state workers' compensation laws for police officers regarding mental-mental claims, given the difficulty that police officers experience in applying to receive financial compensation and mental health treatment. Unions could also be responsive to officers' perceptions about filing a workers' compensation claim. Police officers are often concerned that the information contained in a workers' compensation claim may not remain confidential and could adversely affect their careers (Waters & Ussery, 2007). These concerns could influence officers' decisions on whether or not to file a claim. For example, an officer may prefer to continue to work despite experiencing mental health symptoms. Under these circumstances, police officers should not have to forgo mental health treatment due to a perceived stigma or career concerns. They should receive the humane mental health treatment they require.

Third, law enforcement organizations should focus on reducing the types of chronic organizational stress, such as a lack of administrative support, inadequate training, equipment, and supervision, insufficient pay, and excessive paperwork (Cooper, Davidson, & Robinson, 1982; Gudjonsson & Adlam, 1985). Organizational stressors are ranked by police officers as more stressful than the field events they experience while working within the community (Coman & Evans, 1991; Crank & Caldero, 1991). Consequently, focusing on organizational stressors could reduce the long-term effects of these stressors on officers' mental health.

Finally, employee assistance programs (EAPs) can provide preventive mental health and other services to police officers. Police departmental EAPs are also a source of support for officers who file mental-mental workers' compensation claims. Most EAPs primarily provide several brief counseling or informational sessions to employees. EAPs provide referrals to specialists for ongoing service needs. For example, some attorneys specialize in workers' compensation claims, and a referral for legal consultation is provided by the EAP rather than the EAP itself advocating and assisting with the legal issues associated with the claim. Appealing a workers' compensation claim requires legal expertise that most EAPs may not possess, and this type of assistance may not be the proper role of the EAP. EAPs should be familiar with the issues involved in mental-mental workers' compensation claims and provide referrals to attorneys and mental health specialists who are specifically qualified in the area of mental-mental claims.

In sum, police officers can experience mental stress resulting from a variety of work-related sources. It may be difficult to determine whether the mental stress has resulted from work stress or personal stress, although situations involving physical injury are less ambiguous. Clearly, a multifaceted approach is needed to support police officers' mental-mental workers' compensation claims. Such an approach requires efforts from numerous stakeholders including law enforcement

management, police unions, state workers' compensation commissions, and mental health service providers. Organizational change and preventive stress management interventions should also be components of a multifaceted approach, as should secondary interventions that reduce the severity of the symptoms of stress before they lead to more serious health problems. The Universal Declaration of Human Rights (UDHR, 1948) describes numerous rights intended to serve as a standard among individuals and nations. Article 23 includes the rights to work, to protection against unemployment, to nondiscrimination and equal pay, and to just and favorable conditions at work, among others. Although neither work-related injuries nor individuals' rights to seek compensation for such injuries are described in the UDHR, the proposals discussed above would help ensure the right to just and favorable conditions of work for police officers as articulated in the UDHR for all workers.

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