Police Officer Wellness Evaluation Response™ Survey Results
Olivia Johnson, DM, MA

Contributors: Elizabeth Willman MS, LPC, NCC, CSAC, SAP, Robert Douglas Jr., DCC, Michele Neil-Sherwood, DO & Mark Sherwood, ND

ABSTRACT

The Police Officer Wellness Evaluation Response™ Survey was designed to take a broader look at police officer wellness from an officer standpoint. The survey collected data and measured individual “holistic wellness” of 1,000 commissioned/sworn law enforcement officers nationwide. This confidential, multi-dimensional survey instrument was designed to address four specific areas of wellness: physical, emotional, psychological, and spiritual and to report broad data concerning basic officer demographics. No names, departments, or other personally identifying information was collected, used, or distributed. The survey sample was not significant enough to make generalizations regarding a larger police officer population or police officer wellness on a larger scale. However, it is the hope of the survey developer that the information collected provide insight into areas that police officers believe should be more readily addressed in first responder wellness training (i.e., academy, post-academy (i.e., formal and informal), and pre-retirement), to help improve the lives of all police officers.

Keywords: Holistic wellness, police officer wellness, wellness training

The Blue Wall Institute and its authorized agents were responsible for the development of the survey instrument to include the use of an online survey tool, survey distribution, data collection, and statistical analysis.
Police Officer Wellness Evaluation Response™ Survey Results

Fitness-for-Duty evaluations are used in the law enforcement setting to determine if an officer or officer candidate is emotionally and psychologically “fit” to perform the duties of a police officer, while legally protecting agencies from “… significant civil liability … and serious consequences” (Fischler, McElroy, Miller, Saxe-Clifford, Stewart, & Zelig, 2011, para. 1). The problem, once initial hiring processes are complete, administrators often take the mental health and wellness of their officers for granted (Kelley, 2005). Initial hiring procedures, to include psychological screenings, assist agencies in selecting the most suitable officers for gainful employment. These initial hiring processes are often the first step in future follow-ups, whether for routine, yearly psychological testing, or mandated referrals to a healthcare provider based on a specific incident, problematic behaviors, etc. Though understandable why fitness-for-duty evaluations are necessary, many police officers are uncomfortable with these evaluations for several reasons.

First, there remains a common consensus among police officers that administrators are generally not concerned with the health and wellness of the officers within their respective agencies. The “us” verses “them” mentality makes this issue even more difficult to address. It has even been said that administrators are often “… more concerned with deviance and dysfunction than with health and resilience” (Kelley, 2005, p. 7). However, it should be noted that administrators who fail to acknowledge issues relating to officer health and resilience may eventually have to deal with issues of deviance and dysfunction (e.g., use-of-force or citizen complaints, low or declining evaluations, excessive sick leave, relationship issues, etc.). It should also be noted that perceptions are not always reality and there seems to be disconnects in the area of health, wellness, and concern between many officers and administrators. This is an area where closer examination may be necessary.

Second, many police officers have trust issues when addressing things like mental health, wellness, and personal resilience. Officers are not only hesitant to ask for help, many are hesitant to seek it out on their own, and hesitant to share intimate details or issues(s) with those in supervisory or administrative roles (i.e., Sergeants, Lieutenant, Captains, Majors, and Chiefs) and non-law enforcement affiliated individuals (i.e., clinicians, healthcare providers, psychologists, psychiatrists). This is due in part, to a culture that sees police officers as helpers and not as those needing help. This mindset can be seen in the individual officer and law enforcement collectively.

The culture of law enforcement, past and present set the “tone” within an agency about what is and is not acceptable. Many older generation officers have a mindset that cops must “suck it up” and “press on,” and during a call (or even after a call) is not the time to have a breakdown. No one would argue that breaking down on scene is not acceptable or tactically advantageous. However, this same mindset/mentality then reverberates into the mind of the individual officer who now may have trouble reaching out for help or seeking out assistance with issues that may have been exacerbated by working conditions (e.g., stress, trauma, depression, substance abuse, etc.). There are undertones in the “unwritten” code within law enforcement that those who need or ask for help are weak. Officers asking for assistance are not seen just as personally weak, but the culture as a whole is now seen as weak (i.e., weakest link theory). Sadly, this mentality is a cornerstone in law enforcement and will be difficult to break or overcome.
Working with someone suffering from a mental health issue/emergency is far more dangerous than perpetuating the lie that someone is mentally stable because of the fear of confronting questionable behavior. Providing timely treatment for the issues that led to the questionable behavior is often very impactful and regularly results in an officer returning to full-duty status. It is baffling that as a society, we do not expect to see officers with mental health issues, let alone, see career officers who have seen it all and done it all, and still not understand how they could be suffering from psychological strain. Henry (2004) explains, “… police officers are human beings, and they are susceptible to the same universal human tendencies and transformations that would affect anyone who witnessed death” (p. 13). By virtue of the job, officers are subjected to stress, trauma, human misery, death, and destruction (Henry, 2004). It should also be noted that many things dictate the amount of “damage” the job will have on an officer (i.e., type and size of the agency, number of calls, types of calls, years on the job, personal resilience, training and education, social support, genetic predispositions to mental health issues). The officer in-turn will carry this damage with them physically, emotionally, and psychologically. As humans, anyone who must witness the death of another human being will be affected, because “…. the death … is to some extent a painful reminder of one’s own mortality, and every death encounter entails some degree of psychological trauma that results in subtle or profound psychological transformation” (Henry, 2004, p. 3).

Society at-large is often secretive when asked about mental health issues. In part, because issues dealing with mental health are seen as taboo and those seeking help for such issues are often stigmatized. The stigmatization, often due to fear of the unknown, ignorance, and shame, all too often foster an environment forcing those who suffer to do so in silence. Officers needing mental health assistance frequently shut down when dealing with individuals they believe will not or cannot understand the basics police culture, because the professional trying to help them has not been an officer. In-turn, officers would rather not deal with anyone they believe cannot understand them, cannot understand their profession, or cannot understand why cops are they way they are. In fact, many officers who suffer with mental health issues are often reluctant to talk with administrators or healthcare professionals at all. As a result, many treatable mental health conditions go untreated and officers are left to struggle and deal with their issues silently and alone (Kelley, 2005). At the point an officer is suffering from a mental health issue, officer discretion is often limited and issues of perception/reality arise because logical thinking is clouded and many times problem-solving abilities are minimized.

Oftentimes, officers see their situation as “worst case” scenario. In addition, they may be ashamed of the issues they are dealing with and may be fearful of sharing details with others, including fellow officers, for fear of judgment. During times of stress it may be more difficult to resolve issues or to see viable options. Officer discretion may become more dichotomous in nature (i.e., black/white, right/wrong). Dichotomous thinking can lead to poor decision-making, and in-turn, can leave officers feeling as though they are backed into a corner with limited options for resolution.

Third, officers are reluctant to be open and honest for fear of the “unknown.” They fear the possibility of losing their gun, badge, and career. Sometimes being honest about certain things in one’s personal life can seemingly result in catastrophic consequences. Being open and honest with healthcare providers, mental health clinicians, or other healthcare professionals about things like drug and alcohol abuse and/or addiction, mental health issues, or having suicidal ideations can seemingly be a very scary ordeal. It is scary because admitting to such issues could ultimately cost an officer their job, the
respect of fellow officers, and even the loss (whether real or perceived) of a marriage or significant relationship, to include the loss of custody of children. It is seemingly the “unknown” that often keeps officers from asking for assistance. Officers are reluctant to ask for assistance because they are seen (and they see themselves) as problem-solvers. In essence, asking for help can leave many feeling helpless and weak, two emotions, which police officers hesitate to acknowledge. However, police officer wellness encompasses much more than a fitness-for-duty evaluation, though this is extremely important. Wellness is often used in such a broad and blanketing way that many important components are overlooked and often, taken for granted.

It should be no surprise that agencies want the “most suitable” candidates in order to, at a minimum limit departmental liability. However, being suitable also includes what an officer partakes in or does while off-duty, as bad behavior can reflect negatively on the officer and the department. There is an expectation on the part of the agency that officers will behave in such a way that his or her actions and behaviors will not reflect negatively on the department. Of course there are many cases of cops and bad behavior on and off-duty. However, these issues usually do not come to light unless an officer is arrested or the media was made aware of the incident. (e.g., driving under the influence, domestic violence, arrest, suspension, indictment, termination, or jail time) (Johnson, 2012).

Bad behavior in police officers can be attributed to numerous things: power trips, suitability in hiring, lack of training and education, poor decision-making, overreactions, addiction, anger/stress management issues, personal issues, a cry for help, etc. Officers struggling with alcohol addiction for example, may be struggling in many areas of their lives. They may have issues in relationships on and off-duty, may demonstrate reckless behavior, and have low or declining performance evaluations. In addition, they may be working with hangovers, which could inhibit them from being or remaining professional, they may receive complaints regarding problematic behavior, they may call in sick or go home early, have or have had issues of domestic, child, or animal abuse in the home (possibly unknown to outsiders, co-workers, or administrators). So in essence, a ‘personal’ issue like alcohol addiction can affect every area of one’s life, department, and community in which they work. The problem with alcohol in the law enforcement culture is that it is highly acceptable to drink, even to excess (Willman, 2012), and officers are hesitant to confront another officer about problematic drinking or other bad behaviors.

Though research is lacking regarding the number of “problematic” drinkers in law enforcement, one study estimates a quarter of cops struggle with alcohol abuse (Violanti, Vena, & Marshall, 1986). Another study published in the FBI Law Enforcement Bulletin estimates alcohol abuse in law enforcement as twice as likely to occur than such abuse within the general population (Violanti, 1999). Still others argue it is much higher, but the shame and stigma associated with alcohol abuse and addiction, keeps many officers concealing how much they drink and others flat out lying.

No one wants to be the “bad” guy. No one wants to cause additional issues for the problematic officer, but most importantly, no one wants to be left holding the bag if the officer were to be placed on administrative leave, is subject to counseling or reprimand, is terminated, or mandated to counseling or treatment. Sadly, officers are afraid of losing the respect of others or being labeled as a rat. The truth, problematic officers need to be addressed because they place the safety of everyone they encounter in jeopardy. A deliberate failure to do so may ultimately place moral, legal, and ethical obligations on those failing to take responsibility for the actions of a fellow brother or sister in need.
Methods

The survey instrument was designed and shared via KWIK Surveys, Facebook, LinkedIn, Twitter, and mailed out per individual or departmental request. Departments interested in participating in the confidential survey were mailed hard copies. Officers were allowed to take the survey off-duty, in the privacy of their own residence, without fear that anyone would have access to their completed surveys. A postage-paid envelope was included so surveys could be mailed back anonymously. The P.O.W.E.R.™ Survey was made available online and in printed form from August 28, 2011, until September 1, 2015, when the goal of 1,000 commissioned/sworn police officers was reached.

A pilot survey was given to four commissioned police officers. The results from the pilot survey were not included in the final survey results. Based on input from the officers involved in the pilot survey; several wording changes were made in order to provide more clarity and ease in reading survey questions. The final survey instrument included a total of 40 questions (see Appendix A). Thirteen questions were basic demographic questions, 11 questions related to physical wellbeing, 11 questions covered psychological and emotional wellbeing, and five questions asked about spiritual wellness. The pie charts and bar graphs were developed using Meta-chart.

Results

Demographics

The study population consisted of only current commissioned/sworn male and female law enforcement officers living in and working in the Contiguous United States. The sample was chosen randomly using a nonprobability sampling technique. According to Evans and Rooney (2014), the probability of choosing a specific individual is virtually impossible, and it should also be stated that not everyone within the population sample had the same probability of being chosen. According to Bureau of Justice Statistics (BJS), “… local departments in the United States employed an estimated 605,000 persons on a full-time basis. Of these, some 477,000 (approximately 79%) were commissioned/sworn officers with basic arrest powers (BJS, 2015, as cited in Reaves, 2013, p. 1.). Thus, the survey sample based on a nonprobability sampling technique was not large enough and does not accurately represent the chosen research population, “… and this can influence the external validity of study data” (Evans & Rooney, 2014, p. 131). The nonprobability sample represents less than 1% of the total 477,000 reported commissioned/sworn law enforcement population numbers provided by the BJS for 2013.

**Question 1: What is your gender?** Of the 1,000 survey respondents, 835 (83.5 percent) were male and 165 (16.5 percent) were female. This representation is similar to the 2013 statistics provided by the FBI, where 88.4 percent of all police officers nationwide were male and 11.6 percent were female. Bureau of Justice Statistics (BJS) show female officers accounted for approximately 58,000 officers as of 2013, which is an increase from 27,000 in 1987 (as cited in Bekiempis, 2015).

**Question 2: What is your age?** Respondents were asked their physical age. The following responses were given: there were 0 (0 percent) under 20; 18 (1.8 percent) age 21-24; 95 (9.5 percent) age 25-29; 123 (12.3 percent) age 30-34; 183 (18.3 percent) age...
35-39: 196 (19.6 percent) age 40-44; 201 (20.1 percent) age 45-49; 106 (10.6 percent) age 50-54; 48 (4.8 percent) age 55-60; and 30 (3 percent) over 60.

**Question 3:** *What is your race?* The following choices were provided to survey respondents: American Indian/Alaskan Native, Asian or Pacific Islander, Black/African American, Hispanic/Latino, White/Caucasian, Other. American Indian/Alaskan Native accounted for 11 (1.1 percent); 10 (1 percent) Asian or Pacific Islander; 22 (2.2 percent) Black/African American; 43 (4.3 percent) Hispanic/Latino; 909 (90.9 percent) White/Caucasian; and 5 (.5 percent) Other. According to 2013 BJS statistics, 73% of all commissioned/sworn law enforcement personnel in the Contiguous United States were White/Caucasian, 12% were Black/African American, 12% were Hispanic/Latino, 2% were Asian or Pacific Islander, and 1% were American Indian/Alaskan Native (BJS, 2015, as cited in Reaves, 2015, p. 5).

**Question 4:** *What is your ethnicity?* Respondents were asked if they were of Hispanic Origin or of Non-Hispanic Origin. Respondents answered 64 (6.4 percent) were of Hispanic Origin and 936 (93.6 percent) were of Non-Hispanic Origin. Bekiempis (2015) indicated that between 207-13, Hispanics or Latinos accounted for a 60% increase in law enforcement officers (para. 2). Hispanics and Latinos accounted for about 5% of all law enforcement officers in 1987 and about 12% in 2013 (Bekiempis, 2015).

**Question 5:** *What is your current marital status?* Survey choices provided: married, divorced, widowed, separated, and single (never married). The majority of survey respondents 722 (72.2 percent) were married; 133 (13.3 percent) divorced; 8 (.8 percent) widowed; 21 (2.1 percent) separated; 116 (11.6 percent) single (never married). Research is lacking in tracking the number of married police officers in the US. However, there is something to be said about healthy marriages or healthy relationships or partnerships. The idea is not just being married, but being happily married that contribute to the health benefits of this union (Emling, 2013). Married couples influence their spouse’s physical, emotional, and mental wellbeing, either positively or negatively.
(Emling, 2013). Other research focused strictly on married men and showed that not only do married men live longer and tend to be happier in general than their single and divorced male counterparts (as cited in Harvard Men’s Health Watch, 2010). Research also suggested that married men have lower risks for depression, stress, and isolation (as cited in Harvard Men’s Health Watch, 2010).

Question 6: What is the highest level of education you have attained? Survey choices included: High School/GED; Trade School/Technical School; Some College (less than 2 years); Associates; Bachelors; Masters; Doctorate; or Professional Degree. “In 2013, all local police departments serving a population of 100,000 or more, and nearly all departments in smaller jurisdictions, had a minimum education requirement for new officers” (Bureau of Justice Statistics [BJS], 2015, as cited in Reaves, 2013, p. 7). According to the BJS (2015), approximately 84% of all departments required a high school diploma and approximately 15% required some college (10% required a 2-year degree and 1% required a 4-year degree) (BJS as cited in Reaves, 2013, p. 7).
Question 7: How many years have you been a commissioned/sworn law enforcement officer? Respondents were given the choices: 0-5; 6-11; 12-17; 18-23; 24-29; or 30+ years. Survey results indicate 163 (16.3 percent) had 0-5 years; 181 (18.1 percent) had 6-11 years; 228 (22.8 percent) had 12-17 years; 207 (20.7 percent) had 18-23 years; 142 (14.2 percent) 24-29 years; and 79 (7.9 percent) had 30+ years.

Question 8: What type of department are you currently employed with? Options given included: Rural; Municipal; County/Sheriff’s Department; State; Federal; and Other. Respondents answered: 28 (2.8 percent) Rural; 540 (54 percent) Municipal; 263 (26.3 percent) County/Sheriff’s Department; 52 (5.2 percent) State agency; 30 (3 percent) Federal agency; and 87 (8.7 percent) Other. According to the BJS, local/ police municipalities accounted for approximately 80% of all law enforcement agencies in the US (excluding federal agencies) (Reaves, 2013, p. 2; Table 1; Reaves, 2015).

A 2013 survey conducted by the Law Enforcement Management and Administrative Statistics (LEMAS) estimated the number of local/municipal type police agencies in the US to be around 12,000 (Reaves, 2015, p. 1). These local/municipal agencies consisted of about 605,000 full-time employees, with approximately 79% being sworn officers and 21% being non-sworn (Reaves, 2015, p 1). The number of both sworn and non-sworn personnel showed a steady increase since the initial survey conducted by the LEMAS in 1987.

Question 9: What is your current rank? Respondents were asked for their current rank at the time they completed the survey. Respondents were given the following choices: Officer/Deputy; Detective; Corporal; Sergeant; Lieutenant; Captain; Assistant Chief; Chief; or Other. Approximately half 483 (48.3 percent) of survey respondents identified as Officer/Deputy; 91 (9.1 percent) Detective; 25 (2.5 percent) Corporal; 184 (18.4 percent) Sergeant; 71 (7.1 percent) Lieutenant; 32 (3.2 percent) Captain; 15 (1.5 percent) Assistant Chief; 31 (3.1 percent) Chief; and 68 (6.8 percent) Other.
**Question 10: In what state are you employed as a commissioned/sworn law enforcement officer?** Respondents were asked to identify the state in which they worked as a commissioned/sworn officer at the time they took the survey. The survey area included only current commissioned/sworn male and female law enforcement officers living in and working in the Contiguous United States. The top five states in terms of completed surveys included: Illinois (235); Wisconsin (82); Massachusetts (47); California (45) and Missouri (33).

Figure 1 below shows the top eight cities in reference to the number of law enforcement personnel per 10,000 residents. Figure 1 also shows numbers compiled by the 2010 FBI Uniform Crime reporting Program. As of 2013, the top eight police departments in the US, in reference to the number of sworn personnel include: New York (NY), Chicago (IL), Los Angeles (CA), Philadelphia (PA), Houston (TX), Phoenix (AZ), Las Vegas (NV), and San Diego (CA) (Reaves, 2015, p. 14, Appendix Table 2).

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Population</th>
<th>Off. Per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>District Of Columbia</td>
<td>601,723</td>
<td>65.6</td>
</tr>
<tr>
<td>Newark</td>
<td>New Jersey</td>
<td>280,379</td>
<td>46.7</td>
</tr>
<tr>
<td>Baltimore</td>
<td>Maryland</td>
<td>639,929</td>
<td>46.3</td>
</tr>
<tr>
<td>Chicago</td>
<td>Illinois</td>
<td>2,833,649</td>
<td>44.2</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>Pennsylvania</td>
<td>1,558,378</td>
<td>43.2</td>
</tr>
<tr>
<td>New York</td>
<td>New York</td>
<td>8,336,002</td>
<td>41.8</td>
</tr>
<tr>
<td>New Orleans</td>
<td>Louisiana</td>
<td>356,317</td>
<td>40.8</td>
</tr>
<tr>
<td>St. Louis</td>
<td>Missouri</td>
<td>355,151</td>
<td>38.4</td>
</tr>
</tbody>
</table>

Figure 1: Numbers in the table were compiled per the 2010 FBI Uniform Crime Reporting Program. Table modified using Governing: The States and Localities on December 10, 2015, from: http://www.governing.com/gov-data/safety-justice/law-enforcement-police-department-employee-totals-for-cities.html
Question 11: How many years have you been at this rank? Respondents were given the following choices: 0-2 years; 3-5 years; 6-8 years; 9-11 years; 12-15 years; 16-19 years; and 20+ years. The following was collected: 220 (22 percent) 0-2; 278 (27.8 percent) 3-5; 98 (9.8 percent) 6-8; 98 (9.8 percent) 9-11; 144 (14.4 percent) 12-15; 71 (7.1 percent) 16-19; and 91 (9.1 percent) 20+.)
Question 12: What is the size of your department (i.e., number of commissioned/sworn) officers? Survey choices included: 1-50; 51-100; 101-150; 151-200; 201-250; 251-300; and 300+. Responses indicated the following: 437 (43.7 percent) 1-50; 163 (16.3 percent) 51-100; 96 (9.6 percent) 101-150; 58 (5.8 percent) 151-200; 27 (2.7 percent) 201-250; 39 (3.9 percent) 251-300; and 180 (18 percent) 300+. Approximately half (i.e., 48%) of all police departments nationwide employ 10 or fewer sworn officers (Reaves, 2015, p. 3, Table 2). Sworn personnel in departments with 24 or fewer officers accounted for approximately 75% of all local departments (Reaves, 2015, p. 3).
Question 13: Are you or were you a member of the armed forces? Options given were Yes and No. Yes responses indicated 287 (28.7 percent) and no responses indicated 713 (71.3 percent). The Bureau of Labor does not track statistics on the number of military veterans who transition into jobs in the law enforcement fields (Peterson, n.d.). Many believe this transition can at times be seamless, and it can. There are many similarities between the structure of the military and the modern police agency, but there are also many differences. So as seamless at it may appear to some, the transition from a military career into a law enforcement career, may not be so seamless. In addition, a percentage of veterans are facing mental health issues like critical incident stress and Post-Traumatic Stress Disorder (PTSD) is concerning to hiring law enforcement agencies.

Military veterans have an unusually high suicide rate, with some 22 completed suicides a day, which equates to one death every 65 minutes (Basu, 2013). Basu (2013) goes on to explain that the number of veteran suicides may be higher, as questionable deaths like vehicular accidents or drug overdoses in the absence of a suicide note may be deemed accidental. Many initially assume the numbers are reflective of those military members who have done tours overseas and combat veterans. According to Kime (2015), “a large study of nearly 4 million U.S. service members and veterans found that deployment to Iraq and Afghanistan is not associated with an increased risk of suicide” (para. 1). In fact, the same study revealed that those with the highest suicide risk are members not fulfilling an enlistment (Kime, 2015).

Question 14: Have you received a check-up in the last six months from a medical doctor? Options given were Yes and No. Yes responses totaled 586 (58.6 percent) and no responses totaled 414 (41.4 percent). In fact, current research does not indicate that a yearly physical is even beneficial. However, the term “check-up” or “physical” should be revisited and should be more than just a cursory biomarker check simply for the sake of conducting an exam.

Annual physicals were used as a preventative measure in overall wellness. Numerous research studies have been examined involving 182,000 people, “... comparing people who received so-called general health checks and those who didn’t..... found that routine medical exams failed to reduce overall deaths, disease-related deaths, hospitalizations or costs” (Aschwanden, 2013, para. 3). In fact, many suggestions for current “preventative type” issues are done in regards to the patient’s age and current health related issues (i.e., blood pressure, cholesterol, prostate exams, mammography’s, etc.). As evidence has clearly indicated, routine exams, in their current form, do not create the desired result. A check-up in the purest sense should not only include the physical wellbeing, but the emotional as well.

Question 15: Do you exercise regularly (i.e., at least 30 minutes three times a week)? Options given were Yes and No. Yes responses totaled 604 (60.4 percent) and no responses totaled 396 (39.6 percent). Physical activity is extremely important, and according to the American Heart Association (AHA, 2014), approximately 150 minutes of moderate exercise or 75 minutes of vigorous exercise or a combination of moderate/vigorous exercise per week helps increase cardiovascular health, while reducing the risks of heart attack and stroke.

An even greater issue than a lack of adequate exercise remains the increase in sedentary activity. Oftentimes, first responder careers leave many vulnerable to health concerns due to a lack of cardiovascular health and wellness. Many officers live a very
sedentary lifestyle (i.e., sitting in a patrol vehicle, sitting behind a desk, or simply standing around). Mayo Clinic endocrinologist, Dr. James A. Levine, stated ‘excessive sitting is a lethal activity’ (Casey, 2012, para. 6). Research, though not complete, has linked excessive sitting and sedentary lifestyles to many health-related issues, such as diabetes, injury, obesity, premature death, heart disease, back pain, and several cancers (Casey, 2012). Many remain oblivious of the dangers excessive sitting and a sedentary lifestyle, often, until it is too late. Any amount of cardiovascular exercise is beneficial and can help to eliminate or reduce one’s susceptibility to the many health-related issues seen in those who are sedentary.

According to the Officer Down Memorial Page (www.odmp.org), in the 10 years from 2005-14, 157 officers have died due to heart attacks or sudden cardiac death (see Figure 2). This averages to approximately 16 deaths per year in the past decade. *Figure 2 is a living document and may change.*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
<td>16</td>
<td>12</td>
<td>13</td>
<td>10</td>
<td>19</td>
<td>13</td>
<td>8</td>
<td>10</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

*Figure 2: Numbers in the figure were compiled from data provided to the Officer Down Memorial Page (www.ODMP.org) from 2005-2014. The numbers represent the number of yearly heart attack deaths of police officers in the line-of-duty.*

### Question 16: Based on your height/weight ratio, are you considered underweight, overweight, or average?

Survey respondents were asked to merely state whether they believed they were underweight, overweight, or average for their height and weight at the time they took the survey. No height/weight standardization charts were provided. Survey responses indicated: the majority of respondents 543 (54.3 percent) believed they were “average”; 446 (44.6 percent) indicated they were overweight; and 11 (1.1 percent) stated they were underweight. A more difficult to obtain, yet more superior measure of body fat is taping/measuring. This is why being considered in the “average” or “normal” range may not be reflected accurately by using current body fat standards.

Current body fat standards indicate “average” for women to be 18-28% and men to be between 10-20% (Perry, 2010). However, some believe being average or within normal body fat standards for law enforcement personnel is just not acceptable. Even though body fat standards are individually unique, the average mindset is a cultural issue that must be addressed in order to begin changing the minds of those within the culture.

### Question 17: Do you have high blood pressure?

Response choices included Yes, No, and Unsure. Yes responses totaled 237 (23.7 percent); 706 (70.6 percent) said no; and 57 (5.7 percent) said they were unsure if they had high blood pressure. High blood pressure (hypertension) is merely a response to stress. Chronic hypertension, in turn, is a response to chronic stress.

Stress reduction education should be paramount in every organization, especially in those, with high levels of stress, due in part to job roles and expectations. Chronic hypertension often results in chronic medication usage, and the cycle is often difficult to break. With over 20% of survey respondents reporting they had high blood pressure, additional education should be considered regarding current blood pressure awareness. This could be conducted very easily during squad trainings or during shift change. In
addition, portable blood pressure monitors could be made available within police departments or officers could be made aware of local business with such machines (e.g., Walgreens, Wal-Mart, CVS, local physician offices, or Emergency Medical Services).

**Question 18: Do you consume alcoholic beverages (how many per month)?**
Response choices included: (1-6); (7-12); or (13+) drinks per month, and (Never) (Do not drink). Research is lacking in the area of alcohol use and abuse within the law enforcement population (due to a fear and possible shame of self-reporting). However, it is believed that alcohol use and abuse remains problematic with a percentage of police officers. Results indicate the majority 387 (38.7 percent) reported having 1-6 alcoholic drinks per month; 215 (21.5 percent) stated they had 7-12 drinks per month; 173 (17.3 percent) said they had 13+ drinks per month, and 225 (22.5 percent) stated they Never drink or (do not drink).

In 2013, the National Survey on Drug Use and Health (NSDUH) indicated that little more than half (52.2%) of all Americans (aged 12 and over) reported consuming alcohol. Although most alcohol consumption was in in moderation, some 18 million Americans have an alcohol use disorder characterized as mild to severe (Substance Abuse and Mental Health Services Administration (SAMHSA), 2015). According to the Center for Disease control (CDC) excessive alcohol use is responsible for 88,000 deaths yearly (SAMHSA, 2015).

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V; American Psychiatric Association (APA), 2015), no longer defines alcohol abuse in terms of abuse or dependency, but rather, utilizes a classification of symptoms based on a wider spectrum (i.e., mild, moderate, or severe). In the past, having legal problems as a result of substance use was a criterion that has since been eliminated. The new criteria are helpful in identifying problematic behaviors such as “impaired control, social impairment, and risky use” (APA, 2015, p. 483), which can be problematic within the law enforcement population. Rather than utilizing diagnostic criteria, the SAMHSA (2015) defines three levels of drinking: (1) **Moderate**: defined by gender and equates to one drink per day for females and up to 2 drinks a day for males; (2) **Binge**: drinking 5 or more drinks on the same occasion, at a minimal of one day in the past 30 days; (3) **Heavy**: 5 or more drinks on the same occasion, over 5 or more days in the past 30 days (p. 1, as cited in the DSM-IV, p. 489).

The National Institute on Alcohol and Abuse and Alcoholism (NIAAA) defines alcohol issues and binge drinking by blood alcohol content greater than 0.08g/dl, which usually occurs when females exceeds four alcoholic drinks and males consume five or more alcoholic drinks in a 2-hour period. Survey results indicated that most survey participants (as defined by the DSM-V, SAMHSA, and NIAAA) are not considered heavy drinkers. However, it does indicate evidence of substance use among a percentage of survey participants.

Alcohol use remains socially acceptable among law enforcement and has been used as a way for officers to cope. In a recent study conducted by Livingston and Callinan (2015), study results showed an underreporting of alcohol consumption by some 33%. Underreporting of alcohol consumption was more prevalent among young males (i.e., 40%) and middle-aged females (i.e., 49%) (p.148). Respondents who reported engaging in heavy drinking infrequently (43%), or not at all (22%), often underestimated their consumption (Livingston & Callinan, 2015, p. 158). With alcohol consumption rates frequently underreported, it should also be considered in the current survey results.
enforcement professionals may underreport alcohol consumption for fear of stigmatization, losing respect from peers, or even losing his or her livelihood.

Survey results revealed that 775 (77.5 percent) of survey respondents admitted to consuming alcohol. A total of 225 (22.5 percent) survey respondents said they (Never) or (Do not drink). With over three-fourths of survey respondents reporting they consumed alcohol, it is suggested that more in-depth training and education be provided for all law enforcement professionals and families regarding the personal and professional detriments of alcohol use and abuse. In occupations where stress and trauma are common, it is imperative to provide adaptive coping skills in an attempt to curb the use of maladaptive coping as seen in drug and alcohol use and abuse.

**Question 19: Do you currently use any type of tobacco product?** Responses included yes and no. There were 278 (27.8 percent) yes responses to using some type of tobacco product and 722 (72.2 percent) no responses to using any type of tobacco product. Approximately a third of survey respondents stated they used some type of tobacco product at the time of the study. Health risks associated with tobacco use include, but are not limited to: respiratory disease, cardiovascular disease, cancer, asthma, and death. Almost half a million Americans die each year due to smoking cigarettes (Center for Disease Control (CDC), 2013; U.S. Department of Health and Human Services, 2010; 2014). In addition, other forms of tobacco use are also taking lives (i.e., second-hand smoke, smokeless tobacco, cigars, pipes, etc.). Smoking affects every organ in the body (CDC, 2013).

Even with the noted health risks associated with tobacco and tobacco products, this remains a billion dollar a year industry (Federal Trade Commission, 2015). Billions are spent on advertising, production, sales, and even medical costs associated with the negative consequences of tobacco use. One of the largest concerns when addressing tobacco use (i.e., smoking) is respiratory issues and heart health. Police officers are expected to come into the field fit and to remain fit for the duration of their careers. However, many things can make it difficult to remain physically fit (i.e., sedentary lifestyles, a lack of exercise, smoking, poor eating, environmental factors, and sleeping
habits. Even officers who appear fit (i.e., those within appropriate height/weight standards) may be at risk for things like cardiovascular disease or sudden cardiac death.

According to the Officer Down Memorial Page (www.odmp.org), heart attacks and cardiac-related deaths of police officers in the 10-year timeframe from 2005-14 have account for 157 line-of-duty deaths. No information regarding the lifestyle or smoking habits of the officers who died during this timeframe indicated their deaths were due to health-related issues. No additional information was provided regarding the physical health or any pre-existing health-related issues of the officers who died. However, stress, trauma, and burnout are a few things that increase cardiac/heart-related issues, and police work is demanding and filled with all three. Cardiac-related deaths are not just seen in the career officer, but have been noted in officers deemed to be in peak physical health with as little as two weeks on the job.

Question 20: Do you consume a balanced diet (i.e., whole grains, fruits, and vegetables) a majority of the time? The majority 646 (64.6 percent) of respondents indicated they consumed a balanced diet a majority of the time and 354 (35.4 percent) indicated they did not consume a balanced diet a majority of the time. The definition of a balanced diet is difficult to obtain in today’s world and in the age of information overload, it is more difficult to understand exactly what a balanced diet looks like.

The following model is suggested: 40% protein, 30% carbohydrate, and 30% fat. This represents a common definition of the “Paleo Diet.” The percentages represent an excellent, initial template. The real problem resides in the carbohydrate section. It is suggested that the foods consumed in these sections be natural and organic plant-based, and those to be avoided include: processed food, sugars, and fried food.

Oftentimes, it is difficult for those in shift work-type careers or those on call after call to eat a balanced diet. In part, because there is no downtime to do so, and each shift is unique in that a designated lunch or dinnertime is not guaranteed. In addition to eating a balanced diet, 5-6 smaller meals throughout the day are suggested to keep blood sugar levels from plummeting, which can lead to binges. Eating healthy means planning. Planning includes enough food to eat during a shift and to account for running late and working over. Preparation is the key, so officers are not pulled into the fast food restaurants merely due to hunger or a lack of planning.

Question 21: Do you wear your seat belt ON-Duty a majority of the time? The majority 828 (82.8 percent) of survey respondents said they wore a seat belt ON-Duty a majority of the time and 178 (17.8 percent) said they did not wear a seat belt a majority of the time while ON-Duty. Though the majority of respondents did indicate they wore a seat belt, oftentimes, this is not the case.

According to the National Highway Traffic Safety Administration (NHTSA), from (1980-2008), 733 police officers were killed in vehicular crashes, of those killed 42% were not wearing a seat belt at the time of the crash (as cited in Abdollah, 2013). In addition, reports indicated that approximately 86% of the general public consistently wears seat belts, yet only about 50% of law enforcement personnel do so (NHTSA, n.d., as cited in Johnson, 2015). Of course not every crash is survivable, but seat belts save lives. Arguments are made by law enforcement personnel as to why they do not wear seatbelts include: they are too restrictive, uncomfortable, and can slow response time when exiting patrol vehicles. The reality, seat belts not only save lives, but reduce crash-
related fatalities and serious bodily injury in about half of all traffic crashes (NHTSA, 1984).

Police officers across this country respond to and personally witness the devastation of automobile accidents and crashes where seat belts were not worn and drivers and passengers were extricated (NHTSA, as cited in the U.S. Census Bureau, Statistical Abstract of the United States, 2012). Yet, vehicular crashes and fatalities among American law enforcement personnel remains a leading cause of line-of-duty deaths. In 2014, the Officer Down Memorial Page (ODMP) showed 27 line-of-duty deaths due specifically to automobile accidents. Of these fatalities, over 30% of the officers involved were not wearing seat belts, and of the 30% not wearing seat belts at the time of their deaths, 67% of those were ejected from their patrol vehicles (as cited in Abdollah, 2013).

Fiedler (2011) explained, “Leadership and management are the cornerstones to ensuring officer safety, health, and wellness…. Setting the tone for the organization begins with walking the walk – leadership should maintain their health and fitness, thus setting the example for all” (p. 3). Those in management and leadership positions must set the example and must also set the precedence within police agencies that seatbelts are to be worn, this can be done by implementing policies and procedures to ensure compliance by all members.

The days of making excuses for not wearing a seatbelt (i.e., turning a blind eye, officer complacency, bad behaviors, and bad habits) must end. Too many officers are losing their lives needlessly in automobile accidents. Police culture has allowed this to go on for far too long.

Policies and procedures help to reduce or eliminate many of these issues, assuming that those who choose not to follow them are held accountable. On the flipside, “…the lack of focused policy, written procedures and guidelines contribute greatly to hefty monetary judgments against agencies and municipalities” (Fodera, Alifano, & Savelli, 2005). Policies and procedures provide officers and agencies with what Fodera, Alifano, and Savelli (2005) referred to as a “… sense of protection from litigation, and indemnification from unreasonably large monetary judgments when focused policies are followed” (p. 2). In return, officers become more confident in their actions and abilities, which is observed on the street and reiterated in performance evaluations (Fodera, Alifano, & Savelli, 2005).

Question 22: Do you wear your seat belt OFF-Duty a majority of the time? The majority of respondents 912 (91.2 percent) stated they wear a seat belt off-duty and 88 (8.8 percent) said they did not wear a seat belt off-duty a majority of the time. It should be noted that more officer’s self-reported wearing seat belts more often while OFF-Duty. This could be due in part to the fact that officers may be ticketed or pulled over for not wearing a seat belt when off-duty and not in uniform.

Instances have also been noted within the law enforcement culture that “buckling” up is not socially acceptable. Another reason officers may choose to buckle up more when off-duty, is that they may be more likely to have spouses and children who expect them to buckle up. “Research shows that children whose parents buckle up are much more likely to buckle up themselves” (NHTSA, n.d., para. 1). Sharing this information may also help change the mindset about wearing seatbelts on and off duty.
Question 23: Do you regularly wear your bulletproof vest while ON-Duty a majority of the time? Those indicating they wear their bulletproof vest ON-Duty a majority of the time are 818 (81.8 percent). Another 148 (14.8 percent) indicated that they do not wear their vest a majority of the time, and even more shocking, 34 respondents (3.4 percent) said they do not own a vest. Common arguments used for not wearing vests include: being uncomfortable, too hot, and lacking a good fit. It should be noted, that regardless of the many reasons given for not wearing a vest, lives are saved each year by officers wearing vests at all times while on-duty. Police officers are issued firearms because the propensity exists that they may have to use it to protect themselves or others from those wishing to do them harm. The same reason can justify why many officers are issued body armor. According to the U.S. Department of Justice, Federal Bureau of Investigations (FBI), Law Enforcement Officers Killed and Assaulted (LEOKA), 2013, “Firearms are one of the leading causes of deaths for law enforcement officers feloniously killed in the line of duty” (as cited in James, 2015, p. 1). In the ten-year timeframe from 2003-14, FBI statistics indicated that 511 officers were feloniously killed, with the majority 476 officers (93%) being killed by firearms (U.S. Department of Justice, FBI, Law Enforcement Officers Killed and Assaulted, 2013, as cited in James, 2015, p. 1).

Data is limited as to the number of lives saved by ballistic-resistant body armor. However, the U.S. Department of Justice, Office of Justice Programs uses a commonly cited number of 3,000 lives saved by the use of such body armor (as cite in James, 2015, p. 6-7). It should also be noted that in approximately 18% of incidents where law enforcement officers wearing body armor were killed “…after being shot in the torso died because the officer was shot with ammunition that was more powerful than the vest’s capability to stop it” (as cited in James, 2015, p. 9). Officers are at much greater risk of serious injury or death if they do not wear body armor. An article published in the Journal of Occupational and Environmental Hygiene, explained “…the risk of dying from a gunshot wound to the torso is 3.4 times higher for law enforcement officers who do not wear armor vests (La Tourette, 2010, pp. 557-62, as cited in James, 2015, p. 9).

Question 24: Do you regularly follow policy and procedure when involved in high-risk behaviors (i.e., vehicle pursuits, handcuffing, prisoner transport, searching suspects, hostage scenarios, etc.)? The majority of participants 971 (97.1 percent) stated that they regularly followed policy and procedure when involved in high-risk behavior. Only 21 respondents (2.1 percent) said they did not regularly follow policy or procedure and 8 (.8 percent) said there was no policy or procedure to follow. Policy and procedure to some may seem mundane and unnecessary, but each is intended to reduce injury, liability, and officer deaths, while increasing officer survival and positive community relations.

Policy and procedure provide officers a set of standards which to follow. These standards hold the officer and the agency accountable for their actions or lack thereof. There is much room for officer discretion in police work. However, too much discretion (without proper direction) may leave officers vulnerable if adequate solutions cannot be effectively articulated. Fodera, Alifano, and Savelli (2005) explained that officer vulnerability is reduced through the development, teaching, and implementation of policies and procedures.

Question 25: Do you believe your life has purpose? Most study participants 911 (91.1 percent) believed their life has purpose. Thirty-six participants (3.6 percent) said they believed their life does not have purpose, and 53 (5.3 percent) were unsure if their life has
purpose. Individual purpose must be established or recognized early in life. A lack of purpose could be the result in a lack of education regarding purpose, which rests on the individuals within the organization. Oftentimes, one’s career choice is the result of one’s purpose (e.g., helping others and seemingly providing justice to victims).

From the initial hiring process, throughout an officer’s career, the idea of “purpose” should be addressed. It is very encouraging that the majority of survey respondents affirmed their own purpose in life. Purpose should always be at the forefront of training materials, departmental signage, and should be represented in organizational mission statements. This can be used as a way to keep officers focused on why they came into police work. It is very easy to get lost in the bureaucracy, the red tape, paperwork, dismissed cases, etc., but keeping officers focused on the big picture can keep them from focusing wrongly on things which may be out of their control.

**Question 26: Do you seek assistance with issues you cannot resolve?** Yes responses totaled 821 (82.1 percent) and no responses totaled 179 (17.9 percent). The majority of survey participants indicated they would seek out additional assistance for issues they could not resolve, but almost 20 percent said they would not do so. Due to the stressful and traumatic nature of police work, officers are at risk for emotional, physical, and psychological issues, but are often reluctant to seek assistance for fear of being labeled as weak, losing their job, or being demoted. Karaffa and Tochkov (2013) found that law enforcement officers, as a group, held a more pessimistic attitude toward seeking help with personal matters than the general population. However, they also concluded that a sample of 158 sworn Texas officers exhibited a more “neutral attitude toward seeking professional services” (p.75). The implementation of wellness programs (i.e., family support classes, wellness check, and training) has proven helpful in reducing the stigma attached to those seeking assistance. Law enforcement professionals have long avoided seeking assistance for mental health issues (Violanti, 1995), but the group as a whole has made great progress, and overall, the more exposure law enforcement has to variety of professionals, programs, and individuals (specializing in the care of law enforcement), the more likely officers will be in seeking help. Much work still needs to be done in bridging the gap between needing assistance and reducing the stigma that prevents many officers from seeking care.

**Question 27: Do you suffer from personal or professional burnout?** Some 437 (43.7 percent) participants indicated they suffered from personal or professional burnout and 563 (56.3 percent) said they did not suffer from any type of burnout. Burnout is defined as a delayed response to continual emotional and relational stressors on the job, which can have major impacts on an officers health, motivation, and job performance, and in turn can impact a department and accelerates staff turnover (Burke & Richardson, 1993; Cordes & Dougherty, 1993; Maslach, Schaufeli, & Leiter, 2001, as cited in McCarty and Skogan, 2012, p.1). Burnout in law enforcement is typically caused by the unpredictability of the job, shift changes, consistent exposure to trauma, a lack of resources, and most often not feeling supported by administration (McCarty & Skogan, 2012). Individuals working in human service careers such as health care, social work, and law enforcement tend to exhibit higher rates of burnout than other professions due to the “never ending demands of their job and the lack of reciprocity in their relationships with patients, clients and community members” (Buunk & Schaufeli, 1993, as cited in McCarty & Skogan, 2012, p.4).
**Question 28: Do you have an adequate support system?** Respondents indicating they had an adequate support system totaled 801 (80.2 percent) and those without an adequate support system totaled 199 (19.9 percent). Social support is essential to mental wellness and stress management. In law enforcement social supports such as family, hobby groups, church, and social networking groups outside of the workplace serve as a buffer against stress. In addition, they protect against the development of trauma-induced disorders, enhance resiliency, and reduce medical issues, which lead to a greater quality of life. According to Ozbay and et al. social support includes the “structural dimension,” which indicates the number of individuals in your support network and the frequency and types of social interactions, and a “functional dimension,” which consists of emotional, financial, and the quality component of the relationship (2007, pg. 35-36). Individuals who lack social supports and those who do not develop adequate support for themselves are shown to have higher rates of medical related illnesses and depression and may be more prone to struggle with addiction.

**Question 29: Do you possess adequate communication/problem-solving skills?** The majority 961 (96.1 percent) of respondents stated they possessed adequate communication/problem-solving skills and 39 (3.9 percent) believed they did not possess adequate communication/problem-solving skills. Communication/problem-solving skills involve a large part of what officers are expected to use on a daily basis. There may be some issue with officers being able to turn off the work side, while being able to transition to off-duty forms of communication. The type of communication that does not allow officers to talk to family members like they may communicate with suspects.

One of the greatest assets of being a resilient law enforcement officer is the ability to solve issues. In addition, officers must be able to resolve difficult situations in the shortest amount of time possible in order to get to the next call. Survey results indicated approximately 96% felt they possessed the necessary skills to communicate adequately and solve problems, and yet almost 4 % felt they were not well-equipped. Emotional Intelligence (EI), which is a common part of the modern workforce and utilized in several...
corporations is not a foreign concept to today’s police force (Goleman, 1995). The key concepts to problem solving and a better workforce include: 1) Self-Awareness, 2) Self-Management, 3) Social Awareness, and 4) Relationship Management. These concepts make for good communication and strong leadership. Therefore, it is essential to address those we who believe they are not adequately trained in this skill area, as they are more likely to struggle with emotional and communication issues on and off duty. Research suggests that promoting these communication and emotional competencies can help improve self awareness and communication, which in turn helps officers to recognize their own emotions and the emotions of others in order to effectively communicate (Turner, 2015).

**Question 30: Do you currently feel depressed?** Approximately 20% of survey respondents 19.6 (19.6 percent) indicated that they currently felt depressed and 804 (80.4) said they did not feel depressed at the time of the survey. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (5th ed., APA, 2013), Major Depressive Disorder may appear to begin at any age, "... incidences tend to peak in the early 20’s, but a first onset of is also common later in life" (p. 165).

Major Depressive Disorder is "associated with high mortality, much of which is accounted for by suicide, however that is not the only cause” (DSM-5, 2013, p. 164). Depression is often a contributing factor for suicide. However, if diagnosed early, symptoms can be resolved and suicide rates can be reduced. This is a significant factor to be aware of in law enforcement when looking at the resiliency of the rookie officer and the possible vulnerability of the retired officer who has been exposed to cumulative stress. Despite the fact that officers are often more resilient than the general public, exposure to stress and trauma throughout a career may increase the chances of an officer developing an episode of depression. Law enforcement officers often witness traumatic events continuously and in a very short period of time, often, witnessing more events than the average civilian witnesses in a lifetime.

The course of Major Depressive Disorder varies. Often, those with more severe depression rarely experience remission, defined as a “period of two or more months with no symptoms, or only one or two symptoms between discreet episodes” (DSM-5, 2013, p. 165). Recovery from depression usually takes place within three months of onset for two out of five individuals and many do recover fully. Officer wellness programs may be instrumental in assisting recovery from an episode of depression by helping to reduce the stigma of seeking help and incorporating education regarding exercise, healthy diet, and positive life management skills to protect officers against developing depression when involved in a traumatic event.

**Question 31: Have you ever contemplated suicide?** Some 210 (21 percent) respondents indicated they had at some point contemplated suicide and 790 (79 percent) said they have never contemplated suicide. Suicide is generally seen as taboo, so it would not be surprising to see some reframe from sharing personal thoughts regarding this topic. However, suicide is a leading cause of death for many first responders (Friedman, 1967; Heiman, 1975; Violanti, Vena, & Marshall, 1996). Numerous reasons exist as to why someone would consider suicide as a viable option. Oftentimes, it is not a single event, but rather an accumulation of events or things that begin to reduce one’s ability to cope or deal with the circumstances.
A 1997 survey conducted by the National P.O.L.I.C.E. Suicide Foundation (PSF) asked 500 law enforcement officers in over nine major cities in the U.S. about the top reasons they would consider suicide as a viable option and why. Ninety-eight percent of officers gave the following reasons: “death of a child or spouse, loss of a child or spouse through divorce, terminal illness, responsibility for co-workers death, killed someone out of anger, indictment, feeling alone, sexual accusations, loss of job due to conviction of a crime, and being locked up (PSF, 2008). Besides a mere contemplation of suicide, law enforcement officers “…are more at risk [for suicide] than the general public” due to: issues like shift work, a lack of adequate sleep (Redfield Jamison, 1999; Vila, 2006), poor eating habits, decreased serotonin levels which can contribute to depression (Redfield Jamison, 1999), high stress environments (Violanti, 2007), shiftwork, (Kroes, 1986), physical and emotional strain, crisis, trauma (Violanti, 2007), availability to weapons (Miller & Hemenway, 1999, 2001; Redfield Jamison, 1999), relationship issues (Anderson, 2002; Conroy & Smith, 1983; Ivanhoff, 1994), financial issues (Hackett & Violanti, 2003), illness, and a high incidence of alcohol use and abuse (found in approximately 90% of completed law enforcement suicide) (PSF, 1997). In fact, many officers struggle with issues of perception or image versus reality between officers and the communities they serve (Douglas, 1997). Oftentimes, those in crisis see things worse than they actually are. In addition, those in crisis often fail to see viable options available to them. Many so caught up in the moment; they fail to see anything getting better tomorrow, because tomorrow to them does not exist.

**Question 32: Do you feel emotionally balanced?** Yes responses totaled 807 (80.7 percent) and no responses totaled 193 (19.3 percent). Living mindfully in the present moment, keeping one’s body and mind fit is essential to emotional balance. Officers who are emotionally balanced have the ability to identify and manage their own emotions, as well as the ability to recognize and manage the emotional cues and feelings of others. According to Goleman (1995) “being aware of one’s one feelings as they occur are the keys to what he defines as Emotional Intelligence.” Goleman suggests that there are emotional competences required of the emotionally balanced officer: 1) self-awareness; 2) self-management; 3) social awareness; and 4) relationship management (p. 3). Officer’s who posses these characteristics are more likely to create a resilient department and interact with the public in a more balanced and less re-actuator negative manner, reducing the chances of an emotionally charged incident. Gilmartin indicates (2014), “teaching emotional survival skills does not mean just providing psychological services” (p.19), it also requires “making psychological resiliency a priority, and teaching tangible pragmatic skills to officers and their families” (p.19). Making emotional balance as much of a priority as tactical training will create a more balanced workplace where officers and their families will have a sound understanding of their emotional needs.

**Question 33: Do you feel loved by those closest to you?** Yes responses totaled 939 (93.9 percent) and no responses totaled 61 (6.1 percent). Being loved and appreciated is at the peak of everyone’s individual needs. In a world where “love” for law enforcement is not at the forefront of public thought, it is incumbent on departmental liaisons with local governmental officials to create citywide, countywide, statewide, and nationwide appreciation for the sacrifices made by all law enforcement personnel. When discussing feeling loved by those closest to you, it would be remiss to not include the family component. There is a real need for family education in regards to support of and for the
law enforcement family and of the law enforcement member. This should include: parents, spouses, children, and anyone residing in the home.

Research shows that “relationship” issues are often indicated in many completed suicides. This is not unique to the law enforcement profession, but there is something to be said about being able to effectively communicate with loved one’s about what your job is and the effects of the job. Officers should also be able to communicate their needs to those closest to them. All too often, officers feel responsible for taking care of others and when they need assistance, they feel as though they should not ask for help.

Families and loved one’s should recognize when something does not look or feel right in their officer. Often seeing changes in the behavior or actions are the first signs that something may be wrong. Building a strong, open line of communication early in a police family may help loved one’s reach out before issues become too overwhelming. Early intervention is key.

**Question 34: Do you participate in extra-curricular activities or hobbies in your free time?** Yes responses totaled 864 (86.4 percent) and no responses totaled 136 (12.6 percent). Pleasurable hobbies and extra-curricular activities not only help reduce stress, but research has shown that those that participate in such activities have lower blood pressure, and decreased risks for dementia and depression (Russell, 2013).

**Question 35: In the last year, have you experienced a life-changing event (i.e., positive or negative)?** Yes responses totaled 542 (54.2 percent) and no responses totaled 458 (45.8 percent). Positive or negative events can have an impact on one’s life. Even things that appear to be positive, like becoming parents or buying a house can be stressful. Responses seemed to be half and half in regards to having positive or negative events in one’s life. It also has to do with individual perception of how things are going and whether one sees the incident or event as positive or negative or stressful or not stressful.

**Question 36: Do you consider yourself to be a spiritual person?** Yes responses totaled 638 (63.8 percent), no responses totaled 286 (28.6 percent), and unsure responses totaled 76 (7.6 percent). Whether a person relates spiritualism with religion is irrelevant. Truly, everyone can relate to the “essence” of who they are. The bigger idea is something that guides us, shows us right from wrong, keeps us accountable, and keeps us balanced. Being in a profession, which is about right and wrong, it can be easy for some to get caught up in the “wrong” things. Maintaining a spiritual awareness is necessary in order to defend against societal chaos.

Spiritual wellness relates to one’s overall purpose in life and it is often discovered through intentional quiet time. Johnson (2012) explained: “Spiritual wellness is about inner growth and development. It is about balance between the external filters and how …to make sense of the information…. so that you learn from it” (p. 52).

**Question 37: Do you plan intentional time alone in silence to clear your mind?** Yes responses totaled 433 (43.3 percent) and no responses totaled 567 (56.7 percent). Planning intentional time alone reduces cortisol and adrenaline, and helps reduce stress and blood pressure. This time should also include the reduction in or elimination of devices like cell phones, computers, and the use of social media, all of which do not allow the brain downtime. Intentional quiet time can include relaxation and mindfulness meditation, which research has shown has many health benefits. In fact, those who
practice mindfulness meditation often “lose less gray matter over time than their non-meditating counterparts” (Pagnoni & Cekic, 2007, as cited in Schlanger, 2015). Additional benefits include quicker cerebral functioning, increased recognition of personal emotions and sensations, and reduced ‘… cognitive decline associated with normal aging’ (Lazar, Kerr, Wasserman, Gray, Greve, Treadway, McGarvey, Quinn, Dusek, Benson, Rauch, Moore, Fischl, 2005, as cited in Schlanger). Luder, Toga, Lepore, and Gaser (2009) explained, “…meditation practice has been shown not only to benefit higher-order cognitive functions but also to alter brain activity” (p. 672). Luder et al. (2009) showed that altered brain activity was due in part to long-term meditation, which has been correlated to increased gray matter. Gray matter has been associated with learning and memory (Luder et al.). The benefits of increased gray matter, through meditation and quiet time (without interruption) have been linked to decreased cellular aging (Epel, et al. (2004).

Epel, Dabernier, Moskowitz, Folkman, and Blackburn (2009) explained that even though the ultimate predictor of death and illness is chronological age, there is “tremendous individual variability …in onset of morbidity and mortality” (p. 34). A better indicator of death and disease would be telomere length (TL), which is influenced by stress (Epel et al. 2009), and research shows that stress increases the risk factors associated with “…cardiovascular disease and poorer immune function” (Epel et al., 2004). Thus, the key is reducing stress through things like mindful meditation, scheduled quiet time, and unplugging from the busyness of the world, in-turn, helping reduce the stress and anxiety linked to many health-related illnesses.

**Question 38: Can you easily convey to another the core beliefs in which you are building your life?** Yes responses totaled 656 (65.6 percent) and no responses totaled 344 (34.4 percent). According to Formica (2008), “core truths are repeating pattern of thought and behavior by our various assumptions and expectations, as well as our ideas about the way the world works, collected over time” (para. 1). Life is filled with expectations, perceptions, and assumptions, all of which set the stage for how one operates in the world (whether positive or negative). Our core beliefs help guide us and help define who we are at our very core. Core beliefs are recognized as those “…fundamental, inflexible, absolute, and generalized beliefs that people hold about themselves, others, the world, and/or the future” (Beck, 2011; Dobson & Dobson, 2012, as cited in Wenzel, 2012, p. 17). Cultures are groups of individuals with similar beliefs and ideas, which represent each individual and the group as a collective (Johnson, 2010).

Wenzel (2012) explained that a person’s concept of self and their ability to control their surroundings and emotions is deeply impacted by negative core beliefs. Core beliefs are in essence, part of what Beck refers to as *schemas*, which are “relatively enduring structures of stored generic or prototypical features of stimuli, ideas, or experience that are used to organize new information in a meaningful way thereby determining how phenomena are perceived and conceptualized” (p. 79). One’s core beliefs include attitudes, perceptions, assumptions, and conditional guidelines (Wenzel, 2012, p. 18), all of which influence who we are and who we believe we are. One of the most common strategies for recognizing one’s core beliefs is the “Downward Arrow Technique,” which addresses issues of automatic thought and personal awareness (Beck, Rush, Shaw, & Emery, 1979; Burns, 1980, as cited in Wenzel, 2012). There may be many reasons why one either can or cannot convey their core beliefs to another (e.g., lack of knowledge or understanding of core beliefs, inability to articulate core beliefs in a meaningful way, or...
even embarrassment in sharing. Core beliefs are very personal in nature. Some fear judgment, because core beliefs identify who we are and can to some, dictate if we believe we are worthy of being treated well by others, being loved, or even loving ourselves. These intimate internal conversations can affect every area of one’s life.

Further evidence suggests that core beliefs can be used and compared to our peers and those around us, in a way to see if we measure up. Understanding that comparing ourselves to others is not really an even playing field, as we are all very unique and have many different life circumstances and experiences. Some measure self-worth through physical possessions, occupational roles, titles, relationships, etc., and others look internally to their attitudes and actions towards others as a means of measuring self-worth.

Core beliefs are formed early and often shape who we become in life. Core beliefs can be positive or negative and are reiterated often (i.e., positive: I am smart; negative: I am stupid). Many things affect personal belief systems and many do so falsely. Many of us have “false” scripts, about who we are and how worthy we believe are. Many of these scripts are simply not true. The sad reality, we have listened to this script for so long, that we too begin to believe it. In order to readily share core beliefs, some may have to really look at those core beliefs and the scripts attached to them, deciding the authenticity of each. If the script is simply not true, it must be changed, making it more positive, in-turn, changing the way one views themselves and their worthiness. Every person is worthy of love, acceptance, and respect. We look for these in intimate relationships and friendships. These are the people chosen to be a part of one’s inner circle; these individuals usually bring out the best in us and make us feel as though we belong somewhere. These people can help us re-write those negative scripts we have lived with for so long. However, one must also realize that sharing intimate feelings and belief with others (though beneficial) can also lead to heartache, letdown, and disappointment if the intimate things shared are revealed or used against the individual as a way to hurt or attack them.

**Question 39: When in turmoil, (do you turn to) or (do you use) spiritual beliefs to guide your actions?** Yes responses totaled 472 (47.2 percent) and no responses totaled 528 (52.8 percent). Spiritual beliefs can be a part of the “core beliefs” discussed in Question 38. Spirituality is an individually unique concept and may or may not include religion. Spirituality is often used as a life guide, based on personal values, beliefs, and attitudes towards things, people, events, and circumstances. Some use spirituality as a higher power or something that monitors personal accountability. The question “when in turmoil” do you use your personal values, beliefs, and attitudes to guide your actions, is referring to whether one reverts back to those early formed values and beliefs. If spirituality encompasses our values, beliefs, and attitudes, then it seems that reverting back to such in decision making would also help us make better informed decisions.

**Question 40: Continuous development of my spiritual wellness is important?** Yes responses totaled 583 (58.3 percent) and no responses totaled 417 (41.7 percent). A holistic approach to officer wellness is important to assist officers in managing daily physical and emotional stress. The majority of survey respondents in Question 39 indicated no need for a spiritual belief system to provide guidance. However, a great majority of those seeking spiritual development in Question 40 seemed to have responded a bit contradictory. Spiritual wellness can equate to guidance that can be used on the street and in the home. Spiritual wellness is linked to the moral compass of the individual and the collective (i.e., the individual, the family, and the department).
Discussion

The Police Officer Wellness Evaluation Response™ (P.O.W.E.R.) Survey was designed to take a broader look at police officer wellness from an officer standpoint. The survey consisted of 1,000 male and female police officers living in and working in the Contiguous United States, who were commissioned or sworn at the time of survey completion. The survey addressed four predominant areas of wellness: physical, emotional, psychological, and spiritual. Each area is important to overall wellness and is independent and interdependent on the other areas. Officers are multidimensional beings, and by addressing these four areas; a better understanding of the internal and external workings of officers begins to emerge. In addition, this survey though not comparable to a larger sample, may provide insight into police culture and the effects it has on police officers individually and as a whole.

The survey population represents a very small sample of the law enforcement population as a whole, but many notable similarities exist between police officers across this country. Police officers often deal with stress and trauma by virtue of the type of work they do and the types of calls for service. Occupations experiencing higher levels of stress and trauma, like those in first responder roles are at increased risk for many health issues to include suicide (Cross & Ashley, 2004; Waters & Ussery, 2007). Many officers learn to deal with the stress, even if not appropriately, through self-medication, isolation, and other bad habits. Some will not be able to deal with the stress and trauma. Some may choose new careers, some retire early, others quit, and sadly, some will not find a way to cope and will take their own lives.

Stress and anxiety-type disorders affect millions of Americans every year. Levels of severity differ between sufferers, but these disorders leave many to suffer silently. In fact, of those suffering from such disorders less than one-third receive treatment (Anxiety and Depression Association of America (ADAA), 2012). Most stress and anxiety disorders are treatable, leaving questions as to why so many do not seek treatment. Stress can lead to certain anxiety disorders, or at a minimum, exacerbate symptoms. Anxiety-type disorders can be genetic in nature, but many more have been linked to life events and alterations in brain chemistry. The later two (life events and alterations in brain chemistry) are much more common among emergency service personnel. Though such disorders can be catastrophic to the individual and the family, they can also be detrimental to a department in the form of liability, medical costs, lost productivity, and increased absenteeism. Training and educating officers about these disorders better prepares them should they ever find themselves needing assistance. In addition, preparing officers reduces departmental liability when such concerns are not addressed.

Stress affects every area of one’s life, from sleep disruptions and insomnia, over/under eating, relationship issues, physical ailments, illness, and injury, to ultimately life threatening issues (e.g., motor vehicle crashes, accidents, suicidal ideation, completed suicide, etc.). Oftentimes, officers take the amount of stress they face for granted, often, because the negative effects of stress are not immediate. Officers train to suck it up, press on, and to win at all costs. However, there are times in the lives of many officers, when winning becomes a distant memory. Life may seem out of control and it may be difficult to seemingly gain control back once in a tailspin. Officers often remain silent about losing control, because they are afraid of how their peers will view them. The idea of asking for help scares many, because they feel as though they have to have all the answers.
Police culture is very alluring, and oftentimes, secretive. It protects officers from the streets and all the streets bring to the officers, but somehow, this culture seems to take on a life of its own. It becomes the common ground for many to function in police work. ‘Police subcultural attributes include ‘protective, supportive, and shared attitudes, values, understandings, and views of the world,’ which results in the blue wall of silence (Inciardi, 1990, p. 227, as cited in Cox, McCamey, & Scaramella, 2013). Over time, the police subculture is reinforced and will lead “…to the development of attitudes, behaviors, beliefs, and perceptions that reflect the dominant beliefs of almost all police officers” (Cox, McCamey, Scaramella, 2013, p. 99).

The blue wall of silence protects just as much as it hinders, and often keeps officers from seeking mental health assistance they so desperately need. Officers are afraid of asking for help, for fear of being labeled as weak by their fellow officers. They are scared of the demons they are dealing with and many believe they are losing it or may be going crazy. However, it is often fear of the unknown that keeps many from seeking assistance. The fear of what happens if I ask for help? What is the next step? Will I lose my gun, my badge, and my career? The unknown is scary and the truth - many officers are so scared of the unknown that they choose to suffer in silence.

Wellness (i.e., physical emotional, psychological, and spiritual) should be addressed at every stage of an officer’s career (i.e., academy, post-academy (formal and informal), and pre-retirement). Police officers make up some of the healthiest individuals (e.g., physically and mentally) upon initial hire, but research shows that stress and trauma can adversely affect those not able to address and deal with it appropriately. Informing officers of what being “well” looks and feels like helps prepare them for the times when they do not feel well. Training and education are the foundation for positively maneuvering through the ups and downs of a police career.

Many come into police work for the excitement and the ability to help others. However, many do not adequately prepare, (nor do their agencies or families), for all the hazards of the job. All too often officers and administrators take officer mental health for granted, until issues arise. Mental health and officer wellness require a proactive approach. The time to begin acting is not when a mental health emergency occurs, but while the officer is healthy. An officer suffering from a mental health emergency may not recognize the crisis for what it is. In-turn, the officer may fail to seek assistance or may not have resources readily available.

All functioning begins in the brain. The brain must be healthy for every other aspect of the body to work effectively. More time and energy must be spent on better initial candidate screening and hiring, as well as the mental health of officers throughout their careers. No one is immune from mental health issues. In fact, it should be expected that those working in careers experiencing high levels of stress and trauma might be prime candidates for mental health issues (Kelley, 2005). By continuously preparing officers and conducting ongoing training with this mindset, officers will not only be better prepared should such a crisis occur, but are learning to build and maintain a certain degree of personal resilience, which is essential in addressing issues that influence mental health and overall well-being.
Acknowledgements

About the Author: Dr. Olivia Johnson is the founder of the Blue Wall Institute (www.BW-Institute.com), an organization dedicated to improving the quality of life for first responders, administrators, and families through training and education on health and wellness, suicide awareness and prevention, peer support, stress and anger management, and leadership. Because of her dedication in raising awareness of the issues faced by first responders, Dr. Johnson was named the Illinois state representative and an active board member for the National Police Suicide Foundation, where she trains, conducts research, publishes articles, and communicates with departments in need.

Dr. Johnson holds a master’s in Criminology and Criminal Justice from the University of Missouri, St. Louis, Missouri and a doctorate in Organizational Leadership Management from the University of Phoenix, School of Advanced Studies. Dr. Johnson is a veteran of the United States Air Force, a former police officer, and published author. She is an associate member of the International Association of Chiefs of Police (IACP), International Law Enforcement Educators & Trainers (ILEETA), the National POLICE Suicide Foundation, and the National Alliance on Mental Illness (NAMI), Public Safety Writers Association (PSWA), the Missouri Law Enforcement Funeral Assistance Team, and the St. Clair County (IL) Suicide Alliance. Dr. Johnson currently speaks on Officer Wellness and Resilience with the Department of Justice, Bureau of Justice Assistance VALOR Program and is an Adjunct Professor at Lindenwood University in Belleville, Illinois. She writes for several law enforcement/mental health publications and is the Peer Support columnist for Police One. Article correspondence: johnsonolivia@sbcglobal.net

About the Contributors:

Elizabeth Willman MS, LPC, NCC, CSAC, SAP is a National Certified Counselor (NCC), a Licensed Clinical Substance Abuse Counselor (CSAC) and a Licensed Professional Counselor (LPC) in the State of Wisconsin. She is also a qualified Department of Transportation Substance Abuse Professional (SAP). In April 2015, she opened her own practice in Delafield, Wisconsin where she works with First Responders who face trauma, substance abuse and relationship issues. She has a specialization in the areas of criminal justice, law enforcement, first responders, and military psychology. She has extensive training in addictions, trauma, mental health and wellness, education and prevention. Elizabeth has completed studies in Police Couples Research with Dr. Robin Inwald of Cleverdale, New York. She has been published in the Handbook of Police Psychology as well as the Journal of Law Enforcement. She has worked with law enforcement agencies and officers involved in shootings, conducted research, and done peer support for the past five years. She is an associate member of the International Association of Chiefs of Police (IACP), International Law Enforcement Educators and Trainers Association (ILEETA), and the American Psychological Association Division 18. She currently serves as the Wisconsin State Representative for the National P.O.L.I.C.E. Suicide Foundation. Correspondence can be sent to: Elizabeth.willman@gmail.com

www.jghcs.info (2161-0231 ONLINE) JOURNAL OF LAW ENFORCEMENT, VOLUME 5, NUMBER 3
Dr. Robert Douglas Jr., DCC is the Executive Director and Founder of the National Police Suicide Foundation, Inc. (www.psf.org) out of Seaford, Delaware. The Foundation provides educational training seminars for emergency responders on the issue of suicide/mental health. Since 1995, over 35,000 emergency responders have been trained in the United States on suicide awareness. He is considered a leading expert in the area of police suicide according to Dateline, CNN, Time Magazine and USA Today. He is also the author of three books: Death With No Valor, Hope Beyond the Badge, and Healing For a Hero’s Heart.

In July 1994, Bob retired as an Agent after serving 20 years with the Baltimore City Police Department and five years as a Patrol Officer with the Temple Terrace (FL) Police Department. He holds a Bachelor of Science in Criminal Justice from the University of South Florida. He holds a Masters in Police Administration from the University of Baltimore and a Masters in Theology from St. Mary’s Seminary, and a Doctorate in Christian Counseling from Kingsway University and Theological Seminary in Norwalk, Iowa. Bob lectures at the FBI National Academy on Mental Health/Suicide Prevention for Law Enforcement personnel. He recently retired as the Senior Pastor at Jenkins Memorial Church in Riviera Beach, Maryland where he has served for 24 years. Bob served as Police Chaplain for FOP Lodge #3 in Baltimore City from 1988 to 2002, and as a Chaplain for the ATF (Alcohol, Tobacco, and Firearms) in Washington, D.C. Bob founded Compassionate Shepherd Ministries in Laurel, Delaware, where he currently serves as Pastor. Correspondence can be sent to: Redoug2001@aol.com

Dr. Michele Neil-Sherwood is the founder and CEO of the Functional Medical Institute in Tulsa, OK, a medical clinic dedicated to individual health interests and medical needs. She is a sought after international speaker on the subject matter of health and wellness and avoiding debilitating chronic disease. She received her Doctor of Osteopathic Medicine degree from the Oklahoma State University College of Osteopathic Medicine. She is a board-certified internist and completed her internal medicine residency at OSU Medical Center for Healthcare Sciences. She is also board certified in sports medicine and obtained a sports medicine fellowship through the University of Oklahoma. She has also received certification as a Naturopathic Doctor.

Dr. Neil-Sherwood has been the recipient of the Janet M. Glasgow Memorial Achievement Citation Academic Excellence Award. She has an extensive background in fitness and understands the importance of nutrition/supplementation, exercise prescription, rest, stress management, and hormone balance. She and her husband carry the wellness torch across the country to educate on the importance of a living a healthy lifestyle.

Dr. Mark Sherwood is a Naturopathic Doctor and president and founder of Live4E, (www.Live4E.com) a company specializing in equipping people with tools to provide inner peace through daily renewal of the physical, emotional, intellectual, and spiritual. He also has a full-time a naturopathic practice with his wife Dr. Michele in Tulsa, Oklahoma at the functional medical Institute. Dr. Mark is a former professional baseball player, bodybuilding champion, and 24 year retired veteran of the Tulsa Police Department. He and his wife host the television show, Living It TV, which airs on three networks nationwide. He is a sought after national speaker and teacher. Drs. Mark and Michele are co-authors of the Amazon #1 best selling book, The Quest for Wellness.
References


APPENDIX A: Police Officer Wellness Evaluation Report Survey (P.O.W.E.R.)™

1. What is your gender?
2. What is your age?
3. What is your race?
4. What is your ethnicity?
5. What is your current marital status?
6. What is the highest level of education you have attained?
7. How many years have you been a commissioned/sworn law enforcement officer?
8. What type of department are you currently employed with?
9. What is your current rank?
10. What state are you employed as a commissioned/sworn law enforcement officer?
11. How many years have you been at this rank?
12. What is the size of your department (i.e., number of commissioned/sworn) officers?
13. Are you or were you a member of the armed forces?
14. Have you received a check-up in the last six months from a medical doctor?
15. Do you exercise regularly (i.e., at least 30 minutes three times a week)?
16. Based on your height/weight ratio, are you considered underweight, overweight, or average?
17. Do you have high blood pressure?
18. Do you consume alcoholic beverages (how many per month)?
19. Do you currently consume any type of tobacco product?
20. Do you consume a balanced diet (i.e., whole grains, fruits, and vegetables) a majority of the time?
21. Do you wear your seat belt ON-Duty a majority of the time?
22. Do you wear your seat belt OFF-Duty a majority of the time?
23. Do you regularly wear your bulletproof vest while ON-Duty a majority of the time?
24. Do you regularly follow policy and procedure when involved in high-risk behaviors (i.e., vehicle pursuits, handcuffing, prisoner transport, searching suspects, hostage scenarios, etc.)?
25. Do you believe your life has purpose?
26. Do you seek assistance with issues you cannot resolve?
27. Do you suffer from personal or professional burnout?
28. Do you have an adequate support system?
29. Do you possess adequate communication/problem-solving skills?
30. Do you currently feel depressed?
31. Have you ever contemplated suicide?
32. Do you feel emotionally balanced?
33. Do you feel loved by those closest to you?
34. Do you participate in extra-curricular activities or hobbies in your free time?
35. In the last year, have you experienced a life-changing event (i.e., positive or negative)?
36. Do you consider yourself to be a spiritual person?
37. Do you plan intentional time alone in silence to clear your mind?
38. Can you easily convey to another the core beliefs in which you are building your life?
39. When in turmoil, (do you turn to) or (do you use) spiritual beliefs to guide your actions?
40. Continual development of my spiritual wellness is important?