

# The Chief's Chronicle



NEW YORK STATE ASSOCIATION  
OF CHIEFS OF POLICE, INC.

OCTOBER 2025

## Operational Fatigue Is Real— *And It's Threatening Readiness*

*By Chief (Ret.) Mike Ranalli*

**M**y inspiration for this article on officer wellness came the skies over Nazi-occupied Europe, where the Eighth Army Air Force's bomber crews were pushed to – and beyond – the limits of human endurance. My first exposure to this compelling story was through the excellent Apple TV series *Masters of the Air*. I then purchased the book of the same name, written by Donald L. Miller, and realized the series only scratched the surface. Buried within this book are numerous leadership lessons, many of which are beyond the scope of this article. My focus: how the leaders of the bomber groups utterly failed to fully understand the impact of



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#### FACTORS IN LEADER DEVELOPMENT:

Greg Veitch  
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##### **WELLNESS AND LEADERSHIP**

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# FROM THE PRESIDENT

*President  
Chief Paul J. Oliva*

*Town of Mt. Pleasant Police Department, Valhalla, N.Y., PD*



## Officer Wellness

Officer wellness has become an important component of the art of leading a police agency. As enlightened police executives, we now understand the value of healthy officers in both body and mind. Officers that have good physical fitness and good mental health are better equipped to handle the stress and physical demands of police work. They perform better, are more confident in their abilities, and help us deliver the best public service that we can provide for our communities. We also strive to foster a healthy life and career, so they may live to enjoy their life after policing.

Physical fitness has always been recognized as being important in policing. Officers, at any moment, may be required to use physical force to protect themselves or others. As part of their duties, they will have to lift, drag, climb, push, pull, or carry equipment and people. If they are in good physical condition, we can limit injuries and the lost time associated with them.

Physical wellness helps to manage stress. Stress for police officers comes from many different sources. Rotating shift work, stressful calls for service, fear of personnel complaints, and even home life can generate stress.

What can we do as leaders to foster physical wellness? Here are a few suggestions.

A positive part of the police reform initiative in New York for our Department was the installation of a gym including free weights and equipment at police headquarters. We were able to use confiscated funds that were the result of successful investigations by the

patrol and detective divisions to fund this project.

We approved the use of equipment carrying outer vests designed to reduce the load from heavy gun belts and save lower backs.

We attempt to hold quarterly defensive tactics trainings that always include handcuffing techniques and searches.

Advanced medical screening is available through vendors that will travel to your agency and charge a nominal fee or are covered by insurance. This type of testing has identified serious health issues and saved officer lives.

Some agencies will offer a stipend or physical fitness bonus if officers are able to pass a standard of fitness. These are a few examples of how to foster officer wellness on the physical side.

The less obvious, but just as important, component of officer wellness is the mental health part. Fortunately, mental health for police officers has become something that we are able to discuss openly and pro-actively address. Prevention of officer suicide is our highest priority.

Recognizing the importance of mental health for officers has been a journey for me.

In 1988, at least in my experience, we didn't speak of such things. After I had a little taste of the excitement of patrol, I quickly became an adrenaline junkie. I would seek out and volunteer to respond to the worst calls and

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# FROM THE PRESIDENT

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see my presence there as a badge of honor. We processed death and traumatic events differently back then.

Fast forwarding to my tenure as chief, I learned through training that responding to traumatic events can have a cumulative effect on mental health over the course of a career. I had always wondered why I could recall the exact details of the most dreadful death notifications that I had to make. It was as if they were seared into my memory. There was a rapid realization that these mental health concerns were legitimate.

After this epiphany, our department went through significant changes to address mental health. These changes were at a minimal financial cost and are easy for an agency head to implement.

We began to hold debriefings. Debriefings are held within a few days of an event to allow responding officers to speak to each other and with a first line supervisor. Officers can address concerns about the incident or just talk about what transpired and how they are feeling. If someone is having a difficult time, the need for additional resources can be identified and addressed. Another side benefit from debriefings is that most officers feel that the administration cares about their mental health.

There are anonymous peer counseling services that are available and our department has contracted with one. Officers are able to use their personal cell phones to text with outside law enforcement volunteers that are of the same rank regarding any issues. The department administrator or chief can receive feedback on how many members have used the service, but receive no information about content. There are safeguards in place in the event a member is in imminent danger.

Training has also indicated that police executives should limit the number of officers exposed to horrific

crime scenes after an incident. This advice was from Chief Michael Kehoe of Newtown, Connecticut after the Sandy Hook School shooting. He related that several of his officers had not and would never return to work again after responding to

and working in the crime scene.

These are a few suggestions that may help to enhance officer wellness. Use the training from NYSACOP, DCJS, and other sources to gain knowledge. Policing and police leadership is dynamic. Be open to making changes for the good of the officers and the organization. Leading with compassion and projecting a message that you have everyone's "six", when they are acting professionally, is a great start.

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# FROM THE EXECUTIVE DIRECTOR

## Chief/Ret. Patrick Phelan

### *Law Enforcement Ministry*

**A**s the Executive Director of this association I often have the opportunity to be briefed on different resources that may be beneficial to our membership. In the spirit of Officer Wellness I would like to share with you one such resource that I recently became aware of, The Billy Graham National Law Enforcement Ministry.

There are multiple aspects to the The Billy Graham Law Enforcement Ministry that you can utilize for your department.

#### **Critical Incident Response Ministry**

The Billy Graham Rapid Response Team is a worldwide network of crisis – trained chaplains who deploy to disaster zones at a moments notice, providing emotional and spiritual care following natural or man-made disasters. During hundreds of deployments over more than 20 years, Billy Graham chaplains have met, prayed with, and ministered to countless law enforcement officers and other first responders. Their experiences led to the creation of the National Law Enforcement Ministry in 2014, and today this special team provides crisis response, chaplain training, and Christ-centered spiritual retreats for officers and their spouses. To request a deployment call 1-800-788-4888 or email

[lawenforcementministry@bgea.org](mailto:lawenforcementministry@bgea.org).

#### **Law Enforcement Appreciation Retreats**

The Billy Graham Law Enforcement Ministry facilitates law enforcement appreciation retreats where officers and their spouses can come and be refreshed and encouraged by speakers who understand the unique challenges officers and their families face. First time attendance is free of charge for officers and their spouses including lodging, meals, sessions, and materials. For more information on retreats visit [BillyGraham.org/LEAE](http://BillyGraham.org/LEAE).



#### **Law Enforcement Marriage Resiliency Summer Sessions**

Sworn law enforcement officers who have been injured in the line of duty or have been part of an officer involved shooting or critical incident are eligible to attend a Marriage Resiliency Week with their spouse. This ministry gives officers and their spouses the opportunity for spiritual refreshment, physical renewal, and marriage enrichment at the Billy Graham camp in Mystic Lake Lodge, Alaska. Couples participate in a Biblically based workshop that helps strengthen their relationship with God and each other while enjoying the beauty of God's creation with outdoor activ-



Photos From Their Law Enforcement Appreciation Retreat.



ities at the Alaskan wilderness lodge. Space is limited and officers who meet the guidelines may apply by visiting [BillyGraham.org/LEAPAlaska](https://billygraham.org/LEAPAlaska)

### Law Enforcement Chaplain Training

The Billy Graham Law Enforcement Ministry offers courses that equip officers and those called to minister to them, to offer Christ-centered spiritual and emotional support to the law enforcement community. For more information visit:

<https://billygraham.org/national-law-enforcement-ministry/training>



Participants and Staff From LE Marriage Resiliency Summer Session.

### Toll Free Help Line

The Billy Graham Law Enforcement Ministry operates a toll free 24 hour help line where officers can call and talk or pray with someone that is trained to help.

**1-888-388-2683**

The Billy Graham National Law Enforcement Ministry offers a variety of

resources that are free of charge to Law Enforcement Agencies and officers. I encourage you to avail yourself of these resources and visit the website to learn more about the organization.

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# COVER STORY

## Operational Fatigue Is Real— And It's Threatening Readiness

**Chief/Ret. Michael Ranalli, Esq.**  
LEXIPOL PROGRAM MANAGER



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the stress their crews were under – and how a similar disconnect can arise in law enforcement.

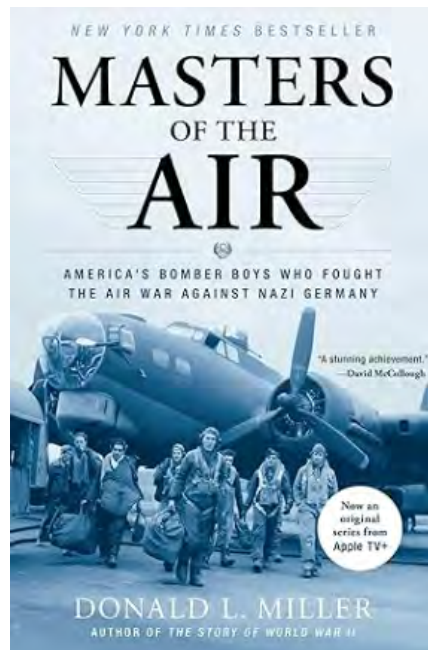
### Up Against the Odds

First, let us review some sobering statistics about the Eighth Air Force in Europe. Based in England, the bomber group flew missions over occupied Europe and Germany from August 1942 through the end of the war in Europe in May 1945. During that time, of the approximately 210,00 flight crew members, 26,000 were killed and 28,000 captured. These numbers reflect the total throughout the war and consisted of more fatal casualties than those suffered by the entire United States Marine Corps. Circumstances were not the same for the entire period; as the war progressed through 1944 and 1945, survival rates improved.

October 1943, however, reflected a dire situation for the bomber crews. Crews then had only a one-in-four chance of completing their required 25 combat missions (the requirement was subsequently increased to 30, then 35). Two-thirds of the men could expect to either die in combat or be captured. An additional 17% would be seriously wounded, suffer a disabling mental breakdown, or die in an air accident over England. Of the 100th Bomb Group, the focus of the Apple TV series, only 14% of the fliers assigned to the group upon arrival in England in 1943 made it to their 25th mission.

Despite these staggering losses, lack of replacement crews, and intense psychological trauma, leadership often expected crews to continue with their missions and

believed that the “flying fatigue” the crews were suffering could be resolved by rest periods. Rest homes known as “Flak Farms” away from the front became a vital lifeline. While this worked to a degree for some, Air Force psychiatrists had a difficult time convincing bomb group commanders that other fliers were truly sick, suffering from “operational fatigue,” which required both rest and extensive psychiatric treatment.



Making the situation worse for some fliers was the way commanders would view those who broke down after only a few missions and who had suffered little or no battle damage, and those who had shown intestinal fortitude in combat and broke down late in their tour or after a traumatic experience. The former category was treated as cowards who suffered from character flaws. They were handled administratively and not medically; they were dishonorably discharged or reassigned under disgrace. The latter group were hidden from the doctors because their commanders did not

want the men stigmatized by psychiatrists. The result? Many crew members hid their extreme anxiety from both their commanders and crewmates as they were afraid of being punished or humiliated. Instead, they wanted to complete their required combat missions as soon as possible. And for those that did complete them, it was only then that they requested medical treatment. As a result, it will never be known how many fliers suffered severe enough symptoms that would have led to their grounding.

### The Law Enforcement Parallel

*Continued on Page 12*



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## Operational Fatigue Is Real

*Continued from Page 10*

One episode of *Masters of the Air* captures the essence of what I believe to be the historical law enforcement attitude that cops are “tough” and should be able to handle anything they experience.

The scene takes place in the base bar, which is where the crew members spent much of their down time. Majors Egan and Cleven, based on real-life characters, are looking around the room, solemnly reflecting on the losses encountered by their group. Other crew members are around them at the bar. Egan says, “All these new faces. If we go down, they won’t remember us either. You never existed, bud.” Cleven responds, “What does it matter?” To which Egan states, “Nothin, I guess.”

At this point, a colonel arrives, and everyone turns to face him: “My boys! Listen up. I just had a mood-killing conversation with Doc Stover. He thinks you sissies could be getting flack happy.”

There is a resounding chorus of denials: “No, no, not us, Sir!”

The colonel continues, “I told him war is war. The longer you go at it, the more it screws a man up. And it’s been that way since the first caveman son of a b\*\*\*\* picked up a club and went after the other. Did caveman go for head-shrinking?”

“No, no. I don’t know, sir.”

“Damn sure not. What counts is that you soldiers show up ready and able to fight. What you do between battles...” The colonel pauses and gestures around the bar.

Egan smiles and replies, “I like your style sir.” Cleven remains stoic and does not respond.

Another officer states, “Aerial combat like this hasn’t been around since the cavemen, sir.”

“Of course not, Red. Every war has its novelty.”

While this is a fictional scene, it accurately reflects many commanders’ attitudes. As army psychiatrists advised such commanders, you can force a man with crippling anxiety to fly, but you cannot force him to fly effectively.

In my 41 years in law enforcement, I observed a

similar attitude – that cops are “tough” and counseling is for the weak – over and over again. Although not universal, this attitude was typical for decades. Yes, we have historically given officers administrative time off after a shooting or other intense and typically short-lived traumatic events. The underlying assumption was probably that a little downtime would help the officer deal with what they went through. Some agencies also require officers to go to the hospital to “get checked out.” But as I will explore in the next section, these practices are often not helpful and sometimes downright harmful.

Fortunately, the tide is turning. Today, there is widespread cultural acceptance in the law enforcement community that the cumulative effect of the many different and unpleasant situations officers are exposed to may be causing “operational fatigue,” which, since the 1980s, is known as post-traumatic stress disorder (PTSD). This is why contemporary policies, such as Lexipol’s, provide the opportunity for counseling after critical incidents.

### **Traumatic Events and Post-Incident Treatment of Officers**

The state of officer wellness in 2025 is more than just a “check the box” consideration or budget item; it is a public safety imperative. Recent years have seen an explosion of interest in officer wellness, but we still have a long way to go. First, let’s look at a couple of long-standing common practices after an officer-involved traumatic event.

Previously, I mentioned that for many agencies, it is routine to place an officer on administrative leave after a shooting or other officer-involved major event. Many times, a supervisor may send an officer “to get checked out” at a local hospital right after a potentially traumatic event, regardless of whether the officer is physically injured. Twice, I was ordered to go to a hospital after an event (major car accidents, not a shooting), even though I was fine due to my seatbelt and ballistic vest. My experience can be summed up as follows: Hospital staff are not thrilled when people come in with no symptoms or ailments, and you can plan on being there for a long time.

But the main point I want to bring out with either of these practices is the danger caused by the isolation of a person who has experienced a traumatic event. I

*Continued on Page 13*





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## Operational Fatigue Is Real

*Continued from Page 12*

was made aware of this issue by two different officers involved in different incidents hundreds of miles and years apart. Both officers fired their weapons in chaotic events where other officers were also present and at imminent risk from the actions of suspects. In one case, the officer was sent to the hospital even though he had no injuries. In the other, the officer was sent to the department and told to wait in a conference room. In both cases, the result was that the officers remained isolated for a prolonged period. Left alone to ruminate about the incident, the officers both came to the only possible rational conclusion as to why no one was with them: They must have shot and killed another officer. It was the only thing that made sense. One was curled up in the fetal position by the time a union representative came into the room and told him his partner was fine and was on his way home. Emotions and reactions like this are not just undone with the flick of a switch.

What followed for the officer sent to the hospital was six months' administrative leave while awaiting the district attorney's decision on the case. It is not about the need for the leave; it was the fact that the isola-

tion continued the whole time he was out, with no one keeping him apprised of what was happening. When it was all over and he was cleared of any wrongdoing, the department assumed he was ready to come back. This prolonged period of isolation was too much for him; he never went back to work as a police officer. He knew he could not work for that agency again after how he was treated.

I was fortunate to have long conversations with these two officers, who showed courage by being willing to discuss their experience. One of the officers went on to speak in classes about the issues. It was apparent that the way they were both initially isolated from their agencies in the aftermath was more traumatic to them than the actual incident.

The sad thing is, these are not isolated incidents. As I discussed these issues in my presentations over the years, I learned of other similar stories from officers around the country. And they, in turn, were aware of others. Unfortunately, in many cases, officers are afraid to admit what they are experiencing and return to work anyway, assuming they can just overcome their issues. Too often, however, this involves increased use of alcohol and strains on personal relationships.

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# Cumulative Trauma and the Mounting Risk of PTSD

Continued from Page 13

I am not implying these practices are motivated by malice, or that supervisors who make such on-scene decisions are not well-intentioned. Instead, it is about a lack of awareness of the relevant issues, and this is what must change. Regardless of where an officer is sent after a critical incident; it is the isolation that can impact both the likelihood and the severity of PTSD. Yes, there are legitimate concerns about evidentiary privilege and the need to limit the officer involved from discussing the event under some circumstances. But properly trained and certified peer support members will be aware of these issues, as will any culturally competent clinician.

The Police1 “[What Cops Want in 2025](#)” survey results provide insights from over 1,200 officers from across the country. Although there may be significant deviations from one agency to another, there were some important findings.

While high-profile critical incidents often capture headlines, the seeds of post-traumatic stress in law enforcement are often

sown quietly through the compounded exposure to danger, fear, and organizational neglect. What this year's survey makes clear is that officers are facing more than just the physical threats of the job. They're operating in conditions that, for many officers, are emotionally

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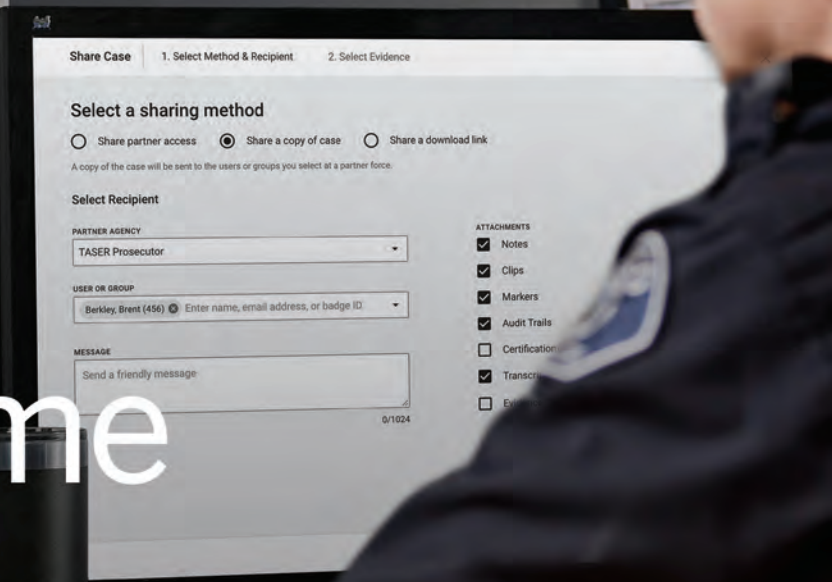
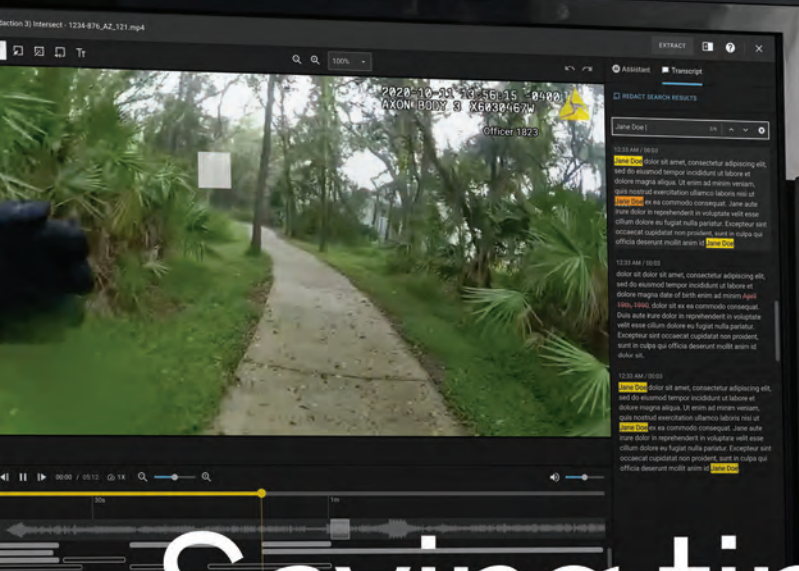
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## Operational Fatigue Is Real

*Continued from Page 14*

corrosive and psychologically unsustainable.

A frequent complaint was fatigue and sleep deprivation caused by inadequate staffing. Mandated overtime pushed them to perform without adequate recovery. The human brain needs rest to process stress and metabolize trauma. Without it, experiences of fear or violence may linger, often in fragmented, unprocessed ways that manifest later as anxiety, irritability, or detachment.

Another common refrain was the frequency of assaults, with 40% reporting being assaulted in the last year. But it's not just the violence; it's the chronic unpredictability of not knowing whether a routine call will erupt into chaos, or whether anyone will be close enough to help. The physiological response to that level of sustained hypervigilance can lead to elevated cortisol, sleep disruption, emotional numbness, and eventually, psychological trauma.

Officers reported that training was infrequent, inadequate, and often ineffective to prepare them for the reality they may face. Officers overwhelmingly want more scenario-based, realistic, and hands-on training.

Officers also reported feeling unsupported by their leadership. This organizational betrayal deepens trauma and can evolve into moral injury when officers feel their efforts to do the right thing are ignored – or worse, punished. Officers are more likely to trust policies (and policymakers) when they believe their leaders understand the job. High-ranking leaders must recognize when their “credibility clock” has stopped ticking in some topics. This is not meant to be derogatory; it's a common result of advancement through rank. But a successful leader will recognize this and rely on those who still have that knowledge before passing judgement.

U.S. Air Force psychiatrists knew that crew members would not speak with them if they did not understand what they were going through. As a result, many of them flew missions to gain this knowledge and credibility. Yes, law enforcement is different from flying bombers in wartime, but the impact of the underlying stressors is similar same. Cops need access to clinicians who are culturally competent and understand cops. Leaders need to understand what is happening on the street, ensure that officers feel encouraged to ask for help, and provide some form of resource – preferably anonymous – for members to access. A strong and properly

trained peer support network is also essential to help our officers be their best.

When officers are assaulted, publicly vilified, and then left to cope on their own without training, backup, or real support, it creates a perfect storm. They begin to internalize every close call, every unfair headline, every un-

answered call for help. This is exacerbated by political rhetoric and media portrayals, which were also cited in the Police1 survey as significant sources of animosity. This can lead to a growing sense of helplessness – and that emotional accumulation can quietly fracture even the strongest mental armor.

### **Wellness Is the New Readiness**

Officers aren't just enduring traumatic events; they're enduring a system that too often fails to help them mitigate, process, or recover from them. And unless agencies take meaningful steps to reduce that burden – through leadership presence, consistent training, proper staffing, and a visible commitment to officer wellness – our ability to fulfill our mission will suffer. True operational readiness isn't just about having the right equipment or tactics – it's about ensuring officers are mentally, emotionally, and physically prepared to face the challenges of the job. Wellness is a core part of that preparation.





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# *Leading Through Loss:* **A Police Chief's Guide to Responding to Officer Suicide**

**By Jay Supnick, Ph.D., ABPP**

*Board Certified in Police and Public Safety Psychology*

**W**hen an officer dies by suicide, the pain reverberates across the department, the family, and the community. In that moment, the chief becomes more than a leader—they become a stabilizing force in the midst of grief, anger, and uncertainty. The decisions made in those first hours and days can shape how your department recovers—and whether it grows stronger or sinks deeper into silence.

This article outlines a professional, compassionate, and prevention-oriented response to officer suicide. It covers communication with department personnel, support for the officer's family, how to conduct the funeral service, and most critically, how to prevent further loss.

## **1. Communication With the Department**

A clear, timely internal message is essential. Avoid euphemisms and rumors. Acknowledge the loss, name the officer with dignity, and state the cause—"died by suicide"—with sensitivity. Reiterate that mental health challenges are treatable and not a sign of weakness.

In the first 24 hours:

- Hold a department-wide meeting to offer facts, express support, and open channels for grief.
- Acknowledge loss with dignity and respect
- Mobilize peer support teams, clergy, police chaplain, and culturally competent licensed clinicians.
- Avoid speculation about cause or circumstances—focus on healing

In the next 24-48 hours:

At rollcalls

- Allow space for officers to process emotions
- Normalize grief reactions
- Provide information about available resources
- Emphasize that seeking help is a sign of strength

Temporarily adjust operations

- Consider modified duty for close colleagues
- Ensure adequate coverage while allowing affected officers time to process
- Monitor workload in following weeks

Address the entire department

- Acknowledge the loss openly rather than avoiding discussion
- Share resources without singling out "at-risk" officers
- Emphasize that seeking help is a sign of strength



## **2. Supporting the Officer's Family**

Assign a trusted liaison to help the family navigate logistics and emotional support. Chiefs should meet with the family, listen without judgment, and offer genuine condolences.

Key points:

- Do not assign blame.
- Honor their privacy and wishes about what is shared publicly.
- Stay connected in the months that follow—support shouldn't end after the funeral.

## **3. Planning the Funeral: Balancing Honor and Prevention**

*Continued on Page 20*

*Continued from Page 19*

Law enforcement culture emphasizes honoring the fallen. But when the death is by suicide, the ceremony must be carefully designed to prevent suicide contagion. Key considerations:

- Avoid romanticizing or framing the suicide as a noble sacrifice.
- Provide messages about resilience and mental health during the service.
- Coordinate with mental health professionals, chaplains, or culturally competent clergy.
- Keep services private or modest if the family agrees.

#### 4. Long-Term Response and Suicide Prevention

This is a pivotal moment for organizational change:

- Conduct a psychological autopsy<sup>1</sup> to understand contributing factors (with family consent).
- Review and strengthen officer wellness programs.
- Train supervisors to recognize and respond to

warning signs.

- Publicly reinforce that seeking help is a strength—not a liability.

#### 5. Make self-care a priority

Last but not least, make sure not to forget about taking care of your own mental health:

-Acknowledge the Emotional Impact

- Allow Yourself to Feel: It's okay to experience grief, guilt, confusion, or anger. Suppressing these feelings can lead to burnout or PTSD.

- Name the Loss: Recognize the death as a suicide and allow space to grieve. Avoiding the word can deepen stigma and isolation.

-Seek Peer Support

*Continued on Page 21*



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- **Connect with Other Chiefs:** Reach out to colleagues who have experienced similar losses. Peer support can offer validation and shared wisdom.

- **Professional Consultation:** Consider speaking with a police psychologist or chaplain familiar with line-of-duty trauma.

**-Prioritize Mental Health**

- **Personal Therapy:** You don't have to be in crisis to benefit from therapy. A licensed counselor can help you process the loss and its impact on leadership.
- **Mindfulness or Stress Reduction:** Practices like meditation, deep breathing, or even short walks can

**-Engage in Reflective Practice**

- **Journaling:** Write about the event, your response, and what you're learning. It can bring clarity and emotional release.

- **Critical Incident Review:** When appropriate, lead or participate in a review not to assign blame but to understand systemic issues and improve support.

**-Set Boundaries**

- **Limit Media Exposure:** If the incident is public,

*Continued on Page 23*



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*Continued from Page 22*

manage your media exposure and delegate press responsibilities if needed.

- Protect Personal Time: Schedule downtime and protect it like any other critical meeting.

#### -Reconnect with Purpose

- Honor the Officer: Lead initiatives that celebrate their life, raise awareness about suicide, or improve departmental well-being.
- Reaffirm Your Values: Remind yourself why you serve and how you can make the department a safer space for all.

#### Conclusion

A suicide in the department is heartbreaking. But it can also be a catalyst for change. Your leadership will either open the door to healing—or reinforce a dangerous silence. Lead with courage, compassion, and a

commitment to wellness—for the memory of the fallen, and the safety of the living.

#### Resources:

- National Suicide Prevention Lifeline: 988

- Copline (24/7 peer support for law enforcement): 1-800-COPLINE (267-5463)

- Badge of Life: [www.badgeoflife.org](http://www.badgeoflife.org)

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<sup>1</sup> A psychological autopsy is a systematic investigation conducted after a death (typically suicide or equivocal death) that reconstructs the deceased person's mental state, behaviors, and circumstances leading up to their death through interviews with family, friends, and analysis of records to help determine the manner and contributing factors of death. It is used, not punitively, but as a learning and educational tool to help prevent suicides in the future.

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# 2025 Recycled Materials Association Annual Conference Report

*By Steve Rotunno - Chief of Police  
Town of Cicero Police Department*

On May 14<sup>th</sup> Chief Rotunno represented NY-SACOP at the 2025 Recycled Materials Association (ReMa) annual conference attending the Law Enforcement Advisory Council meeting. The LEAC consists of law enforcement professionals from around the country that meet annually to discuss various topics such as Scrap Theft Alert, Copper and Cargo thefts trends, along with auto theft and recycling of vehicles.

Holly Merz from the American Association of Motor Vehicle Administrators (AAMVA) provided a comprehensive overview of the National Motor Vehicle Title Information System (NMVTIS) and its value to law enforcement. A key component of this system is the **Law Enforcement Access Tool (LEAT)**, a secure, no-cost platform that enables law enforcement and DMV investigators to access critical vehicle data. LEAT obtains information from state motor vehicle titling agencies, automobile recyclers, junk and salvage yards, and insurance carriers and other essential data sources. Access to LEAT is available through the Regional Information Sharing Systems (RISS) – contact your local RISS Center for guidance, or FBI’s Law Enforcement Enterprise Portal.

<https://www.aamva.org/getmedia/2a25c072-1200-4810-a642-4f01717256a1/NMVTIS-Compliance-and-Enforcement-Laws.pdf>

With the Increase in metal prices especially copper leads to increased metal theft.

The Recycled Materials Association (ReMa, formerly ISRI) is a NYSACOP Silver Partner. ReMa members with scrap yards throughout New York assist local law enforcement to prevent and solve metals theft.

ReMa offers the following complimentary services to law enforcement agencies:

- **Law Enforcement Outreach: Chief Todd Foreman** - Chief Foreman served as Chief of the Bedford, Virginia Police Department from 2014 to 2022. Working with your agency, Chief Foreman will develop met-



als theft prevention programs, schedule in-person information meetings and plan tours of recycled materials facilities. For further information on how ReMa can assist your department with solving metal theft crimes Such as larcenies/stolen property contact Chief Foreman at: [tforeman@recycledmaterials.org](mailto:tforeman@recycledmaterials.org) or (434) 610-3018.

- **MaterialTheftAlert.com:** A free online tool for law enforcement which connects police agencies with local recycled materials facilities. To-date, more than \$3.5 million in stolen materials has been recovered using [www.materialtheftalert.com](http://www.materialtheftalert.com). MaterialsTheftAlert is also available from the Law Enforcement Enterprise Portal (LEEP) and Regional Information Sharing Systems (RISS).



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# INTERSECTIONS

## Traffic Safety Committee

**Nick Breul, Senior Program Manager**

*Officer Safety and Wellness*

*National Law Enforcement Officers Memorial Fund*

## Driving Down the Numbers

### Law Enforcement Traffic-Related Fatalities

**A**s I write this article, I am cautiously optimistic in terms of where we stand with law enforcement traffic fatalities in 2025. We are more than halfway through the year, and we remain almost 45% lower than at the same time in 2024.

While the shootings of officers remain high, the traffic-related cases and the other circumstances such as Covid and other job-related fatalities appear to be waning. Keeping this year's numbers headed in the right direction.

Through the month of July 2025, there have been 17 law enforcement officers killed in traffic related incidents compared to 30 in 2024. Most notable in those statistics is the fact that there have been no single vehicle crash fatalities this year. Usually, by this time, an average of three officers has died in single vehicle crashes as they respond to calls and lose control hitting a tree or a utility pole. This is a category of vehicle crashes that we at the National Law Enforcement Officers Memorial Fund (NLEOMF) look closely at, since it is entirely preventable. Excessive speed, perhaps tied with some

distraction and loss of control, appear to be the common theme in those cases.

Another common element in those crashes is that the officer was not wearing their seat belt. A statistic we must change. A study of the 2024 fatal law enforcement vehicle crashes revealed that 56% of officers killed were not wearing their seat belt.

If you have ever heard me present, I rail on this subject, as it is so easy. It saves lives and I can say af-

firmatively, there are officers who would be alive today and would have survived their crash if they were wearing their seat belt.

In May of 2025, through our partnership with the National Highway Traffic Safety Administration (NHTSA), the NLEOMF began a formal partnership with the renowned

safety training organization Below 100. Their training is straight forward and based on five core tenets but also stresses the need for cultural change in law enforcement. A shift towards a more profound safety mindset and approach to the job.

*Continued on Page 25*



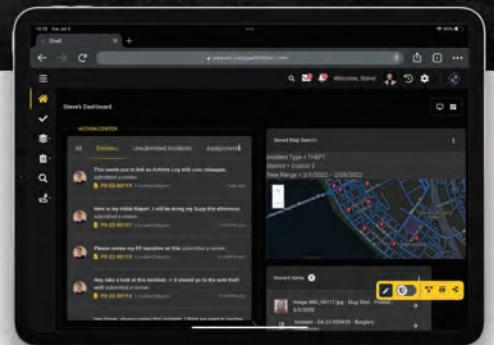


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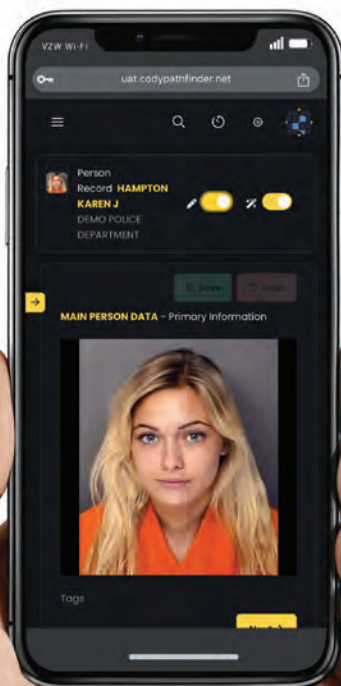
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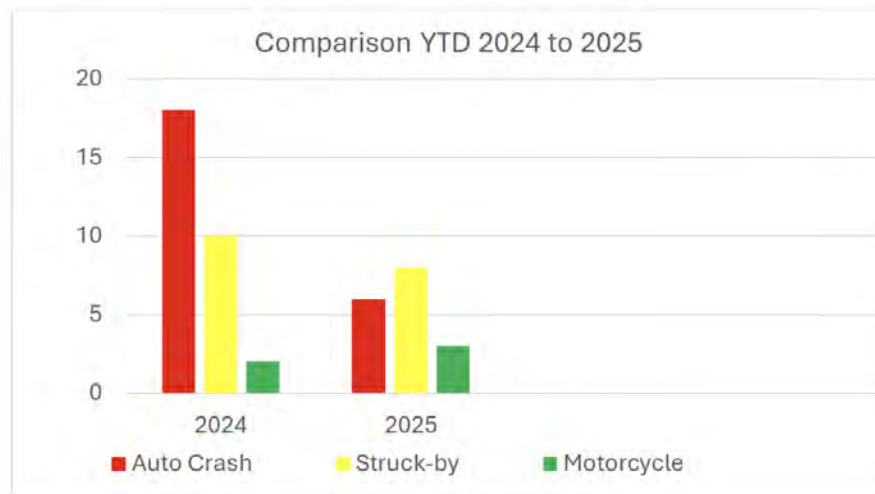
Wearing your seat belt and watching your speed are two of those core tenets. In fact, the other three Below 100 tenets, wear your body armor, remember what is important now and complacency kills, all apply to driving and responding safely.

Through our new partnership, we will work together to improve safety and eliminate preventable crashes. Below 100's name is

based on the fact that the number of law enforcement

fatalities has not been below 100 since 1943. They, like the NLEOMF, want to see the fatality numbers go below 100 and continue to fall. If officers, deputies, troopers, constables and tribal officers all focus on driving safely and roadside safety, we may actually drive down the numbers to a level not seen in eighty-two years and also have a positive impact on officer wellness.

Stay safe and well. Make it to the scene, fulfill your duty and then make it home.



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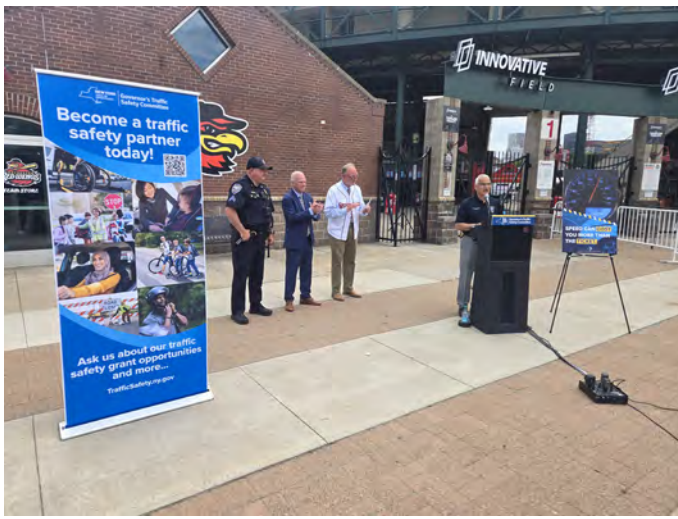
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**“Richard Tantalo, Monroe County Public Safety Director and NYSACOP Traffic Safety Committee member, speaks at a press conference on June 25th at Innovative Field in Rochester, announcing a partnership between the Rochester Red Wings AAA baseball club, DMV/GTSC, and Monroe County in support of a June 25th – 27th HVE Speed initiative. Also present from left to right – Sgt. Jon Rivers, Rochester PD; Dan Mason, Rochester Red Wings GM; Mark Schroeder, NYS DMV Commissioner”**

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**Garden City Police Commissioner Ken Jackson had his department assist the Governors Traffic Safety Committee at a Traffic Safety event on August 29, 2025, on the Jones Beach boardwalk in Wantagh, NY. This was part of GTSC's Long Island Traffic Safety Initiative. It was a public information/engagement event in which the Garden City PD interacted with the public at their tent explaining and giving out information during the event.**

# Words Matter – What Message Are You Leaving?

*By Gordon Graham*



**G**ordon Graham here and hello again. Thanks for your continued support of my writings – I certainly appreciate your feedback. I am closing in on three-quarters of a century of life. At this age, every time you forget something or misplace something or stumble upon a word, it's an alarm bell going off: Is this a sign of cognitive decline?

Not to digress, but I have a close relative who is five years younger who was worried that he might be experiencing the onset of memory issues. He spent quite a bit of money to “consult with a cognitive expert in your state.” He paid his money and set up the Zoom call. The good doctor came on and right away said, “There is nothing wrong with you.” “You have not even talked to me yet!” my relative said. The doctor's response: “You made the call to me. When your kids make the call, that is when there is a problem!”

There was a time in my career when my mind was extremely sharp. To some of you this will seem like I am bragging – and you are correct. There was a time I could do “a check digit on the VIN” in my head. If you've ever been involved in auto theft, that may mean something to you. I got involved in the 17-digit VIN process in 1980 and I was sitting on a task force of smart people trying to figure out a way to stop fraudulent VIN plates being created. So they (not me) built a very clever algorithm into the VIN (and please stop calling it a VIN Number – that is what the “N” stands for – much like the “M” in ATM stands for machine and too often I still hear people saying ATM Machine, but I am digressing).

Back to the VIN calculation. My recollection is (and I could be wrong on this) if you added up the value of all 17 numbers and letters (A is worth 1, B is worth 2, etc.)

you will get a three-digit total. Divide that three-digit number by the 10th number of the VIN and the remainder of that division problem will be the 9th number of the VIN. Back in the 80s and 90s, I could do that calculation in my head. Now I have a problem calculating fuel mileage when I fill up my car without using a calculator!

Why am I mentioning this to you? I had a “medical scare” a little while back – it truly scared me big time. Don't ask me why my brain works this way – but the scare was caused by a doctor's mistake and it was nearly identical to a mistake made by a deputy sheriff that led to an officer-involved shooting I helped investigate in the early 1980s. Somehow my brain instantly linked these two separate and distinct events.

I remember the deceased was called “Peg Leg Mayo” – I did a Google search on that and got nothing, but let's stick with that name for the purposes of this very, very sad story.

He was an American hero – a veteran of the Vietnam War – who had been captured by the Viet Cong and tortured for a long time, confined in a cage that was partially submerged in the water. As a result, he lost his right leg. At the end of the war, he came home and very cleverly designed a wooden leg that was painted red, white and blue. In my investigation I learned he rode a motorcycle specially equipped with an indentation in the brake pedal, allowing him to use his wooden leg to depress the brake for stopping and slowing.

Post-Vietnam, he was living with his mom and dating an unstable woman who wanted to get married to him; he did not have the same feelings for her. In one of her violent rants she said, “If you do not marry me I am

**CHOOSE YOUR  
WORDS CAREFULLY**

*Continued on Page 31*



*Continued from Page 30*

going to the sheriff, and I'll tell them you raped me and you will be back in a cage again." That scared the heck out of him and he broke up with her.

Several days later he came home and checked his answering machine (some of you may have to Google that) and there was a message: "This is the Los Angeles County Sheriff Sex Investigations unit. Please give Deputy Whatever a call at this number at your earliest convenience."

As you would imagine, that recording scared the heck out of him!

The back story is his ex-girlfriend was true to her word: She filed a rape charge with the sheriff Sex Assault Unit. The involved deputy instantly recognized her from past filings of unfounded rape allegations against other men and he dismissed her as the rambling psycho she was. But that, as I said, is the "back story." Peg Leg Mayo assumed the message was very bad news and he was scared.

He went to his mom and asked, "If I kill myself will I go to heaven?" She said no. He asked, "If the

sheriffs kill me will I go to heaven?" She said, "The sheriffs are not going to kill you."

But they did, because Peg Leg Mayo created a very clever "suicide by cop" scenario that ended in a long pursuit, which ended up with dozens of law enforcement officers shooting and killing him.

During my investigation I learned that the one of the causes of his death was the voicemail message left by the deputy. As a result of that and other similar incidents, the California Highway Patrol (my department then) changed their policy on phone calls to "Never leave a voicemail unless someone is expecting your call. If people do not answer, hang up and try again later."

All this brings me to my recent medical scare. At 74 years of age I see a lot of doctors. I have an issue that is of great concern to me and I have a blood test every six months to make sure I am still OK. I know I will die someday, but I would like to stretch that as long as I can because I enjoy living. So this issue is a worry in the back of my head.

I was at LAX facing a five-hour flight to D.C. and  
*Continued on Page 34*

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*Continued from Page 31*

I heard my phone going off while boarding the plane. When I sat down I checked the voicemail and I heard, “This is Dr. XXX (I did not recognize the name but there are a lot of doctors at the medical office) and please call me immediately – I have an urgent message for you.” I instantly tried to make the call and went through “the phone tree” and finally heard a recording that said they were at lunch and please call back later. The doors closed on the plane and the next five hours were an absolute misery – my brain was convinced it was bad news, much like “Peg Leg Mayo” had thought.

By the time I landed I was figuring out what to tell my wife, my kids, my friends, all the people I work with at Lexipol, my partner Bruce Praet, how to get all the finances squared away, who I was going to give my car to, what I needed to tell my kids about how to sell the boat, etc. By now it was much later and the medical offices were closed, but I have a friend who was my former MD. I called him at midnight and he personally knew the MD who had left me the voicemail message. My friend called the message-leaving doctor at home and woke him up to find out how bad the news was. And guess what this doctor says? “Oh, it is no big deal, but I have not seen him for several years and I would like him to make an appointment.”

Of course the relief was instant – but then the anger started. Why did he just not say that on the voicemail – “No big deal; I have not seen you in a while.” BUT NO – he throws in the “urgent message” nonsense. I am still angry, but that anger is mollified by the fact that all is OK in my body for the time being.

What is the purpose of the above 1,350 words? What is your department policy on leaving voicemail messages when you make a call to someone? Please think the above through so you do not cause someone to do something extremely stupid and unnecessary because of your phone message.

Thanks for taking the time to read this. Never forget that as a law enforcement officer, your words matter.

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*Gordon Graham is a 33-year veteran of law enforcement and is the co-founder of [Lexipol](#), where he serves on the current board of directors. A practicing attorney, Graham focuses on managing risk in public safety operations and has presented a commonsense approach to risk management to hundreds of thousands of public safety professionals around the world. He holds a master’s degree in Safety and Systems Management from University of Southern California and a Juris Doctorate from Western State University.*



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A police officer in a dark uniform is walking away from the camera on a paved sidewalk. The officer is wearing a duty belt with various equipment. To the left of the officer is a black metal fence, and beyond that, there are green trees. In the background, a red car is partially visible. The overall scene is outdoors during the day.

# TAKING A PROACTIVE APPROACH TO OFFICER WELLNESS:

EARLY DETECTION, INTERVENTION  
AND ACCESS TO CARE

BY COLLEEN HILTON





The culture of policing stereotypically emphasizes negative methods of coping with stress and trauma, such as severe alcohol use, infidelity in relationships and generally destructive behaviors, rather than seeking out support or mental health services. The recent recognition that more officers now die by suicide than in the line of duty<sup>1</sup> is a grim statistic that serves as a dire warning.

But let's consider a possibility even more daunting than the current narrative: What if this scenario is just the tip of the iceberg? What if the real crisis in public safety is broader and deeper than we've dared to acknowledge? What if our traditional reactive approach to wellness is not just insufficient but contributing to the problem?

Terms like "stress," "self-care," and "resilience" have become the new buzzwords in law enforcement, echoing the popularity of phrases such as "community policing" and "de-escalation." Despite widespread recognition of the impact and significance of stress management, there remains a glaring lack of consensus over how to measure and address it effectively. The ramifications of unmanaged stress are extensive, infiltrating various facets of an officer's life. Physiologically, officers face alarming rates of cardiovascular disease and high blood pressure.<sup>2</sup> Psychologically, they are more prone to anxiety, depression, suicidal ideation, and alarmingly, actual suicide attempts and completions.<sup>3,4</sup> Behaviorally, the implications include excessive substance use and relationship distress, which are manifested in higher divorce rates and instances of domestic violence than the general population.<sup>5,6</sup>

These personal struggles further extend into officers' professional lives, often leading to increased use-of-force incidents, threatening community relationships, amplifying legal challenges and putting an officer's career at risk. Organizational impacts are equally severe, resulting in lower job satisfaction, increased turnover and tears in the fabric of the culture of a department. The pervasive and detrimental effects of untreated mental health issues underscore the urgent need for a fundamental shift in our approach to mental health and wellness within the force.

### **The historical approach to wellness**

The concept of officer wellness referring to more than just physical fitness has only gained traction within the last decade. Historically, the notion of considering officers' psychological and mental health as part of their overall wellness was nearly non-existent. Over the course of my 20-year career as a therapist working with first responders, I've witnessed a significant transformation in how wellness



is discussed within law enforcement circles. The shift in thinking becomes even more obvious when considering my experience as a young spouse of an officer going through the academy in the early 2000s. Back then, there was a pervasive silence. Talking about mental health was taboo, and doing so would label you as weak or broken. Many of us recall the day of “suck it up, buttercup” as the standard response to emotional struggle. Gradually, the narrative has been shifting to a more accepting tone, but only under certain circumstances — wellness discussions were not accepted unless the triggering event or critical incident was deemed severe enough.

Today, while we have come miles from where we were and there is more openness about mental health, many department wellness programs still primarily operate on a reactive basis. This approach involves mobilizing support only after a crisis or critical incident occurs or when an officer finally musters the courage to seek help.

Despite the best of intentions, the existing wellness frameworks are challenged by a lack of:

**Sustainability:** Programs that rely heavily on a few individuals often falter when these key people leave their roles. This can happen in peer support teams and mental health programs, both of which have limited numbers of individuals providing the primary support.

**Trust:** Not all officers feel comfortable reaching out to internal team members due to concerns about privacy and confidentiality, which are paramount in such sensitive interactions. Lack of access to confidential care remains a primary barrier for officers in getting help at the early stages of their struggle.

**Information:** Different groups within a department’s support system frequently operate separately in silos, and information does not always flow between these groups. This results in a lack of awareness of each other’s actions, which can lead to disjointed care and support.

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Today, while we have come miles from where we were and there is more openness about mental health, many department wellness programs still primarily operate on a reactive basis.

### The consequences of delayed or reactive care

A significant issue within the current wellness paradigm is the inherent resilience of officers, which paradoxically can also be a detriment. By nature, officers are incredibly resilient. And as an industry, we ensure that when a new officer is recruited, he or she is heavily screened psychologically for wellness and adaptability. As a result, officers tend to

endure silently until they no longer can, meaning that by the time they do seek help or respond to a crisis, the situation has been growing for months and even years. In many cases, the request for help or a critical incident is merely the last straw in a series of unaddressed challenges. We are missing the red flags until it is often too late, and we are losing officers to PTSD, disability and even death as a result.

The gaps in early detection, proactive intervention and accessible, continuous care are not just theoretical concerns. They manifest themselves vividly in the escalating rates of psychological distress among officers. It’s clear that to genuinely support our law enforcement personnel, a shift from reactive to proactive wellness is not just beneficial — it is essential.

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### The drive for change

In recent years, various associations and legislative bodies have pushed for the improvement of the mental health and wellness of officers. This push reflects a growing acknowledgment of the need not only to support officers in distress but also to address conditions such as PTSD at earlier stages and to educate officers about the risks associated with their duties. Across the United States, efforts are underway to enhance the way officer mental health is managed, with a particular focus on improving access to care for mental health conditions like anxiety, depression and PTSI or PTSD.

To counter the reactive nature of many existing programs, leading organizations such as the 21st Century Policing Task Force and the International Association of Chiefs of Police (IACP) have developed guidelines aimed at reforming wellness programs within public safety agencies. These guidelines emphasize the importance of data-driven decision-making and the need to measure the effectiveness of wellness initiatives. Such an approach ensures that programs are not just well-intentioned and well-utilized but are validated as beneficial and based on evidence-based practices.

The 21st Century Policing Task Force, in its comprehensive report,<sup>7</sup> underscores officer safety and wellness as a critical pillar of modern policing. This recognition is pivotal, as it places officer wellness on par with other core areas of policing reform, emphasizing its importance to law enforcement agencies’ overall effectiveness and integrity. The task force’s final report highlights various strategies and recom-



Graphic 1



Graphic 2: A Proactive Wellness Program addresses all aspects of an officer's well-being.



mendations for integrating wellness at every level of police work, ensuring that officers receive the support they need both early and often during their active duty service.

Additionally, the IACP provides a practical tool for departments to assess their current wellness strategies. The Officer Health and Wellness Agency Assessment Tool and Action Planning Roadmap<sup>8</sup> is an excellent resource to help departments identify and address gaps in their wellness programs. This self-inventory survey encourages departments to critically evaluate their existing approaches and adopt more preventative, evidence-based and proactive strategies.

### Moving forward to proactive tactical wellness

While these initiatives are a significant step in the right direction, the ultimate goal should be to transition from a reactive model of crisis management and treatment to one that is proactive and preventative and supports officers in

sustaining their natural resilience. By doing so, law enforcement agencies can ensure that the wellness of their officers is not only a response to crises but a fundamental and ongoing priority. (See graphic 1.)

In the same way we consider a ballistic vest an essential piece of tactical equipment, we must consider caring for and supporting the human inside the vest as just as critical. An officer is expected to wear a vest at all times to provide protection, and we hope he or she never finds themselves in a circumstance where they need it to stop a bullet to save their life. In the same way, investing in officer wellness and proactive wellness programs from day one provides that officer and their family with the psychological protection needed to ensure they do not deteriorate to crisis and potential suicide. The cost of not making this investment is unthinkable.

In developing proactive wellness programs for law enforcement, it's crucial to recognize that officers are not just professionals but whole human beings with diverse needs that influence their overall well-being. A truly holistic wellness program addresses these needs comprehensively, drawing parallels to Maslow's hierarchy of needs, which

suggests that individuals must have their basic necessities met before they can achieve higher levels of performance and functioning.

### Foundational elements of proactive wellness

Just as Maslow's hierarchy emphasizes the fulfillment of foundational needs like food and shelter before addressing higher psychological needs, a proactive wellness program must construct a strong base that supports all other aspects of an officer's life. This foundational approach ensures that each component of wellness is addressed, preventing the neglect of one area that could detrimentally impact the whole and thereby creating a gap in the program that a person might slip through. (See graphic 2.)

**Data-driven decision-making:** At the base of this structure lies the imperative to make data-driven or data-informed decisions. This means collecting and analyzing relevant data to understand the specific needs and risks existing



within the department and for its individual members. By basing decisions on concrete data, programs can be tailored to address the actual challenges officers face rather than generalized issues.

**Psychological support:** Building on this foundation, psychological support must be a core component of any wellness program. This includes regular access to mental health professionals, stress management training and resources to help officers cope with the unique pressures of their jobs. Psychological wellness is not merely about addressing mental health crises but providing continuous support to prevent psychological injury from becoming a crisis.

#### **Physical, financial and social wellness:**

- **Physical wellness:** A focus on physical health through fitness programs, nutritional guidance and regular medical check-ups ensures that officers maintain the physical resilience required for their demanding roles.

- **Financial wellness:** Financial counseling and planning services help officers secure their economic future, which in turn reduces stress and enhances their mental health.

- **Social and spiritual wellness:** Developing social relationships and addressing spiritual needs are also vital. Programs that encourage social connectivity and provide access to spiritual support foster a well-rounded sense of community and belonging.

#### **Privacy and confidentiality**

Overlaying all of these components must be a rigorous commitment to individual privacy and confidentiality. It is essential that officers trust that their personal information and participation in wellness programs will always remain confidential. This trust is crucial for the success of any program, as it assures participants that their personal and professional integrity is safeguarded.

#### **A unified approach**

To truly enhance officer wellness, it's essential to move beyond siloed approaches and create a comprehensive, interconnected system. This multi-layered approach ensures that the various components of wellness are not isolated but work in harmony to provide a safety net that addresses all aspects of an officer's well-being.

In a multi-layered wellness program, the core components — psychological, physical, financial and social wellness — are supported through a combination of internal and external programs, all under-

pinned by robust, data-driven measures. This integration ensures that each component complements the others, thereby eliminating gaps that might otherwise exist in more fragmented systems. (Graphic 3)

#### **Internal programs:**

- **Peer support:** “The Power of the Peer” provides officers with the chance to receive support and guidance from colleagues who have faced similar challenges. The shared experiences among peers foster a unique level of understanding and empathy.

- **Chaplains:** Spiritual support remains a critical component, offering counsel and comfort, helping officers navigate personal and professional crises in a confidential setting.

- **Training:** Ongoing educational programs equip officers with the skills and knowledge necessary to manage stress, recognize signs of mental health issues and effectively support their colleagues.

#### **External Resources:**

- **Culturally competent therapists:** Establishing a network of external mental health professionals who not only are diverse and vetted but also evolve with the department ensures that every officer can find a therapist who suits their needs. This diversity supports the whole system around the office, not just the individual, and adds an additional layer of confidentiality. This can be one of the most challenging elements of a program for a department to navigate on its own. Engaging with third parties, rather than in-house professionals or resources for assistance, can provide an extra layer of confidentiality and expertise to effectively secure access to culturally competent providers.

- **Access to specialized care:** It's crucial to provide officers with access to both higher-level psychological care and community-based support systems. This would allow for a broad range of treatment options tailored to

Graphic 3





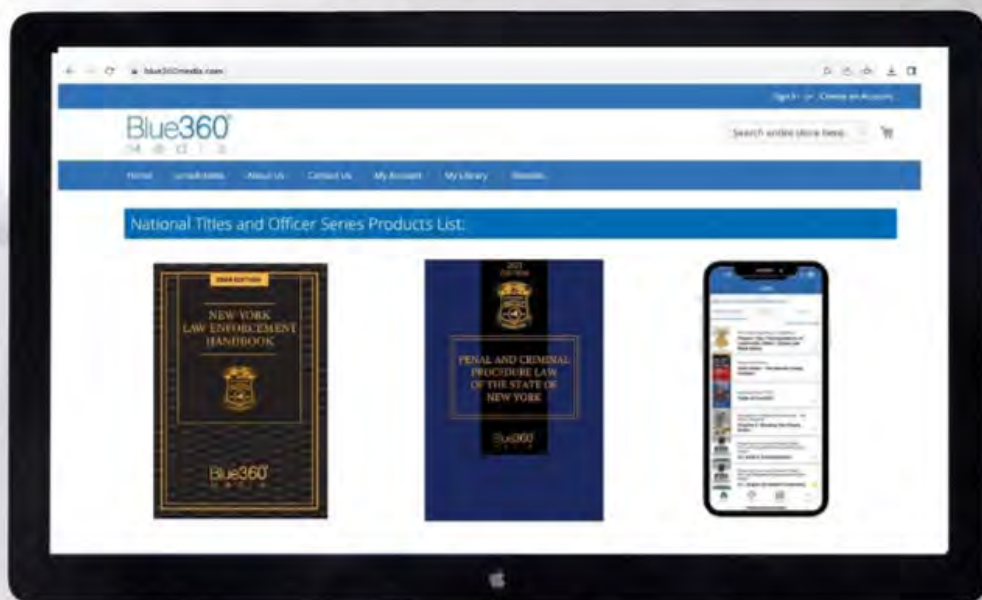
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individual needs. These can include regular mental health sessions, intensive outpatient programs and residential treatment programs.

**Data-driven oversight:** Focusing on utilization metrics as the measure of success is a common pitfall in many wellness programs. Instead, a data-driven approach emphasizes the effectiveness and outcomes of each program component:

- **Early indicators:** Data analytics should be employed to detect early signs of distress or need, allowing for timely interventions before there's a crisis.

- **Specific needs assessment:** Data should inform us about the specific needs or issues an officer might be facing, ensuring that the support provided is targeted and appropriate. This can be expanded to evaluate the whole department with special protection and attention to each individual's privacy and confidentiality.

- **Outcome evaluation:** After implementing a support measure, it is vital to assess its success in meeting the intended goals, ensuring that the action taken was not only appropriate but effective.

## Ensuring no officer is left behind

There is genuine reason for optimism as we stand at the crossroads of tradition and innovation in officer wellness programs. The shift toward a holistic, proactive and integrated approach to officer wellness marks a paradigm shift in not just wellness but in the industry as a whole. This vision for the future is built on the foundation of unity and comprehensive support, where internal and external resources collaborate seamlessly under the guidance of data-driven insights. Such an approach ensures that every officer has access to the support they need to thrive, not just survive. With each component of the wellness program interlinked, we eliminate the silos that historically have hindered effective support, creating a robust network that uplifts every member of the policing community.

Moreover, the emphasis on privacy and confidentiality within these programs ensures that officers can seek help without fear of stigma or repercussions, fostering an environment of trust and openness. This is crucial, as it encourages officers to address potential issues early, leading to better outcomes, a healthier workforce and an end to the suicide crisis.

As we move forward, let us remain committed to refining and expanding these wellness programs, driven by the ongoing evaluation of their effectiveness and the evolving needs of our officers. Our mission is clear: to ensure that every officer ends their career as healthy as they started.

With continued dedication, collaboration and innovation, the future for officer wellness is not just hopeful — it is bright. Together, we will build a legacy of health and vitality that will empower our officers to face the challenges of their

roles with the resilience they came to this career with, benefiting not only themselves but the communities they serve. This is our mission, our promise and our commitment to those who protect and serve.

## Endnotes

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## About the author



Colleen Hilton is a licensed marriage and family therapist and serial entrepreneur in first responder and military mental health. Currently serving as CEO of Alli Connect, she aligns her clinical expertise and business leadership to tackle the biggest challenge in 21st-century policing: officer mental health and wellness.

Hilton brings a unique perspective to mental health for first responders as a licensed clinician, strategic business leader, military family member and former police spouse. She is outspoken on national podcasts and stages on the mental health crisis in the first responder community and the need to challenge the status quo, shifting to a preventive and proactive approach to psychological resilience. She holds a master's in counseling psychology, and a bachelor's degree in psychology, with a minor in criminal justice. She maintains certification in mass disaster mental health and CISM, with expertise in department program development and response. Hilton is proud to have worked with agencies at both the local and federal level including Seattle PD, Bellevue PD & Fire, King County Sheriff, the DoD and the American Red Cross.

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# Factors in Leader Development: Leadership Traits

By Greg Veitch, Retired Chief of Police from Saratoga Springs, NY



## The Link Between Officer Wellness and Leadership

It is well established that people working in high-risk occupations, like police officers, face more and different kinds of stress than other occupations. The list of negative and emotionally distressing things that a police officer must deal with on the street is endless. Police officers must not only deal with the myriads of problems associated with crime and disorder on the street, but they also carry the added burden of endless bureaucratic red tape, inconsistent and often unfair supervision, a lack of resources in their own departments, and of course, all officers have the normal, everyday stressors of life. Added to all of this is the perceived lack of support from politicians, police administrators, and large segments of the public that officers are often acutely aware of.

Is it any wonder then, that police officers have been found to suffer from higher rates of burnout, illness, stress, absenteeism, and early retirement, than other careers? (Russell, 2014) Even twenty to thirty years ago it was recognized that police officers are at higher risk of developing stomach disorders and heart disease, as well as elevated risks of drug and alcohol abuse, divorce, and suicide. Years ago, police officers were routinely told in the academy that they could expect to live only five to seven years, on average, after retirement.

There is no doubt that police chiefs recognize the need to take care of their employees, and over the years departments have become much better at attempting to

address the area of officer wellness. From adding mental health coverage to pre-existing health care plans, to the development of Employee Assistance Programs, and training officers in peer support roles, some departments are offering more and better services to their officers than ever before. A common theme among very

senior officers and retired police officers that I often hear when discussing the profession-wide focus on officer wellness is, “I wish we had some of that when I was first starting. Officer wellness wasn’t even a thing back then.”

While police agencies around the country are doing more than ever to provide resources for officers in this area, there still seems to be a general

feeling that it is not enough. Police commanders often wonder if they are missing the mark. Some departments struggle with the fact that many officers may be reluctant to access what is available to them.

One way in which to address the issue of wellness in policing is to link officer wellness to leadership. One of the common mistakes leaders often make is assuming that the problem is always “out there” and not “in here.” In other words, the source of officer wellness issues is the nature of policing, the calls for service, shift work etc... and not the leadership style or culture of their own leaders and departments.

When it comes to concerns like stress, burnout,



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emotional exhaustion, depersonalization, cynicism, and emotional well-being, it is easy to focus on critical incidents, violent encounters, and calls for service that are emotionally charged, complex and dangerous. Chronic exposure to the worst society has to offer and acute traumatic events certainly can lead to the issues mentioned above and more. Leaders must certainly have a plan in place to address this source of stress and burnout for officers. This starts with leaders having a plan (policy) in place to support officers with the daily stressors encountered on the street.

Many police officers do not access the mental health services available to them because they do not know what is available to them, or worse, there is nothing in policy that explains what is available and how to access it.

Without a clear policy, line-level supervisors are left to their own best assessment of what an officer needs after a critical incident. This leads to an inconsistent and haphazard departmental response to traumatic events. With all good intentions, supervisors may not address officer needs appropriately. As leaders, being willing to help in any way we can, may not be helpful at all if we and our officers have no idea what help is available or how to access it.

Does the officer have to file a claim with insurance? Does HR need to be involved? Who is entitled to know if (and how many) visits to a counselor were accessed? What are the roles and responsibilities of peer support officers? Who is paying if insurance coverage is declined? Do officers get overtime to attend counseling sessions after a critical incident? What if they work midnights and the counseling is only available during the day? What if they are experiencing stress over non-work-related issues that are compounded by work related stressors? Is this counseling strictly confidential? What if the concern is chronic stress and not a single traumatic event? Which types of calls for service will require mandatory counseling and/or time off?

Interestingly, one study (Hofer & Savell, 2021) indicated that some officers who had been mandated by

policy to attend counseling continued to access mental health services for other issues (including personal issues) after benefitting from mandatory counseling after a critical incident. These officers expressed that they would never have gone to counseling if they had not been mandated to do so, but realized the benefits of continuing, even after the mandated sessions had concluded.



Establishing policies and procedures is the job of the police chief. It is good leadership. There are many sample policies available to any department that is looking for one and I doubt any police chief would be unwilling to share their policy if asked. Officers should be able to trust their departments to

have many of these concerns addressed through a solid policy before it is needed. Knowing that there is a need, good leaders have a plan in place (policy) to provide the help needed when it is needed.

Beyond just having a policy in place, effective leadership can help reduce stress and burnout among officers. More and more studies are finding that supportive, positive and democratic leadership styles, like transformational leadership, leader-member exchange and servant leadership, have a positive effect on overall employee wellness.

Yet the command and control structure of policing, lack of effective mentors, haphazard leadership training efforts and a general lack of support for real positive leadership throughout the profession continues to be one of the primary sources of stress for officers. Dr. Kevin Gilmartin, author of *Emotional Survival for Law Enforcement* describes the impact of poor leadership on police officers by using the following quote, “I can handle the assholes on the street, I just can’t handle the assholes running this agency.” By which he means that many officers feel more threatened by the management and supervision of their agency than they do the dangers of the street. (Gilmartin, 2002)

A participative leadership approach can help reduce

*Continued on Page 46*

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uncertainty and address officer concerns before a particular service is offered. For example, inviting peer support personnel and union leaders to help choose an EAP program will likely help to address the confidentiality and credibility concerns officers may have before an EAP plan is paid for and implemented.

One city offered an EAP plan without any input from officers. HR personnel decided on a “cost sensitive” program run by a local company, thinking they were doing a good thing for the officers by providing a new range of services for them. When the company representative (who lived in the area) came to the department to explain the plan and benefits, the officers recognized the person as someone they had arrested just one month prior. It is not hard to imagine the concern expressed by the officers about confidentiality and trustworthiness regarding the company that was chosen, despite the assurances the company made regarding confidentiality.

Hostile, discipline-focused leadership, and toxic supervisor-employee relationships are often found at the heart of stress and burnout among line-level workers. As it turns out, especially for high-risk occupations, it is the daily stressors of poor supervision, bureaucracy, and negative culture more than the less frequent but more intense traumatic events that are most likely to impact officers negatively (Baker, Richardson, Fuessel-Herrmann, Ponder, & Smith, 2023).

As far as chronic stress and burnout are concerned, it is often not the job, it is the person you work for. A hard realization for most leaders to accept, and an even harder issue to address. After all, no one really believes they are the “asshole” as Dr. Gilmartin observes.

Excellent leadership that supports a positive, supportive culture within the department will go a long way toward accepting mental health as a priority among the rank-and-file and reduce the stigma of seeking mental health services that is still often found in the police culture. The days of officers responding to a shoplifter

immediately after clearing an infant death scene should be in the past.

If dispatched, most officers will simply respond to the shoplifter without complaint. Leaders trained to be sensitive to the importance of officer wellness and empowered to act, might choose to reassign the shoplifting call in order to give the officer who just left the infant death scene some time to process that situation before getting back in the call rotation.

This scenario highlights how an alert, understanding leader might be able to mitigate some of the stress of a potentially traumatic call for service by reducing the burden on the officer to immediately respond to another routine call without time to gather their thoughts immediately after a tragic and emotionally charged call for service.



On the other hand, it should be obvious that an autocratic, self-centered, abrasive supervisor, who demands the officer “suck it up and just handle the call” promptly, might be doing harm in situations like this. Police chiefs should train their subordinate leaders that mental health is a priority, model that priority, and then hold them accountable

for making decisions that honor that priority rather than just checking the training box and moving on.

There is not one single approach to officer wellness. Good leaders know that there are many pathways to achieving success and that includes the area of improving the overall well-being of police officers.

Mandatory counseling after critical incidents may be beneficial. As noted above mandatory counseling may open the door for some officers to continue to access services they need. Effective leaders will recognize the need to communicate any change in policy and include officers in the decision-making process about which calls for service will trigger mandated counseling sessions, debriefings, time off, etc...

Offering services for non-work-related stress and/or faith-based programs may be beneficial to some officers who are reluctant to participate in department-linked



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services. It should be obvious that stressors at home can affect work performance and vice versa and some officers may be more likely to access services from providers that are aligned with their profession (ex-cops) or religious beliefs.

It should be kept in mind that different ranks may face different stressors, and one should not forget that police chiefs face different challenges than line officers. Where a line officer may have to deal with an unrealistic and belligerent intoxicated person on the street, police chiefs are often faced with unrealistic and belligerent politicians, or years-long contentious grievances and lawsuits. Vice detectives, middle managers, dispatchers, analysts, chiefs and beat cops all have unique experiences that can affect them, and it would be smart to recognize that when it comes to officer (and chief) wellness, there is no one-size fits all program. Leaders need to look after their own health and well-being at the same time they look after their officers.

Officer wellness is linked to leadership. Good leaders recognize the hazards that officers face on the street every day and take steps to proactively address the negative consequences of critical incidents by having a solid plan in place (policy) and clearly communicating the details of the policy to all officers.

It is also true that officers experience a significant

amount of stress from the type of supervision they receive. The chronic negative effects of selfish, abusive, inconsistent, unfair, and ineffective supervision may in fact be more harmful than anything officers face on the street. By improving leadership within the department along with providing a range of mental health services, training, and supporting peer support efforts, along with constantly communicating the importance of officer-wellness and the steps the department is taking to address the issue, leaders may continue to improve the profession and benefit officers on and off the street.

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# Building a Mental Health Training and Peer Counseling Program for Crime

## Analysts in the New York State CrimeAnalysis Center Network

*By: David McBath, CACN Director of Risk Analysis and Policy*

*Larry Eggert, Director, Niagara Intelligence and Crime Analysis Center*

Over the past few years, the 11 Centers that make up the New York State Division of Criminal Justice Services (DCJS) Crime Analysis Center Network (CACN) have become an integral and unique part of the law enforcement community throughout the state. In 2024 alone, Analysts handled over 130,000 requests for service from our law enforcement partners — a 38 percent increase from 2023.

Crime Analysts are deeply involved in all facets of criminal investigations and can rightly be considered “unsung heroes” behind the scenes. While officers patrol the streets and detectives chase down leads, Analysts sift through mountains of data, monitor hundreds of cameras, and review hours of video evidence to sup-

ma, and human suffering can have a profound impact on mental well-being. For this reason, mental health training and peer counseling are just as essential for Crime Analysts as they are for the law enforcement community in general.

### The Emotional Landscape of Crime Analysis

Crime Analysts routinely review disturbing material, including graphic crime scene photos and videos related to domestic violence, child abuse, sexual assault, and homicide. Unlike field officers, who may find resolution through arrest, prosecution and conviction of an offender, Analysts often remain immersed in the data without closure or emotional release. This constant exposure can lead to the vicarious trauma, compassion fatigue, and burnout, all of

which may affect an Analyst’s health, performance, and quality of life. Without proper support, the cumulative effects can compromise not only the individual but also the critical work they provide to law enforcement agencies.

### It Starts at the Top

As the CACN matured, leadership identified wellness as a priority in its strategic planning process. Our leadership team, consisting of our Deputy Commissioner, Program Manager, CAC Directors, Assistant Directors and Lead Analysts engaged in open and honest discussions about this issue. All agreed that mental health is as important as physical health in sustaining our workforce.

To move this concept to become a reality, a working group of Crime Analysis Center Directors was formed to research wellness initiatives. They connected with the New York Law Enforcement Assistance Program (NYLEAP), a nonprofit dedicated to improving the mental health of first responders and their families, at no cost. NYLEAP leadership, including President Jim



**Analysts of the Capital Region (Albany) Crime Analysis Center meeting to discuss enhancing law enforcement partner access to Center services**

port investigations. Yet, behind the spreadsheets and surveillance footage lies a psychological toll that is easy to overlook.

Constant exposure to images of violence, trau-

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Banish and Clinical Director Brian Flynn, expressed interest in tailoring support to the unique needs of Crime Analysts and committed to helping the CACN build a sustainable wellness program.

### **Help Is There**

NYLEAP recommended that CACN leaders first experience the training themselves. In late 2024, a group of Directors attended NYLEAP training in Binghamton, modeled after the International Critical Incident Stress Foundation (ICISF) program. Over the course of four days, the Directors completed two courses. The first, *Assisting Individuals in Crisis*, provided knowledge, skills and techniques to support people experiencing crisis or emotional distress. Immediately following, the group took part in *Group Crisis Intervention*, which focused on strategies for working with small and large groups affected by crisis.

Both sessions, led by Banish and Flynn, were hands-on and interactive. By the end of the training, the Directors were unanimous in their praise of the experience and confident that NYLEAP would be a valuable partner in building a wellness program tailored to the unique needs of CACN staff.

### **The Next Steps**

In partnership with the DCJS CACN training team, we will launch our first staff training in the fall of 2025, hosted by the Broome County Sheriff's Office. This session will target Lead Analysts, Assistant Directors, and other staff. Following this, volunteer Analysts will receive specialized training to serve as peer counselors. This peer-to-peer approach is intended to remove barriers that may exist in supervisor-subordinate relationships, ensuring Analysts can confide in colleagues who fully understand the challenges of their work.

### **Building our Mental Health Support System**

By the end of 2025, CACN plans to launch a formal in-house Wellness Program staffed by trained peer volunteers. These individuals will be prepared to conduct both individual counseling and group debriefings, supported by a comprehensive written policy to ensure consistency across the network.

The policy will also provide staff with confiden-

tial access to licensed mental health professionals who specialize in law enforcement wellness, further strengthening the program's reach and impact.

### **The Ripple Effect**

Supporting Analysts' mental health benefits more than just the individual. Analysts who are healthy and resilient think more clearly, identify patterns faster, and provide more accurate insights. A culture that values wellness builds trust and collaboration across law enforcement agencies, improves retention, and



**Crime Analysis Center staff examining a shell case using NIBIN machine technology that is available at each of our 11 Crime Centers throughout New York State.**

reduces the cost of turnover and training.

### **Conclusion**

Law enforcement professionals are routinely exposed to the darkest corners of human behavior. Crime Analysts, though not on the front lines, experience this trauma vicariously and often without recognition or acknowledgement. For them, mental health training and peer counseling are not optional. They are lifelines.

By investing in this wellness program, the Crime Analysis Center Network is empowering Analysts to excel in their work while safeguarding their emotional well-being. In a profession where precision and insight can save lives, the mental health of those behind the data must remain our top priority.

Authors' note: Niagara Intelligence & Crime Analysis Center (NiCAC) Director Larry Eggert is leading this initiative for the NYS CACN. Questions can be directed to him at [larry.eggert@dcjs.ny.gov](mailto:larry.eggert@dcjs.ny.gov).





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