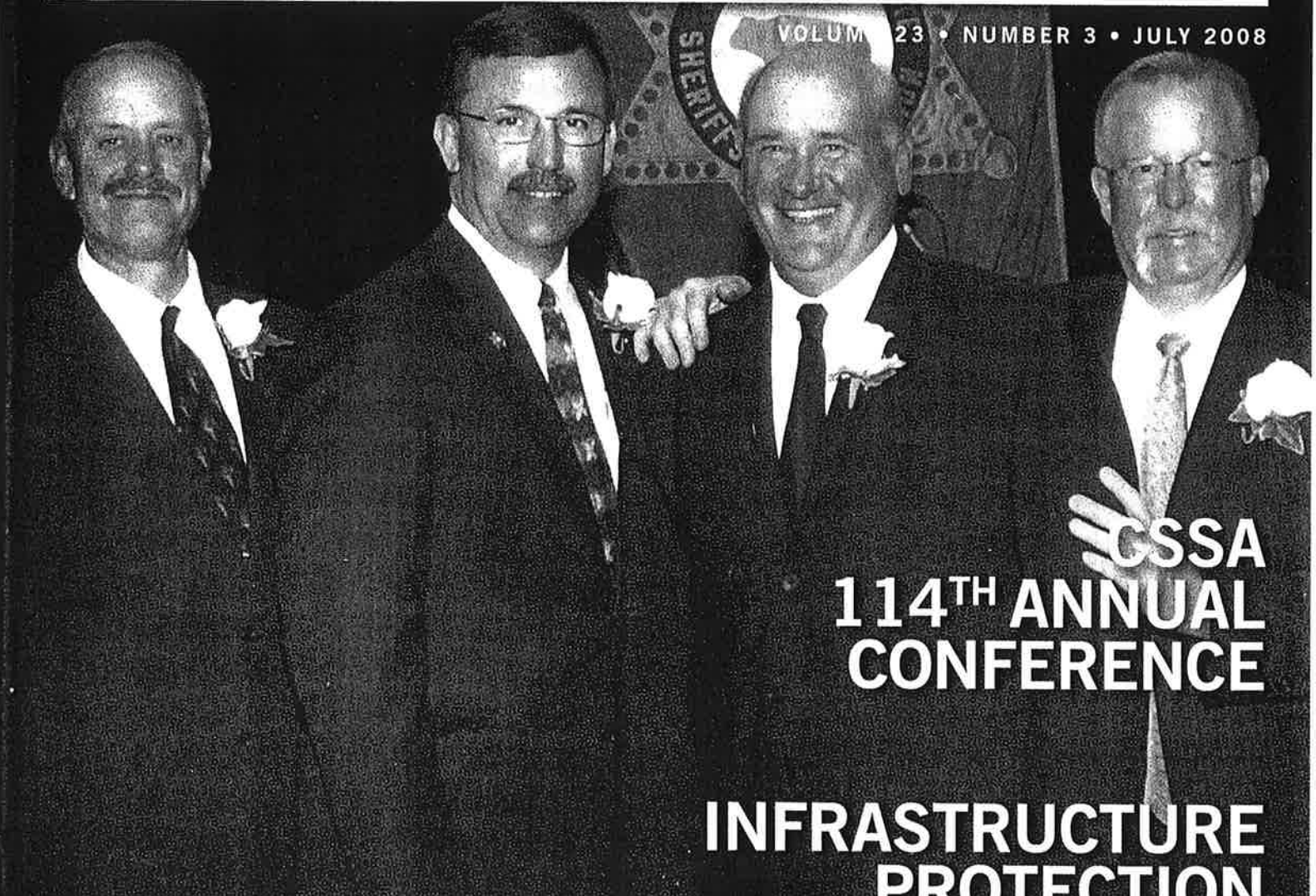


CALIFORNIA Sheriff

CALIFORNIA STATE SHERIFFS' ASSOCIATION

VOLUME 23 • NUMBER 3 • JULY 2008



CSSA 114TH ANNUAL CONFERENCE

INFRASTRUCTURE PROTECTION CHALLENGES

for the 21st Century

P-5 P36 *****SCH 5-DIGIT 92401

Nancy K Bohl
The Counseling Team International
1881 Business Center Dr Ste 11
San Bernardino, CA 92408-3431



ONLINE SAFETY AND SECURITY BEGINS WITH YOU

The Helping Triad

By Nancy K. Bohl-Penrod, Ph.D.,
The Counseling Team International, Headquarters, San Bernardino, California
1-800-222-9691

There are many situations in which deputies and their families are in need of support and assistance. Most sheriffs departments meet this need by offering some form of counseling, which can be done by a mental health professional, a specially trained peer or a chaplain. More and more often, departments offer more than one possibility for assistance. In theory, that proliferation of helping services should benefit deputies; in fact, what happens all too often is just the reverse. Not only do the three kinds of would-be helpers fail to synchronize their efforts, but also they behave as though they are adversaries. Each downplays the role of the others and strives to show that the help they offer is what is most needed and wanted. All need to make a real effort to eliminate that competitiveness and to bring the three kinds of assistance programs together under one banner. A good program, chaplains, peer support personnel and mental health professionals work together as a team.

As an example, consider a situation in which a deputy has been wounded. Representatives from all three areas will be part of the critical incident debriefing team that meets with the other deputies involved in the incident. The team will then discuss what the best deployment of their resources is. Although technically, it is the mental health professional that is "in charge," decisions about who goes where are made on the

basis of what will work best in a given situation. Thus, if a member of the peer support group is known by family members, then that individual will assume responsibility for going to the deputy's home and notifying his family, while the chaplain might elect to go to the hospital to be with the wounded deputy. Because there are no rigidly proscribed rules for what individuals in the three areas can do, nobody winds up feeling the need to protect his turf. Instead, each individual works where he is most comfortable and can be most useful. As for how to make such a cooperative program work, the answer lies in training. In the best scenario, mental health professionals, chaplains and members of the peer support group train together in three-day peer support training sessions. Special emphasis is given to functioning as a team.

Deputies vary greatly in their willingness to talk to others about the heavy emotional demands placed on them as part of the job. Some are comfortable only talking to another deputy, on the grounds that no one else could possibly understand. Others need the spiritual support provided by a chaplain and welcome the opportunity for prayer. Still others only feel secure in talking to a mental health professional—someone who has been trained to recognize and treat serious emotional disorders. The great advantage of the approach described here is that there is something for everyone.