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Animal Assisted Therapy on Law Enforcement Mental Health: A Therapy Dog Implementation Guide

Melena Purvis
mpurvis@bgsu.edu

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Animal Assisted Therapy on Law Enforcement Mental Health
A Therapy Dog Implementation Guide

Melena Purvis

Honors Project

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Dr. Laura Fullenkamp
Criminal Justice Department

Dr. Meagan Docherty
Psychology Department

Abstract

The mental health of law enforcement officers is an ever increasing problem, with our nation's police officers seeing a constant increase in things like PTSD, depression, and other mental illnesses. However, mental health is already a highly stigmatized topic that is not commonly addressed, and a police subculture of strength and toughness just reinforces that stigma and makes it that much harder for police officers struggling with these issues to get help. This project combines innovation with research to come up with a way to try and improve the mental health of those officers struggling. It provides a manual for the implementation of an animal assisted therapy program with the goal of improving law enforcement mental health, an objective that has an immense need among the law enforcement population.

Keywords: Mental Health, Animal Assisted Therapy, Canine, Therapy, Police

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I. Introduction

The goal of this project was to come up with an implementation manual to provide an outline for anyone interested in carrying out an Animal Assisted Therapy program in the criminal justice field and studying the effects it has on law enforcement officer mental health. The project provides background research on both the prevalence of mental health issues in our nation's police officers as well as an overview of Animal Assisted Therapy and its effectiveness in a clinical setting, as well as how it can be applied to law enforcement. Looking specifically at symptoms of depression and posttraumatic stress disorder, the manual also outlines some general program policies and implementation guidelines for the project. It identifies the difference between what classifies the canine as a service animal, a therapy animal, and an emotional support animal, as well as the different options available for obtaining a therapy dog for the project. Local department contact information is included as departments to reach out to who might have an interest in participating in the project. An itemized budget outlines all the potential costs associated with the program, and a general outline spread over a period of 6 months lists tasks set to be completed each month. There is also a section looking at barriers and future implications for law enforcement and the community. Finally, the appendix includes methods of measuring the effectiveness of the project such as resources from the American Psychological Association to measure levels of depression and posttraumatic stress. The overall objective of this manual is to provide someone with all of the information they would need to effectively carry out and implement this project, or one similar, should they choose to do so.

II. Research Question

Does the implementation of Animal Assisted Therapy (AAT), specifically the use of therapy dogs, in a department setting, improve the mental health of law enforcement officials, looking specifically at levels of Depression and PTSD reportedly experienced by these individuals?

III. Literature Review

A. Mental Health of Law Enforcement Officers

Mental health and mental illness are struggles experienced by many people in our society, but a population that is affected even more than average by it is that of law enforcement. Compared to the general population, law enforcement officials report much higher rates of depression, PTSD, burnout, and other anxiety-related mental health conditions (NAMI, 2020). Compared to the general population, one study found that 12.5% of female officers and 6.2% of male officers reported depression, which was higher than the 5.2% of the population at large (Violanti and Drylie, 2008). The very nature of their careers puts them more at risk to come in contact with stressors and experiences that make a person more susceptible to mental illness. Officers are repeatedly exposed to physical, as well as psychological stressors, such as stress, trauma, death, and destruction, daily (White et al., 2015) and these types of experiences are guaranteed to take a toll. However, law enforcement officials are some of the least likely people to seek out help for their psychological issues. Often within law enforcement careers,

with police departments being the most common example, there is an expectation of mental toughness (White, Shrader, & Chamberlain, 2015), and mental illness is one of those things that officers are often hesitant to disclose for fear that they will be seen as weak. This leads to officers not reaching out for help and instead suffering in silence, which is likely to just make the problem worse. In addition to many officers' hesitancy to ask for help posing a risk to their mental health, research has shown that these stressful work conditions are associated with the development of new mental health conditions or exacerbation of pre-existing mental health conditions (Marmar et al., 2006). So, an officer may already have a mental illness that they are dealing with and the demands of the job may cause it to get worse, or the pressures experienced in the field could also cause new problems to arise. Some of the most common mental health issues seen within the law enforcement field are that of anxiety, depression, PTSD, and suicidal ideation or behavior.

Within the United States, it is estimated that there are likely at least one-quarter million first responders suffering from full- or partial-PTSD (Haugen et al., 2012) and in 2019 alone at least 228 police officers died of suicide alone (Barr, 2020; Shannon, 2020). This number is higher than the number of police officers killed in the line of duty last year and is evidence to the state of mental health in our law enforcement officials, making the provision of effective interventions for this population both necessary and justified.

B. Animal Assisted Therapy

Animal Assisted Therapy is a type of therapeutic approach that utilizes an animal, commonly a canine, in order to provide psychological and emotional support to people who are struggling. AAT has not traditionally been a widely utilized or researched form of therapy; however, the therapeutic benefits of animals are becoming increasingly recognized in clinical areas. Today, Animal-Assisted Therapy (AAT) canine teams are used in many different facilities to support and/or improve patients' social, emotional, physical, and cognitive functioning. The use of therapy dogs has made an appearance in hospitals, assisted living facilities, and residential treatment settings, among other places. Cardiovascular, psychological, and cognitive fields have shown the most recognizable benefits from AAT (Ernst, 2014), but research has shown that animals have a positive effect on mental health as well. Numerous studies have been done in the mental health field that look at the positive benefits of having a pet, especially a dog, on those with psychological disabilities, such as depression, anxiety or stress (Ernst, 2014). Concerning the adverse effects that police strain has on officer mental health, the psychological benefits of AAT are the most important (Dever, 2015). Law enforcement is one of the career fields experiencing the most mental health issues and could therefore potentially benefit largely from some of the effects of Animal Assisted Therapy. Animal interactions, especially dogs, promote positive emotions (Ernst, 2014). AAT also improves social communication skills, eases anxiety, and improves moods and empathetic relatability. Confidence is boosted, and feelings of loneliness, depression, anger, frustration, fear, and insecurity are reduced significantly (Ernst, 2014). These are all positive effects that police officers suffering from psychological issues, such as depression and PTSD, could benefit from. Police officers suffering from mental health issues would also benefit from the role enhancement, social support, and physical activity that dog ownership and companionship provides, all of which buffer the adverse effects of strain (Dever, 2015). In an environment

where it is often difficult, and also stigmatized to seek help for psychological issues, any intervention that helps to lessen the strain, or that could potentially improve law enforcement mental health, is one worth pursuing.

IV. Program Manual/Strategic Plan

A. Overview of Program

The goal of this program, dubbed Pups for Police, is to provide a program that utilizes Animal Assisted Therapy to improve the mental health of local law enforcement officers, and then measures the effectiveness of that program. The program will focus on the use of therapy dogs in a department setting where law enforcement officers will have the opportunity to interact with the canine in a relaxed, open setting for one hour, once a week throughout the course of the 6 month project. The effectiveness of the program will then be measured through self-report surveys where law enforcement officers rate their symptoms of different mental health issues, as well as qualitative feedback from the officers evaluating whether or not the program, and the use of AAT, had a positive effect on officers' mental health. For the purposes of the project, mental health will be defined in terms of symptoms of Posttraumatic Stress Disorder and Depression, as these are two of the most common mental health issues seen in law enforcement such as police officers.

B. Program Policies

- Policy One: Responsibilities of the canine
 - Therapy dog will act as a source of comfort, affection, and emotional support to the police officers in the department
 - Therapy dog will travel with owner to designated police department once a week for one hour for a period of 2-3 months or as long as the program permits
 - The canine may also be available as emotional support for officers following critical incidents, at the discretion of the owner/handler
 - The canine will not accompany officers out into the field
- Policy Two: Responsibilities of the owner/handler
 - Owner/handler will be responsible for the care and wellbeing of the canine, including food and water, housing, exercise, clean up, vet bills, etc.
 - Owner/handler will be responsible for transportation of the canine to the police department weekly and will accompany the canine throughout the entire one-hour period.
 - Canine will be allowed to wander around and interact with the officers at its leisure in a safe and secure environment, such as being allowed to wander around the floor while officers are working at their desks
- Policy Three: Responsibilities/Expectations of Officers/Department

- Officers will interact with the canine at their leisure. It will be up to the individual if they want to interact with the canine each day it visits, and for how long.
- Department will outline what spaces within the facility are okay for the dog to be in and what spaces will be off-limits.
- Policy Four: Safety & Security
 - In the event that an officer has an allergy to canines it would be advised that they do not participate in the project if the allergy is severe and extra precautions must be taken to ensure that the canine does not come into contact with the officer throughout the course of the project. If it is only a minor allergy, it will be left at the discretion of the officer if they wish to participate.
 - In the event that the canine becomes sick during the course of the program, it will be the responsibility of the owner to transport them to the nearest veterinary hospital and any costs incurred will be the responsibility of the owner.
 - Professional liability insurance will be in place In the case of an officer injury by the canine
 - Officers will sign a waiver of liability in order to participate in the project
 - Designate a person to hand therapy animal off to in case of a situation in which the handler becomes unable to meet the needs of the canine
- Policy Five: Confidentiality
 - Both the pre and post program survey will be administered through an online anonymous survey.
 - Officers' names will be kept confidential and will not be attached to their survey results.

C. Program Implementation Procedure (Animal Assisted Interventions

(AAI) Therapy Animal Implementation Guide)

- a. Obtain approval from local law enforcement department for the project
- b. Review policies and procedures
- c. Decide on method of employing a therapy dog for the project
- d. If not already done, certify yourself and your animal through a recognized organization
- e. Obtain Professional Liability Coverage for yourself and the animal
 - i. If your dog goes through Therapy Dog International for certification or the Delta Society, certification often comes with a liability insurance policy
 - ii. Lockton Insurance covers Animal Assisted Therapy
 - iii. HPSO also covers Animal Assisted Therapy

- f. Identify areas in the police department the animal will be working
 - i. Identify what areas animal and handler have access to and what areas are off-limits/restricted
 - ii. Designate an area where the animal can go in a crisis situation
- g. Work with department to identify officers with allergy concerns
- h. Announce program to the department
 - i. Explain purpose of the project
- i. Have participating officers fill out liability waiver and pre-program implementation survey
- j. Begin introducing therapy dog

D. Timeline

*An ideal project timeline will take place over a period of about 6 months, or roughly about the same amount of time as a semester

Month	Tasks
Prerequisites	<ul style="list-style-type: none"> ● Begin any prerequisite training needed 3-4 months before the start of project, with therapy dog training beginning starting at the beginning of month 1 ● Submit requests for funding (grants, etc.)
Month 1	<ul style="list-style-type: none"> ● Reach out to departments to find one willing to participate in program ● Decide on therapy animal option and start therapy dog training (if needed)
Month 2	<ul style="list-style-type: none"> ● Finish training ● Submit therapy dog registration ● Solidify department that will be participating in program ● Establish which officers would be interested in participating in the program
Month 3	<ul style="list-style-type: none"> ● Distribute liability waiver and pre-program survey to law enforcement officers ● Start weekly visits to local law enforcement department w/therapy dog
Month 4	<ul style="list-style-type: none"> ● Continue weekly visits to local law enforcement department w/therapy dog
Month 5	<ul style="list-style-type: none"> ● Continue weekly visits to local law enforcement department w/therapy dog
Month 6	<ul style="list-style-type: none"> ● Distribute post-program survey

- Analyze program results

E. Local Law Enforcement Department Contact Information

Bowling Green State University Police Department College Park, 715 East Leroy Ave Office Building Room 100, Bowling Green, OH 43403 (419) 372-2346	Bowling Green City Police Division 175 W Wooster St, Bowling Green, OH 43402 (419) 352-2571	University of Toledo Police 2801 W Bancroft St, Toledo, OH 43606 (419) 530-2600
Toledo Police Department 525 N Erie St, Toledo, OH 43604 (419) 245-3340	Perrysburg City Police Department 330 Walnut St, Perrysburg, OH 43551 (419) 872-8001	Perrysburg Township Police Department 26711 Lime City Rd, Perrysburg, OH 43551 (419) 874-3551
Sylvania Police Department 6635 Maplewood Ave, Sylvania, OH 43560 (419) 885-8902	Sylvania Township Police 4420 King Rd, Sylvania, OH 43560 (419) 882-2055	Maumee Police Department 109 E Dudley St, Maumee, OH 43537 (419) 897-7040
Rossford Police Department 99 Hillsdale Ave, Rossford, OH 43460 (419) 666-7390	Walbridge Police Department 705 N Main St, Walbridge, OH 43465 (419) 666-1447	Northwood Police Department 6000 Wales Rd, Northwood, OH 43619 (419) 691-5053
Lake Township Police Department 27975 Cummings Rd, Millbury, OH 43447 (419) 666-8100	Ottawa Hills Police Department 2125 Richards Rd, Ottawa Hills, OH 43606 (419) 536-1111	Whitehouse Police Department 6925 Providence St, Whitehouse, OH 43571 (419) 877-9191

F. Service Dogs vs Therapy Dogs vs ESAs

While therapy dogs, service dogs, and emotional support dogs might seem similar, there are a couple differences in the things each one is allowed to do and the places they are allowed to go. The following gives a brief description of each and the places they permitted:

Service Dogs

Service dogs are trained to help people with disabilities such as visual impairments, mental illnesses, seizure disorders, diabetes, etc. Service dogs are highly trained, as they also have to fill their master's limitations due to disabilities. Service animals are taught to push wheelchairs, or guide a blind person, or alert someone in case their master is having a seizure. Service dogs are entitled to accompany their handlers wherever their handlers go (Alt, 2020; Emotional Support Animals vs. Service Dogs and Therapy Dogs, 2016).

Therapy Dogs

Therapy dogs are also highly trained, but compared to service dogs, they are taught to be more socially adjusted to various people. Most therapy dogs are trained to provide comfort and affection to people in hospitals, disaster areas, retirement homes, nursing homes, schools or communities that require calming, or psychological and physiological healing. Therapy dogs do not have access like service dogs and emotional support dogs (Alt, 2020; Emotional Support Animals vs. Service Dogs and Therapy Dogs, 2016).

Emotional Support Animals (ESAs)

Emotional Support Animals (ESAs) are those that accompany a human with mental, emotional or psychological disability. The primary role of an ESA is to provide emotional comfort, companionship, friendship and affection to their owner. In most cases, ESA companions are dogs or cats, but can be other animals that can fulfill the duties of an emotional support animal. ESAs do not have or need any special training, however a person with an emotional support animal has to be prescribed by their doctor to have one. A mental health professional, such as a psychologist or a psychiatrist, has to determine that the person needs to have a comforting companion to help alleviate episodes that may arise from their condition (Alt, 2020; Emotional Support Animals vs. Service Dogs and Therapy Dogs, 2016).

	Service Dog	Therapy Dog	ESA
ADA covered: legal right to bring animal into public establishments	✓	X	X
Must be trained to tolerate a wide range of environments and people	✓	✓	X
May live with disabled owners regardless of pet policy	✓	X	✓
May accompany disabled owners on commercial airlines	✓	X	✓
Specifically trained to assist one individual	✓	X	X
Primary function is to provide emotional support through companionship	X	X	✓

Provides companionship and emotional comfort to many people	X	✓	X
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For this program, a therapy dog would be used.

G. Therapy Animal Options

Option 1 - Humane Society Adoption

- One option for the program would be adopting a dog currently available for adoption at a local humane society to utilize as the canine component for the program. This could be beneficial to both the law enforcement officers who are getting to interact with the canine each week, as well as beneficial for the dogs who are getting a home. The only barrier with this method is that the dogs at the Humane Society are not trained therapy dogs and so any dog adopted and used for the program would have to go through therapy dog training.

Wood County Humane Society 801 Van Camp Rd, Bowling Green, OH 43402 (419) 352-7339	Toledo Area Humane Society 827 Illinois Ave, Maumee, OH 43537 (419) 891-0705
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Option 2 - 4 Paws for Ability University Program

- 4 Paws for Ability is a program that relies on volunteers to assist in the socialization and training of dogs, typically puppies, to become service dogs for children with disabilities. Some dogs are also placed with veterans who have lost the use of their limbs or hearing during combat. This program could be a viable option for obtaining access to a canine for this project because they are already in training to become a service dog, however the person conducting the project would have to be enrolled in the program themselves or find someone who is. 4 Paws service dogs in training also have increased access to public places and would therefore just need to find a department willing to participate in the program. 4 Paws offers two options for puppy raising. The volunteer puppy trainer program places service dogs in training into homes with volunteers, while the University Program relies on students fostering 4 Paws puppies in an on-campus setting. BGSU does not currently have an established University Program with BGSU but some other surrounding schools do and anyone living off-campus would still be eligible for the volunteer program. The only potential barrier with this is it requires the time and dedication of fostering a 4 Paws puppy outside of just conducting the program, but if that is something that someone is willing to do then this could be a viable option. There is also an option to be a weekend volunteer puppy raiser which could be less of a commitment as long as the department is willing to run the program on weekends instead of during the week.

Volunteer Puppy Trainer Program - Off-Campus

4 Paws Volunteer Puppy Trainer program puts service dogs in training into homes for basic obedience, house manners, and socialization until they are ready to return for advanced training, typically between one and two years old. 4 Paws supplies the tools and information necessary to be successful in puppy raising (4Paws, 2020).

University Program - On-Campus

4 Paws for Ability University Program brings together local colleges, universities, volunteerism, and service puppies in training. Students foster 4 Paws puppies to enhance their socialization and basic obedience training. However, puppies enrolled in 4 Paws University attend class, activities, meetings, events, and outings both on and off campus with their student handlers (4Paws, 2020).

Contact Information

4 Paws for Ability

253 Dayton Ave., Xenia, Ohio 45385

email: karen@4pawsforability.org

Phone: (937) 374-0385

For more information visit the 4 Paws for Ability Home Page: <https://4pawsforability.org>

Option 3 - Find someone who already has a therapy dog and would be willing to participate in the project

- Option 3 for obtaining access to a therapy or service dog for the project would be to find someone who already has a dog that would be willing to participate in the program. This can be anyone, a family member, friend, or even a law enforcement officer from the department who may have a registered therapy dog and is willing to participate.

Option 4 - Train Your Own Personal Dog

- The last option for obtaining access to a therapy or service animal would be to train your own personal dog. This would obviously not be a viable option for those who do not have a dog, but for those that do it is a potential option. Many local pet stores and organizations offer training, so you could enroll your personal pet into one of these programs until they achieve the status of a certified therapy dog. Training would likely have to be started multiple months before the start of the program as most therapy dog training programs are around 6-7 weeks and many of them require prerequisite classes to be taken before the therapy dog class.
 - Options for training
 - Petco Dog Training - Bowling Green, OH
 - Canine Karma - Holland, OH
 - Off-Leash Canine Training

H. Recognized Therapy Animal Certification Organizations

(Stepanek, 2017)

National therapy dog registration/certification organizations

- Alliance of Therapy Dogs (formerly Therapy Dogs, Inc.)
- Bright and Beautiful Therapy Dogs
- Love on a Leash
- Pet Partners (previously Delta Society)
- Therapy Dogs International

American Kennel Club Recognized Therapy Dog Organizations

The following certification organizations are recognized by the American Kennel Club. A dog must be certified by one of these organizations to be eligible to receive the AKC Therapy Dog title in Ohio.

- A New Leash on Life, Inc. (North Olmstead, OH)
- Canines for Christ of Greater Cincinnati
- Miami Valley Pet Therapy Association (MVPTA) (Dayton, Ohio and surrounding counties)
- Ohio 4-H Pet Pals (state of Ohio)
- Vitas Hospice Paw Pals (Dayton, OH area)

I. Budget

<p>Costs associated with Option 1 - Humane Society Adoption + Therapy Dog Training</p> <ul style="list-style-type: none"> ● Adoption fee & vaccinations ● Proper veterinary care, food, equipment, etc. <ul style="list-style-type: none"> ○ \$100/month x 6 months ● Therapy Dog Training <ul style="list-style-type: none"> ○ 6-week Therapy Dog class ○ Prerequisites: <ul style="list-style-type: none"> ■ STAR (beginner → 6 weeks) ■ Building the Bond (intermediate → 5 weeks) ■ Canine Good Citizen class (6 weeks) ● Therapy Dog Title Application Fee (AKC) <p>Total</p>	<p>\$200</p> <p>\$600</p> <p>\$170</p> <p>\$170</p> <p>\$140</p> <p>\$170</p> <p>\$25</p> <p>\$1,475</p>
<p>Costs associated with Option 2 - 4 Paws</p> <ul style="list-style-type: none"> ● Transportation to and from 4 Paws facility for training <ul style="list-style-type: none"> ○ BG to Xenia, OH: 145 miles x .32/mile <ul style="list-style-type: none"> ■ Initial pickup ■ Monthly obedience class x 6 months 	<p>\$46.40</p> <p>\$278.40</p> <p>\$600</p>

<ul style="list-style-type: none"> • Proper veterinary care, food, equipment, etc. (provided free of cost at the 4 Paws facility → the cost would only be included if participant decided not to travel to facility for these services <ul style="list-style-type: none"> ○ \$100/month x 6 months <p>Total</p>	<p>\$924.80</p>
<p>Costs associated with Option 3 - Contact with already trained dog</p> <ul style="list-style-type: none"> • Compensation for services rendered <ul style="list-style-type: none"> ○ \$20/hour x 1 hr/week x 3 months (12 weeks) • Transportation <ul style="list-style-type: none"> ○ 15 miles x .32/mile x 2 x 12 weeks <p>Total</p>	<p>\$240</p> <p>\$115.20</p> <p>\$355.20</p>
<p>Costs associated with Option 4 - Train Personal Dog</p> <ul style="list-style-type: none"> • Proper veterinary care, food, equipment, etc. <ul style="list-style-type: none"> ○ \$100/month x 6 months • Therapy Dog Training <ul style="list-style-type: none"> ○ 6-week Therapy Dog class <ul style="list-style-type: none"> ■ Prerequisites: <ul style="list-style-type: none"> ■ STAR (beginner → 6 weeks) \$170 ■ Building the Bond (intermediate → 5 weeks) \$140 ■ Canine Good Citizen class (6 weeks) \$25 • Therapy Dog Title Application Fee (AKC) \$1,275 <p>Total</p>	<p>\$600</p> <p>\$170</p> <p>\$170</p> <p>\$140</p> <p>\$170</p> <p>\$25</p> <p>\$1,275</p>
<p>Personnel Cost</p> <ul style="list-style-type: none"> • Project Coordinator <ul style="list-style-type: none"> ○ \$4,000/month x 50% x 6 months <p>Employee Benefits</p> <ul style="list-style-type: none"> • Personnel Cost (\$12,000) x 30% <p>Equipment and Supplies</p> <ul style="list-style-type: none"> • Therapy Dog Registration Fee \$60 • Therapy Dog vest \$60 <p>Miscellaneous/Other</p> <ul style="list-style-type: none"> • Professional Liability Coverage <ul style="list-style-type: none"> ○ \$60/month x 6 months • Independent Evaluation of Program \$1,500 <ul style="list-style-type: none"> ○ \$150/hour x 10 hours <p>Total</p> <ul style="list-style-type: none"> • Buffer for unplanned expenses <ul style="list-style-type: none"> ○ 17,580 x 0.2 (20%) = \$3,516 	<p>\$12,000</p> <p>\$3,600</p> <p>\$60</p> <p>\$60</p> <p>\$360</p> <p>\$1,500</p> <p>\$17,580</p> <p>\$3,516</p> <p>\$21,096</p>
<p>TOTAL EXPENSES</p>	<p>\$21,451.20-22,571</p>

J. Barriers & Proposed Solutions

a. Stigma

- i. The stigma surrounding mental health treatment is one that plagues those struggling with mental health issues whether they are a law enforcement officer or not. Many police officers reporting mental health conditions do not seek services despite the availability of department services, or they seek services outside the department at their own expense (Fox et al., 2012). One way to combat stigma with this program is the idea that it would be a department wide program available to all officers despite their mental health status. This way any officer can participate without fear of being judged or being singled out as being considered mentally ill. It would also be left up to the officer's discretion as to whether or not they want to participate.

b. Police subculture

- i. The police subculture is one that values a mentality of toughness and strength, and unfortunately mental health issues are something that a lot of people view as a weakness. Often officers worry about perceptions or the negative impact seeking help may have on one's career (Fox et al., 2012). They might think that if they admit they are struggling or seek out help for their problems than others, including their bosses who control their employment, might see them as unfit for the job. The fact that this program would have to be approved by the department and applies to the whole department could also be helpful in solving this problem. If the project is approved by those in charge of the department, officers might be more willing to participate knowing that their supervisors are supportive of mental health treatment. They might also be more willing if it is department wide and they are all participating in it together, therefore the police subculture isn't singling one person out.

c. Distrust

- i. One potential barrier to the project is that law enforcement tends to be a population that often has a general distrust of outsiders. They are trained to be skeptical of those around them and while it may not be intentional, they may be subconsciously less willing to participate if the program is being conducted by someone outside their department or someone who is not also a law enforcement official. One way to potentially combat this is the suggestion of having one of the officers use their own dog for the project. This would ensure easier access and might also push more officers to participate due to the fact that they already know and trust the officer.

d. Confidentiality

- i. A lot of an officer's unwillingness to participate can come from a fear that their identity will not be kept anonymous, and that their personal problems

might be exposed to friends or family. This barrier has a seemingly simple solution in that none of the officers' names will be included when analyzing the results of the project. The survey to measure the effectiveness of the program will be an anonymous online survey, ensuring that no names are attached to answers.

K. Implications for law enforcement and the community

- a. Program could help bring more awareness to the mental health of law enforcement officers
- b. Program could reduce stigma by bringing awareness to the problem and its prevalence
- c. Program could inspire others to come up with more innovative ways of tackling mental illness in the law enforcement community that allows officers to get help without fear of being stigmatized

L. Evaluation of Program

The evaluation of the effectiveness of this program will take place using a both quantitative and qualitative self-report survey distributed to the law enforcement officers that participate in the project and is included in the appendix section of this manual. The survey is to be distributed to all officers who intend to participate at the beginning of the program, as well as upon completion of the project so that the results can be compared to see if there is a change in the levels of officers' mental health. The first part of the survey focuses specifically on depression and utilizes either the Beck Depression Inventory or the Patient Health Questionnaire (PHQ-9) to gauge the severity of symptoms. The second section of the survey focuses on PTSD and utilizes the PTSD Checklist (PCL-5) to measure these symptoms. The final section of the questionnaire includes a variety of closed and open-ended questions where officers can respond freely with opinions, advice, and other forms of feedback about the program. This feedback can then be used to examine how helpful the officers thought the program was to their mental health, as well as be used to make changes to the program to make it more effective in the future.

V. Appendix

Appendix A: Beck's Depression Inventory

<https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf>

Beck's Depression Inventory

This depression inventory can be self-scored. The scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.

- 1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
- 10.
- 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
- 11.
- 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
- 15.
- 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
- 16.
- 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17.
- 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
- 18.

- 0 My appetite is no worse than usual.
 1 My appetite is not as good as it used to be.
 2 My appetite is much worse now.
 3 I have no appetite at all anymore.
- 19.
- 0 I haven't lost much weight, if any, lately.
 1 I have lost more than five pounds.
 2 I have lost more than ten pounds.
 3 I have lost more than fifteen pounds.
- 20.
- 0 I am no more worried about my health than usual.
 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 2 I am very worried about physical problems and it's hard to think of much else.
 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I have almost no interest in sex.
 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score _____ Levels of Depression

- 1-10 _____ These ups and downs are considered normal
 11-16 _____ Mild mood disturbance 17-
 20 _____ Borderline clinical depression 21-
 30 _____ Moderate depression 31-
 40 _____ Severe depression over
 40 _____ Extreme depression

[http://www.med.navy.mil/sites/NMCP2/PatientServices/
SleepClinicLab/Documents/Beck_Depression_Inventory.pdf](http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf)

Appendix B: Patient Health Questionnaire (PHQ-9)
<https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
 =Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Appendix C: PTSD Checklist (PCL-5)

https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF

PTSD Checklist for *DSM-5 (PCL-5)*

Version Date: 11 April
2018

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL:

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Note: This is a fillable form. You may complete it electronically.

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to	0	1	2	3	4

enjoy?					
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Appendix D: Qualitative Survey Questions

1. What is your age?
2. To which gender do you most identify?
3. Are you of Hispanic, Latino, or of Spanish origin?
 - a. Yes
 - b. No
4. How would you describe yourself?
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Other
5. What is your marital status?
 - a. Single (never married)
 - b. Married, or in a domestic partnership
 - c. Widowed
 - d. Divorced
 - e. Separated
6. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)
 - a. Less than a high school diploma
 - b. High school degree or equivalent (e.g. GED)
 - c. Some college, no degree
 - d. Associate degree (e.g. AA, AS)
 - e. Bachelor's degree (e.g. BA, BS)
 - f. Master's degree (e.g. MA, MS, MEd)
 - g. Professional degree (e.g. MD, DDS, DVM)
 - h. Doctorate (e.g. PhD, EdD)
7. Have you ever served in the military?
 - a. Yes
 - b. No
8. How long have you been a member of law enforcement?
9. Have you ever been diagnosed with a mental illness? (Y/N)
 - a. If yes, what?
 - b. If yes, were these problems diagnosed before or after you started working as a law enforcement officer?

10. Do you take any medications for mental health issues?
- Yes
 - No
11. Overall how would you rate your mental health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Awful
12. During the past two weeks how often has your mental health interfered with your job?
- Extremely often
 - Often
 - Sometimes
 - Rarely
 - Never
- If you answered a-d, how difficult have these interferences made it to successfully carry out your law enforcement duties, if at all?
 - Extremely difficult
 - Very difficult
 - Somewhat difficult
 - Not at all difficult
13. How do you feel that this program has affected your mental health, if at all?
14. Do you feel that this program was helpful in improving your mental health?
- Yes
 - No
15. How often did you interact with the therapy dog when the option was offered?
16. Were there times when you sought out more interaction with the therapy dog than others? Why?
17. How would you compare your overall mental health from before the implementation of the program to after the implementation of the program?
18. Do you think this program had an impact on officer mental health? Why or why not?

19. What kinds of things would you change about the program to make it more effective?

20. What other feedback do you have, if any, for the program?

Appendix E: Participant Waiver of Liability

Law Enforcement Therapy Dog Program Waiver Example

By signing this waiver, you are agreeing to participate in Pups for Police and will have access to spend approximately one hour once a week with an on-duty therapy dog over the course of this project

RELEASE, ACKNOWLEDGEMENT, AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I understand that during my participation in the Pups for Police Therapy Dog Program, I may be exposed to risk of possible injury, which could be serious.

I understand that it is not possible for (individual/school/agency conducting program) to guarantee or otherwise assure the effectiveness of the safety measures. I further understand that mistakes, errors, or neglectful acts or omissions may happen, and that equipment may fail. In addition, I assume the responsibility for safety in all activities.

In return for the opportunity to participate in Pups for Police, I (print name) _____ do hereby exempt and release (individual/school/agency conducting program) from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury that I might sustain while participating in the Pups for Police Therapy Dog Program.

I understand that if I do not sign this release, then I will not be permitted to participate in the Pups for Police Therapy Dog Program.

I further acknowledge that no representation or promises by (individual/school/agency conducting program) have been made to include me to sign this release.

I agree to follow all safety rules and instructions at all times while participating in the Pups for Police Therapy Dog Program. I understand that failure to obey rules will result in my suspension from activities.

By signing this waiver, I hereby represent that I am 18 years of age or older and that I agree to participate in Pups for Police Therapy Dog Program.

Date: _____

Participants Name (Printed): _____

Participants Signature: _____

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