RECOVERY THROUGH NORMALIZATION OF BEHAVIORAL HEALTH CARE

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WHAT ARE WE GOING TO TALK ABOUT?

- Police officers are not connected to BH services
  - They have PTSD at high rates
    - PTSD development can be non-traditional
    - What does it look like in the law enforcement officer (LEO)
  - They die by suicide at high rates
- What works
- How to normalize behavioral health service to police officers
I GOT THERE BY:

- **Experiencing one triggering event of suicide and two subsequent events of suicide**
- **Intervention possibility**
- **Second intervention possibility**
- **Third intervention was a crisis intervention specialist who I trusted**
  - Connection to BHP was rooted in the trust I had in him
- **Led to treatment**
  - Contemporaneously creative therapy EMDR and ADHD medicine
  - Successful-ish no longer suicidal but not in recovery
WHERE I WAS AT

• The second connection with a BHP led to renewed treatment and recovery changed my life.
• It’s not that LEOs are not accepting to open up it’s that they are non-trusting.
• Without trust connection is impossible.
• Without connection treatment will not happen.
• We all have difficulty with trust LEOs have more mistrust and require more time.
TREATMENTS THAT WORK

- Police are independent operators who want to fix their own stuff
- Police are action oriented
- Treatments should reflect this personality
- Treatments should also detach us from the place we’re in while connecting us to the whole event and/or the whole world
SO WHAT ARE THOSE TREATMENTS THAT WORK

• EMDR
  • Detaches the event from our amygdala
  • Connects ourselves to the event

• CBT
  • Detaches ourselves from our anxiety, sadness, anger
  • Connects us to the world outside of ourselves
CONNECTION IS NECESSARY

- Brene Brown teaches us that Connection drives empathy.
- Thomas Joiner teaches us that Disconnection is a significant driver in suicide.
  - And connection is a significant protective factor.
- Cultural competency is necessary for connection.
- First point of contact creates opportunity for recovery.
- Treatment makes recovery possible.
- Saves careers, families, and lives.
NORMALIZE TREATMENT

- **Require Psychological Assessments**
  - Develop the relationship/connection between BHP and officer
  - Detect concerns before or while it’s developing

- **Health Plan Coverage**
  - Provide coverage for regular BHP visits, like our annual PCP or semi-annual for our dentist
  - Don’t require a diagnosis for billing – just a check-in

- **EAPs**
  - Psychological providers list vetted for each to have police culture knowledge
  - Make them free, anonymous, open to immediate family members, and limitless

- **Embed**
  - Peer Support Specialists (CISM)
  - BHPs as police department employees who deploy to calls for service at request of officers
REFERENCES

THANK YOU!