



# Five Impediments to Success in Law Enforcement

Speaker 1: You are listening to a SAFLEO Sessions Podcast, a production of the National Suicide Awareness for Law Enforcement Officers Program. The SAFLEO Program is funded through grants from the Bureau of Justice Assistance, BJA, Office of Justice Programs, U.S. Department of Justice. The points of view and opinions expressed in this podcast are those of the podcast authors and do not necessarily represent the official positions or policies of the U.S. Department of Justice. Here's your host.

John B.: Hi, I'm John Bouthillette and I'm an instructor with the National Suicide Awareness for Law Enforcement Officers Program for the Bureau of Justice Assistance. I welcome you today to the SAFLEO Podcast. I'm joined today by retired Captain Brian Nanavaty. Brian is a 33-year veteran of the Indianapolis Metropolitan Police Department and has a long career in instructing thousands of officers on a concept of officer safety and wellness and has lectured on behalf of not only our VALOR Program where he is an instructor, but with Safe Call Now at the IACP conferences, ILEETA, IADLEST, NOBLE, the FOP, and of course the FBI conferences that occur all over the country. Why I have Brian on today is that during his career, he was instrumental in the development of the Indianapolis Metropolitan Police Department's Office of Professional Development and Wellness.

And actually, his program obtained a Destination Zero Award through the Bureau of Justice Assistance for his work in the field of officer wellness. It's an innovative approach, and I consider Brian to be an innovative teacher and trainer on the concept of officer wellness and agency wellness, and I'm glad to have you here today. Brian, how are you doing?

Brian N.: Oh, I'm doing great. Thank you, John. It's an honor.

John B.: Today, Brian, I want to look at the impediments to success in law enforcement based on your experience working with the IMPD

Brian N.: Right. So in the time that we had this program at Indianapolis, from the time we started until I stepped away and of course the program continues under a wonderful leadership at IMPD, we were averaging about 150 officers a year coming through the program facing different type of crisis or challenge in their life.

And before we take a look at the areas that we were able to categorize them in, I do want to let people know that not all of these were work-related crises. Some of these were things that people brought to the job. The first day of the academy, we all carry a certain amount of baggage and life's experiences—traumatic events, either childhood, adolescent, military experiences, family experiences.

So, we arrive for the first day of the academy with some things that we are wrestling with, and then we compound that over the course of our career work. And I think, admittedly, in an environment where we experience things that are disheartening, dysfunctional, traumatizing—so now, let's add that on top of maybe what you're already bringing—

John B.: Brian, that was such a great point, because what we're trying to say here is that it's not the job itself that leads to the decrease in or in overall wellness, it's the job combined with other factors which we bring to the job or other factors outside the job. So, what we're saying—and I think that's a great point, is that because the nature of what the job is, it's an automatic compounding factor.

Brian N.: So, we automatically default to the fact that, "Well, that must've been something we experienced on the job." And believe me, after three decades and, John, you from your career—there are things that we still carry with us. So, certainly that is—I don't want to discount that. But the thing that we forget many times is that your experiences in life are somewhat like your immune system. You go to work and somebody's sick and they sneeze in your face, and the next thing you know, your immune system is weakened a little bit and then you're more susceptible to coming down with some type of malady. It's the same thing in life. It's the same thing with your psyche, that if your immune system is injured or wounded and so, well, you're going to be more susceptible. So, if you come to this job and you already have things that are challenging to you—and we will talk about some of those things, but there are these default issues that are many and varied that weaken us even from the first day of hire.

Now, what happens during the course of our career? Well, early on, John, you and I went through a training academy. We went through field training—it's all grins and giggles at that time. I mean, as long as

you're getting through the program and you're not struggling, but it's when life interferes and you've got a couple of years under your belt that your real life starts to hit. And that's when that stuff that's already in what I call your wheelbarrow—that's when that wheelbarrow starts to get a little more heavy.

Well, now you're adding to it the suicide run that you went on, or the multiple homicide, or the traffic accident out with the dead child, or your partner being killed in the line of duty. So, those types of things now are adding to what you've already brought to the table. So, the math is—it's really a hybrid. It's a combination of the two things, so—

John B.: Here's the key to this. Why are some people more resilient than others?

Brian N.: And that's a great question, John. And I'll give you a good example that I've worked with almost 300 officers, post officer-involved shooting. And I'm here to tell you that in the majority of cases, the officer that went into that critical incident with the ability to cope in good shape—and what do I mean by that?

I mean, his kids are healthy, he's in a healthy relationship, he's saving his pennies for retirement, he's got good relationships at work. That will be the officer that comes out the other side of that shooting in pretty good shape, able to absorb it, get back to work, and be okay in most cases.

The officer that's embroiled in some type of drama, whether it's a lover on the side, whether it's a gambling addiction, alcohol, problems at home, issues, his kid with a cancer—I mean all those types of things that are obviously would be things that would be a wake-up call for anybody. Then they're already dealing with those things when the crisis happens.

And now, you're not only dealing with the aftermath of experiencing a trauma, but you're also—again, I mentioned earlier, you're dealing with a wounded immune system. So, it makes it that much more difficult to help that person recover. So, a lot of that comes down to your ability to cope, your individual ability to cope. And, John, your ability to cope is like the stock market, it can change on an annual basis. It can change on an annual basis.

John B.: Yes, it can. Depends on what's going on in your life. And that's the other interesting thing—we're human. And I think that's the big piece of this equation because everybody is looking for that light switch moment, Brian. Where you flip this switch and put this program out

and we solve all the issues associated with officer wellness or lack of officer wellness or all the issues associated with the suicide issue that's facing our profession today. But there really is no light switch moment. It's based on basically the word, this concept we have been using in law enforcement our entire lives—it's based on a totality of circumstances, correct?

Brian N.: It really is, John. And let me give you a good example. So, I've worked with officers who have an addiction issue. And so, we get them in a treatment, and they're maintaining their sobriety and we get them back to work. And when I'm working with an officer, my goal is for them to be healthy for the remainder of their life.

Sometimes their goal is to do what's necessary just to get back to work. So, they get back to work. And what do they do? They quit going to AA, they quit taking their medication, they quit going to see their clinician, so all kinds of things happen. And then, what happens well they're in crisis again? And this is the problem with humankind is it takes work. If you're dealing with some type of distress or challenge in your life, it takes work to put that challenge at bay. And so, there might be things that you have to do for the rest of your life.

And so, let's move away from those types of things that are debilitating and just talk about your general health. You can be in the greatest shape in the world. You can have a wonderful family. You can have your money saved for retirement and no debt.

But it doesn't mean that you just—you say, "Okay, well, I've accomplished those things. I don't have to do anymore." No, you've got to do those things the rest of your life. Officers need to practice inoculation, self-help techniques, self-inoculation—

John B.: Harm reduction, yeah.

Brian N.: Absolutely, for the entirety of their life.

John B.: And it's interesting as we speak about this. I know we started this conversation looking at five factors that are impediments to the success when officer inside the agency—five things that you've seen that pretty much are barriers to success, correct?

Brian N.: Right, absolutely.

John B.: Let's start talking about some of that. But I don't think anybody out there is going to be too surprised when they hear them, Brian.

Brian N.: All right. So, the first one I think is the biggest bugaboo that we would all acknowledge is part of our culture, and that is addictive issues—the alcohol being the primary addiction issue, the one that we’re most familiar with. Alcohol has been part of the law enforcement culture since time immemorial. John, early in our careers—you and I started about the same time in the 70s and 80s, it wasn’t unusual to go back to an FOP hall or—

John B.: Part of the culture.

Brian N.: Absolutely. And you opened up your collar and took your tie off, and you were in a safe environment, but that culture kind of dissipated over the course of our careers. But we recognize that that’s still an issue because alcohol is served at every social function. When was the last time you went to a dry function? We serve alcohol at functions for children.

John B.: Yeah, exactly. You have a lot of officers that would tell you, “What is a dry function?” No, the interesting thing is too—and it’s the unhealthy relationship with the alcohol that’s the problem, correct?

Brian N.: John, it’s people who go to a casino. I have friends who—well, you won’t catch me at a casino. I don’t want people to think that I’m addicted to gambling. Well, if you go to a casino and you want to have fun, who’s to stop you? You take \$50 and when that money runs out, you made your donation and you come home. It’s the people that are—

John B.: Kept the lights on, time to leave, yup.

Brian N.: Sure. And you’re going to the bank machine and getting more money or doubling their bet. So, it’s the same thing with alcohol. You create a new norm. The more you drink and the less you have the ability to control—you create a new norm.

How many times have you stopped a drunk driver, John? And they act completely sober and then when you hook them up to the breathalyzer machine, they’re three, four times the legal limit because they’ve raised—their homeostasis has changed.

But alcohol is a big challenge. My estimates based on the work I’ve done with officers—and again, I don’t want anybody to think that this is a university study that we did or scientific. This is based on my work with over a thousand police officers in my agency, around the country,

that about 20 percent of officers face challenges with alcohol addiction. And so, it's a very real issue.

Now—or are they showing up for work intoxicated? I'm not saying that. I'm saying that they face a challenge. And the interesting thing about the alcohol challenge, John, is it's changed over generations. In my generation and your generation, we would get off shift, we would start drinking, we would pass out, and then sober up and come into work. And with generation Y and Z, they look at our generation of alcoholic and they say, "Yeah, you guys had a problem. I go out one day a month."

John B.: Same outcome.

Brian N.: Yeah, same outcome. "I'm not like you. I don't try to drive home, and I don't need to drink every day." Well, that's the definition of an addict too. We just don't know that because we're not educating our people. And so, we think because you're not going home, and you have this need to drink that you're not an alcoholic and that's not the case.

And, John, alcohol addiction just like any other type of addiction—it can be genetic, it can be environmental. I mean, I certainly have had friends who at the end of a tough shifts that I got to go home and pour a drink, and I didn't consider them to be alcoholics. They just need—they just, again, their equilibrium needed some type of adjustment. Was I concerned about them? Absolutely. But—

John B.: Well, especially if that's your only coping mechanism.

Brian N.: Exactly. No, John, that's an excellent point. But when we talk about genetic predispositions, we know that there are families who pass that gene from generation to generation. And so, we have to be careful. How do you discern that in the applicant process, at the hiring process?

John B.: Yeah. And it's so interesting too, Brian, because when you say that—and this week, I clarify this based on the whole alcohol consumption, and again, just to make sure—not a tea-totaller at any ways you perform. I don't consider myself to have any issues with alcohol whatsoever.

But when you look at alcohol and you apply that to the issues we face on the street every day, those stressors that we encounter every day, it's a compounding factor. And I think that's the point we're trying to make here. We're not trying to say that alcohol is the root of all evil, but it definitely adds to that whole failure chain potential.

Brian N.: Well, the idea of self-medicating isn't itself harmful. And so, that's what we're talking about. But, John, like I said, even modern-day testing—when was the last time you went for a physical and filled out a questionnaire about your drinking? The question is asked is how many drinks do you have on a daily basis?

So, you put down—you think, "Okay, over the last month, all right, I went out on Saturday and had three beers but on Monday through Friday didn't have any. So, what is that? One a day?" And that's how you answer it. So, I go back to what I said about the millennial or the generation Z, how do they answer that question? So, they put down, "Well, zero because I only go out one day a month." And so, the result comes back—well, they don't have a problem when they do.

John B.: Yeah, that's so interesting. It's all the way—look at it. I got, yeah, it's all perception.

Brian N.: So, we just talked about alcohol. There's issues with opioids. The opioid epidemic is huge. And cops are people that doctors trust. So, if you are a police officer who needs surgery or is dealing with a chronic issue, even though we know opioids are only supposed to be written for acute type of issues, the doctor will trust that you're a police officer that you don't have addictive issues, which is not the case.

John B.: And you keep controlling it, yup.

Brian N.: And studies have shown that the longer you are on some type of pain medication, the greater the chance for you to become an addict. So, opioids are an issue. Gambling is huge anymore. John, when was the last time you traveled where there wasn't a local casino somewhere close to where you were training?

John B.: Well, I've also been come from a culture where all of our conventions were in a place that always had a casino. That's for sure. I understand what you're saying.

Brian N.: No, absolutely. So—

John B.: The casino was a draw, yup.

Brian N.: So, I mean, we could get into other addictive issues. But some of the issues that we would say are concerning issues to law enforcement, they're not really covered in the diagnostic manual that clinicians use, drama being one. We know officers who are embroiled in relationships

where drama is very prevalent. Clinicians will tell you that, “Oh, it’s very real to be in a relationship with someone who’s addicted to drama, someone who—where there’s no drama evident, they will create drama.” So, and it’s funny when you bring that up in training in front of officers that you see their heads nod, like, “Oh, yeah. I know what you’re talking about.”

John B.: They all know. I agree. And but that’s interesting—but again, all of this adds up to that compounding factor when you put it in the context of what we do for a living.

Brian N.: No question, John. And again, when you look at one in five officers might be dealing with some type of addictive challenge—it obviously is concerning because you want people to be, look, to be successful in this endeavor for 20 or 30 years or whatever it takes to be vested in your pension, you have to be healthy. Yeah. We can help people for a while if we’re not healthy, but eventually it catches up with us. And so, any challenge, any of the five categories of challenges, they have to be very concerning not only to the individual but the individual’s family, the individual’s peers, and the agency but also the greater community, the profession at large. I think law enforcement in general—I think we’re waking up to the fact that these issues need to be front burner issues. But I’m not so sure we’re there yet, but—

John B.: No, I don’t think we’re there yet. We’re getting there. We’re moving in the right direction. I totally agree with you. At least you’re recognizing what it is and we’re taking steps to address it. And that’s a lot better than we’re doing ten years ago, Brian.

Brian N.: Absolutely.

John B.: But the other issue to it—when you talked about the alcohol and the opioids, well, it goes back to with the health issues related to that like weight and your diet and your sleep patterns. You want to go there for a little bit, too? If you don’t mind.

Brian N.: Sure. So, general health issues are one of the five issues that we see issues with too. And some agencies are very good. They have programs where if you download your information and you show that you did your 10,000 steps or you did your workout, there are benefits to that from an insurance perspective or time off perspective. They—

John B.: Reinforcing positive behavior. Yup.



Brian N.: Absolutely. Many agencies now are creating partnerships with local gyms where officers have keys now and they can go and while they're working. Agencies have policies now allowing their people to work out on duty for a certain period of time.

And so, all of these things that we can be proactive about and instead of wait around for somebody to go and get a physical that shows that to take a heart stress test or show that they have some type of major malady that we're taking proactive steps to ensure that our officers are in better shape.

And I see signs of that, John. I think from the general health perspective, that's probably the one area where I see the most improvement. And think back, John, to early in our career. You and I would be standing around a crime scene. Again, this isn't scientific, so please, I hope the audience doesn't take it that way. But, John, out of five officers at a crime scene, how many of them would have been smoking at the crime scene?

John B.: Oh, no. When I first got—all of them.

Brian N.: Yeah. You didn't get into a patrol car that didn't have a full ashtray.

John B.: No, exactly, you're correct. And we've gone away from that. Yes, we have.

Brian N.: We have. When I was at the National Academy in the Spring of 2014, I think we had 250 members in my session. And there was a designated smoking area, and maybe 8 or 10 of those 250 were regulars at the smoking area. So, I mean, a huge, huge shift in awareness of the fact that we need to be physically healthy to make it through this career.

John B.: And it affects emotional wellness. If you don't feel well physically, it's very hard to feel well emotionally.

Brian N.: No question. There's been a lot of improvements. I see more officers—when I do training, probably 25 percent of the officers in my training will have brought a healthy lunch. Many—

John B.: Oh, I've seen it myself. Big gallons of water. I've seen it.

Brian N.: And it's interesting, John, the same thing we talked about with the decline in the number of smokers in uniform is when I train or I'm on the road or meeting with officers, I don't see that many officers drinking

caffeine drinks or energy drinks. You've got the big containers of water in front of them where they're trying to get their—

John B.: Yeah, that's a positive.

Brian N.: —daily ounces in every day. So, I think we have turned the corner on nutrition. You've got 24-hour markets so officers can go in and get something.

John B.: Better choices. Yes, I agree.

Brian N.: Absolutely. And then, again, it's not just a diet nutrition, it's sleep also. And so, the one discouraging sign that I do see is many agencies are moving towards schedules that are a little more gentle on the officer or on the family. They are increasing the number of hours they work in a daily period so that they can increase the number of days off during the year. And unfortunately, some of those officers instead of using that time to—

John B.: Sleep?

Brian N.: Yeah, to sleep or to practice healthy practices, they're working more time—

John B.: Yeah. Outside jobs coming back to work on overtime. Yeah.

Brian N.: So, that's still an area that I think that we need to work.

John B.: Yeah. And when it comes to health issues, probably you said, it's just a compounding factor. And again, I know it's about thinking outside the box. So, for the officers who are listening today, it's about that—those healthy choices when it comes to exercise and eating and sleeping for the administrators out there is putting together some positive programs, some positive reinforcement to instill positive behavior.

And, Brian, I don't know if we told you before—I'm aware of a chief in Texas who actually provides one healthy meal a day to his officers. So, that's the outside the box thinking that we need. That's the paradigm shift that we're looking for, correct?

Brian N.: It is. Because I still travel. And, John, I know you do too.

John B.: Yes, a lot.

Brian N.: If you go and do a training room when there is a big box of donuts or unhealthy food in there—so, but again, I think we are turning the corner. It's going to take just getting rid of vending machines out of a roll call sites and headquarter buildings that are full of junk food because—

John B.: Unhealthy snacks. Yeah.

Brian N.: It is. When we're tired and we're hungry, what are we going to do? We're going to grab the—

John B.: Sugar and carbohydrates. Yup, that's it. Yeah.

Brian N.: —quick fix, so.

John B.: So, on top of that too. So, let's keep going with these five. The next one that comes to me sometimes is the stuff that—now, the addictive issues, there's personal accountability to that. The health issues, there's personal accountability to that. Let's talk about some of the personal behavior issues. Again, fall into that umbrella of personal accountability, the immaturity sometimes or lack of anger control, just stuff that we see. Those personality behaviors that are associated with the job.

Brian N.: Well, it's interesting, John—and it goes back to some of the psychometric testing we do during the during the hiring process and we stick with what we know. And I'm not going to knock any particular testing, but the thing that we have to remember is we're not hiring Korean and Vietnam War veterans anymore. We're hiring our kids. And so, they come equipped with and armed with different needs, different behaviors. And so, I mean, immaturity has always been an issue with law enforcement.

John B.: It has nothing to do with age, too.

Brian N.: No, it doesn't. But many agencies have hiring caps. And so, we look at young people, and why do we do that? For two reasons. Number one is actuaries want us to hire young people so that they pay into the pension for a long time. We keep our pensions funded. The second reason is—is that if you hire young people, they are low claims people from an insurance standpoint. So, John, while you and I are having our knees and shoulders operated on, somebody has to pay for that because our premiums don't cover our claims.

John B.: And to fill the gap we created when we're out, yup.

Brian N.: Absolutely. So, young people who don't have high claims at all, it balances out from an insurance standpoint. So, sometimes we hire and focus on people who are young. And with your young males, you have what? You have testosterone flowing through them. Everything is a solved with—

John B.: Putting them in highly volatile situations.

Brian N.: Right. And so, we need to take a look at probably somewhere down the road, take a serious look at age requirements, maybe lifting some of those age requirements. We do have agencies around the country that the predominant officer in their agency is an officer that has retired and is collecting a pension and solid relationships and many of them don't have these types of problems. So—but anyway, immaturity is an issue, this idea of victim thinking, John, we all go through our career and—

John B.: And that's a big part of what's going on right now, unfortunately—

Brian N.: It is. Because something happens and we want somebody to blame. And of course, we're not going to take the blame ourselves, so we look for a convenient source to place that blame on. And so, I would have officers that would tell me, "I'm very angry at the department," and that's—that's something you hear over and over and over. "I'm angry at the agency. They did this to me." Well, let's talk about that.

And so, we would talk about the blame game and the officer feeling like a victim, and there was a certain type of activity I would engage in with an officer who was playing the blame game, and that was to discuss, "Okay, just write down on this piece of paper all the things that the agency has done to you during your career to mess with you or where is it they've screwed you up, or—" And then, I would have him write on a different sheet of paper the decisions they've made in their life which were very—yeah.

John B.: Less than optimal?

Brian N.: Yeah. That add up—that weren't exactly optimal, like you said. And so, it's a great visual because they realize that they're either just as responsible or more responsible for where they're at right now. And so, it's a great visual that, "Okay, maybe I should quit blaming everybody else and take a certain amount—"

John B.: The accountability factor, correct.

Brian N.: Absolutely. So, but look, it's normal to feel like a victim if something happened to us that we have no control over it. But that's the control issue, is the next issue—

John B.: Well, it's hard to be a victim when we are control freaks, correct?

Brian N.: It is. But, John, I mean—in fairness to police officers, what are we taught in our academies and in our FTO programs, we're taught that we need—

John B.: Strong alpha, let's go. Yup.

Brian N.: —situation. If we don't control—

John B.: Control.

Brian N.: —situations, people get hurt, partners get hurt, citizens get hurt. So, what happens when we can't control situations? Now, think in your own life, John—we don't get angry, which is the next issue we're going to talk about. We don't get angry over the big things. We're trained to handle the big things. We get angry over the little things because those are the things that we don't control.

John B.: And, Brian, I'm a walking, talking poster for that. For a bunch of years in my career—for the little things setting me off versus the bigger things.

Brian N.: Well, John, you're not unique. You're not alone. And a lot of officers will acknowledge that, that it's a—I tell this funny story when I'm training that, John. When you and I are on the road, we have to expense our—will be, spend money on. And so, we have to collect receipts. And so, what's the last thing you do before you return a rental car to the airport? You fill up the tank.

John B.: Yes, you do. And you got to find that receipt.

Brian N.: So, you hit the button on the tank, which is one of the greatest inventions of the last decade is paying the pump.

John B.: And it has no paper.

Brian N.: And it says—was what? See attendant or go inside for receipt, "We're out of paper." And you're like, "I got to catch a flight." And so, you get a little angry. You get a little upset because you can't control the situation. And that's a silly example, but it's a good example.

John B.: It's one I can relate to for sure.

Brian N.: Absolutely. They're not angry over the big stuff. They have a huge amount of patience to deal with those scenes that are going south.

John B.: Yes.

Brian N.: And it's amazing how they do that, but it's the little things—the dog not wanting to come in or—

John B.: I know.

Brian N.: Getting caught on traffic, traffic jams or something.

John B.: As we unpack this—now, I like the word unpack. It's when we talk about these personality issues, is the ability to unpack what you're feeling is important. And take that, like you said, when you made your officers write down how they were wronged. I think that's huge.

So now, we talked about addictive issues. We talked about the health issues. We talked about the proverbial personality and behavior issues that sometimes make poor life choices—the anger issues, self-esteem issues. Now, you take those three, and we naturally come into the next one, which is how those three things impact our family relationships.

Brian N.: That's the foundational piece. I talked about working with over a thousand officers in crisis. If they had multiple challenges—for example, if I had an officer who had toxicity at home and was also dealing with an addictive issue, I had to tackle the toxicity at home first. And there's a very simple reason for that.

I needed that officer to have a support system. Now, we can talk about peer support, we can talk about clinical resources, we can talk about all kinds of support and resources available to officers, but those are all artificial types of support systems.

The only true support system—I mean, other than a person's spiritual beliefs, of course—is what you have at home. But, John, you and I both know because we've seen it every day. We went to work that we have people who don't invest in their relationships. So, if you don't invest in what you have at home is what you have at home going to be there when you need—

John B.: We forget that it's part of the equation.

Brian N.: We do. And you're going to need that support system if you're going to successfully navigate this journey. And so, we deal with a large number of officers who are facing challenges. I think when I surveyed my agency and asked the officers if they had had some type of family toxicity during the course of their career, about 70 percent said, "Oh, yeah. I mean, I've had trouble at home during the course of my career."

And when I said, "Okay, how many of you currently have a toxic situation at all?" It was one in four. I mean, if these numbers are very real in our profession—and I'm not going to get bogged down. And people always ask me, "What about the divorce rate?" And, John, I think the divorce rate—

John B.: No. Brian, I've seen the numbers. I can quote two different studies. They'll give two different—

Brian N.: And I agree. I think they can be manipulated. And the one thing we forget about is we have officers who have multiple divorces. So, and does that skew the results? And look, I've seen very solid law enforcement families, and I've seen law enforcement families that are hanging by a thread—you have too, we all have. And so, I'm like you, John.

I appreciate you saying that. I don't buy into that. And I also think that it becomes a self-fulfilling prophecy when you have trainers or veteran officers saying, "Oh, hey, kid. It's okay. We're all going to—you're a cop. We're all going to get divorced two or three times." It does. And I just think we—

John B.: And—and that's focusing on an outcome. Not—

Brian N.: Exactly.

John B.: —the cause. You're focused on the outcome of something that could have been prevented. And that's where I get a problem with.

Brian N.: So, John—

John B.: Is that if divorces is an outcome—

Brian N.: So, to put you on the spot, how many years have you and your wonderful bride been married?

John B.: Thirty-six, Brian.

Brian N.: And my wife and I are going—we'll be 30 next year. And does that mean we haven't had our ups and downs? Of course, you know me. You could—

John B.: Never had a fight, Brian.

Brian N.: No, you could make a streaming TV show out of our relationship. But we love each other, and we're there for each other, and that's the important thing. So—and so, when we talk about family relationships, John, we need to make sure that officers understand that we're not just talking about your partner or your husband or wife. We're also talking about—

John B.: Good point.

Brian N.: —your children, your relationship with your children. We have—

John B.: Brothers, sisters, parents, yeah.

Brian N.: Absolutely. We have parents who are elderly that are in nursing homes—that can be stressful, financial challenges. Many of our officers are working towards vesting in a pension that will be available to them when they retire.

John B.: That there hopefully will be available.

Brian N.: Exactly. Because as we talked about previously, pensions tend to be a legislative—not in nature, not contractions. So, will they be there at the end of your career? I hope they will. But I don't know if crossing our fingers is going to help—

John B.: Not a good financial plan, crossing your fingers.

Brian N.: So, you still need to make sure that you are saving money. But sometimes, the default is that "Well, I have a pension, so I don't have to start saving right now," and that's a huge mistake. And the other issue is that for many, many, many, many, many, many years, John, over time and off-duty employment has been readily available. And so, if you—

John B.: You just took a point I was about to make, Brian, because the answer usually is in law enforcement is, "If I want to spend more, I'll make more."



Brian N.: And you have hit the nail on the head. See, what that implies is that we don't worry about the day of reckoning. Now, the key to financial security—the key to financial integrity isn't making enough money to cover your bills. It's budgeting so that you don't go beyond your alpha—

John B.: Well, we missed that—

Brian N.: —doesn't go beyond your income. And so, what we typically do to resolve our issue is we just work more. And then what is working more to do? It takes you away from your family. It destroys that work-life balance. And—

John B.: And that's why I think you can't look at these things we're talking about in a vacuum either, because that issue right there can create personality problems, anger issues. It can create anxiety, depression. It can create addictive issues. It can create health issues. These are all interrelated.

Brian N.: If firefighters want to make outside income, they'll go roof a house or a do somebody's taxes. And I'm not saying—

John B.: They step outside of the profession.

Brian N.: That's right. But I'm not saying officers can't do that because many do. But typically, our first choice is to do what? Do something that's security related. So, we never take the uniform off. And so—and if you're never taking that uniform off, what do you think the end result is going to be? We need to be human for at least a short time each day.

John B.: You've got to reset. So, we looked at that. So far, we went through addictive issues. We've talked about the health issues, the personality issues. Of course, there could be the family issues. And here's one that I think we do not spend enough time on. It's the actual mental health, brain-related injuries, the things that, when it comes to screening and in the course of officer's career, we're missing all of those.

Brian N.: We are, John. And so, I worked with each one of our recruit classes. And when I talk to academy instructors, I gave them this information—one of the areas that I do training for is people who do work with applicants. They do the backgrounds. They work human resources. And I caution them against thinking that they have covered every area. And so, I've had agencies tell me, "Oh, captain, this group of people—they're the best. We couldn't find anything."

And then when I would work with those same individuals, I would find huge discrepancies of what agencies were finding in their hiring process and what I was finding out just spending one day with these recruits from the standpoint of health-related issues, background issues, but especially mental health-related issues. We went through a time when generation Y was considered the ADHD generation because we saw a huge increase in ADD, ADHD.

And so, are we catching that in backgrounds? I worked with an officer who when we went back and looked at it—he had failed the file about 200 reports. He had failed to complete and call in 200 reports. And our first instinct is, “Okay, well, this person is not cut out for—”

John B.: No, lazy, yup. Doesn't have the work ethic.

Brian N.: And yet, when I met with them, he very confidentially told me that he had childhood ADD, ADHD. And so, we did some research into that. We got his permission and talk to his doctors, send him to one of our doctors, and sure enough, he had adult ADHD, ADD, ADHD. And so, he was put on medication and lo and behold—I'm not telling you that he became police officer of the year, but it cleaned up the issue.

John B.: Sometimes that's all we need to do, right? Get them back on the straight and narrow.

Brian N.: And, John, that's a unique case. Now, I don't want people to listen to this and say, “Okay, well, now everybody's going to use the behavioral issue.”

John B.: And I think that's the important piece here. You can have emotional issues. We can be diagnosed with certain things that will not be career enders. I think that's what you're trying to say.

Brian N.: And I don't want to bore people with my life story, but I applied for the Air Force. I wanted to be a pilot. My dad worked for NASA in the space program. So, the astronauts are my heroes. I mean, I loved the idea of working in confined spaces and going into space, and that's what I wanted to do. Eventually, I ended up being a police officer, not following that dream.

John B.: Close.

Brian N.: Well, yeah. Close. I was in a capsule, right? Driving with four wheels.

John B.: Yeah, exactly. It's not moving as fast as you thought it would be.

Brian N.: Well, I got into my early fifties, and I remember being down in the crawl space in my house working on some plumbing one day, and I had a panic attack or what I believe to be a panic attack. And I realized that as I got older, I was getting anxiety based on confined spaces. And, John, every week I'm on the road, traveling somewhere in an airplane. And I wondered why I gravitated away from window seats, the aisle seats. And so—

John B.: Up in space, yeah.

Brian N.: —one of the things we think about people with mental health challenges as being sick people. And look, when we're young and we have to have knee surgery or shoulder surgery—we attributed to my old football days, whatever, and everybody punches each other on the shoulder and reminds themselves of the good old days when they did stupid things.

But when your brain deteriorates, and things change based on you getting older and your brain deteriorate or what—or what do we know from professional football? CTE, knocked in the head, being in auto accidents—all of these things can bring on the onset of some type of brain-related issue.

And so, I realized that in my own life. And I remember talking to my father, who is 30 years older than me. I said, "Yeah, I don't know what it is about flying anymore. I'm uncomfortable flying." He goes, "Oh, I went through the same thing."

He goes—it didn't happen to him until he hit 70. So again, I go back to what I said earlier about some of this being—it can be genetic, you can pass that genetic trait on, or it can be a result of our life's experiences. So, we shouldn't automatically take somebody who is struggling with some type of brain-related challenge and think that they're not capable of doing the job.

I had a sergeant called me one time and say, "Hey, I've got an officer that I overheard him in a roll call talking about his doctor put him on Prozac. And so, I've got him back here in the office with me. I need to know what to do to put him on administrative leave." And I chuckled and I said, "What else is he doing? Is he not doing his job? Is he a problem? Are you noticing any behavioral signs?"

He goes, "No, he's one of my best officers." And I said, "Look, put him back to work. I'll meet with him tomorrow. It's no big deal." You've

got somebody who's being proactive and looking out for their health, and that's the person we're concerned about. So, if we do that in our organizations and we discourage people from being proactive, what's the end result going to be? We're going to have a culture where people hide their challenges because they don't want to face some type of sanction.

And if we don't own up to it, and we don't create a culture where you can step forward without worrying about sanctions or some harm and say, "Hey, look, if we have resources, I could use that resource." John, through the annals of the history of our profession, we all know somebody we could have reached out and helped.

John B.: Of course.

Brian N.: And the end result was tragic. And I don't mean self-harm in every case, but I mean they lost their job or they lost their family, and we didn't intervene because we existed in a culture where you didn't do what—you didn't interfere. It was somebody else's business. It wasn't my business.

John B.: Yup, not my problem.

Brian N.: And I don't want to draw the agency's attention to—

John B.: It doesn't work anymore.

Brian N.: —that officer, I don't want to hurt anybody's career. And yet, I can't tell you the number of officers that come to me with regretful stories. "I saw it. I should've reached out. I should have done something, and I have huge regrets now because I didn't."

John B.: Yup, and you know what the interesting thing is, too—going back to the whole concept here to reverse engineering. We've laid out a road map today of what to avoid, the things to work on, the things to do better at. So, it's five things—the addictive issues, the health issues, the personality issues, family relationships, and then the mental health issues are all things are not career enders.

These are the things you have to pay attention to it in order to have a successful career.

Brian N.: Yes.

John B.: We put up the big caution signs. We've let you know what to avoid and how to work on that. It's just getting that paradigm shift to go that officers understand the accountability factors and the things to look out for.

Brian N.: Well, it creates stress. And stress is a stress topic for an entirely other podcast, because that is huge in our profession. But yeah, these are all resolvable. But again, you have to look at, "Am I investing? Am I investing in my health?" If you have an addictive issue, do we have agencies that will support our people while they're in treatment?

Because who has 30 days' worth of vacation they can take to participate in a 30-day treatment or recovery program? So, we have to create partnerships. We talked about creating those partnerships at home. We have to be able to create those partnerships at work because, John—you were a chief. You know the cost of having to constantly replace position openings, it's—

John B.: And at so many different levels, too. There's an agency cost, the community cost, a personal cost. There's a lot of factors to happen when that happens. So, there's a lot of things. There's a ripple effect. So, these are never isolated incidents. So, we have an issue where an officer—we have to step forward, and something goes on and costs us an officer. And then, I don't care what reason it was it—there's a ripple effect.

Brian N.: You're driving a car right now. You either take care of that car, or you're somebody that buys a new one every three years. But the minute you drive that new car out of the showroom, it's worth how much less because of the upfront investment. It's the same thing with having to be constantly in recruiting, so why not invest in the people that we already have in our organizations?

John B.: Yeah. And I think that's key. We have to remember we're human. And that's something that when I first got on, to be quite honest, I was told I was no longer able to be human—that you're a cop, you can't have feelings. You have to be hard, that you can't allow these things to get you. That stuff just doesn't work. It didn't work then, and it doesn't work now.

We have to address those issues that impact us on a daily basis. We have to look at wellness as an overall officer safety issue. And not only those times in our career where we're on the street and we need to be the best that we can be, but the same thing that happens when we're home with our families, when we need to do the best that we can be.

And the agency's responsibility is to afford us with every opportunity to perform this job to the best of our ability.

Brian N.: We do a wonderful job. We equip our people, we give them the best equipment, we give them the best tactical training. We want our people to survive the tactical encounters. But we don't really equip our people with the best resources. And really, John, it's not something that costs a lot of money. It's not something that is a huge investment in time, really, they're just—

John B.: The cost benefit analysis is crazy, and you've done them. You know what I'm talking about—the cost, the money spent in the front of this, upfront to get this paradigm shift to work will reap its reward tenfold in the long run.

Brian N.: And I've said this before too. And wellness needs to be holistic. And I appreciate agencies when they do try to identify crisis resources. But again, we need to be thinking beyond crisis and what can we do from the first day of hire to prepare our people because we're better off. Look, if I can keep officers from going into crisis, then I've really accomplished something.

John B.: Concept of left of bang, Brian. You know, I've talked about that many times—how to be proactive versus reactive. That's standard training concept in VALOR. How do I keep you away from the problem or at least give you the skills and the knowledge and the ability to avoid becoming statistic or in this case, avoid going down that slippery slope and finding yourself someplace where you just don't want to be? And that's the bottom line on that one.

Hey, Brian—again, always enjoy talking to you. Great conversation. I hope our listeners got as much out of that as I did. Again, Brian, you're a champion. You continue to be a champion, and I appreciate that, and I want to thank you for spending time with me today.

Brian N.: Well, the honor is all mine, John. Thank you very much for your time.

John B.: I also want to encourage our listeners to visit the SAFLEO website at [safleo.org](http://safleo.org), that's S-A-F-L-E-O.org, for more information about this topic and other officer wellness topics. Thank you for listening and be well and stay safe out there.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent

law enforcement suicide. For additional information regarding the SAFLEO Program, please visit [safleo.org](http://safleo.org). That's S-A-F-L-E-O.org. Follow us on Facebook and Twitter.

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