EXPLORING PROGRAMMES TO SUPPORT POLICE OFFICIALS EXPOSED TO TRAUMA

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ABSTRACT

As a result of the critical nature of police officers' work, it is of utmost importance that they have direct access to support. The efficacy of the present trauma intervention programmes in the South African Police Service (SAPS) is questioned, because despite the implementation of trauma intervention programmes, police officials still present high levels of acute and behavioural problems. A literature overview of proposed international trauma intervention approaches concentrating on both the psychological, behavioural and social factors affecting police officers exposed to trauma, as well as those models implemented by SAPS are discussed. The objective of this article is to critically appraise existing trauma intervention approaches to better understand, compare and extrapolate key elements of these approaches, and to reconfigure them into a comprehensive holistic psycho-social therapeutic trauma intervention programme for use among the police in South Africa. It was found that the cognitive behavioural therapy model (CBT), prolonged exposure (PE) and the eco-systemic perspective, which was specifically developed for social work, dispose some of the best elements to be reconfigured into a holistic psycho-social trauma intervention programme.

Key words:
programmes, support, police officials, trauma

INTRODUCTION

Police officials are continuously confronted by horrendous traumatic incidents, making it of utmost importance that these members have direct access to support. Members need support to maintain psycho-social stability and to prevent post-traumatic stress symptoms from developing into acute and behavioural disorders. The most popular organisational responses in support of traumatised SAPS officials are critical incident stress debriefings. In addition to this, stress management and suicide prevention programmes have also been piloted during the past few years. The goal of these programmes is to support police officers to regain or maintain psycho-social stability.

Despite the implementation of the above intervention programmes, statistical data confirm that police officers still present with high levels of psycho-social problems. This may be attributed to a lack of knowledge and understanding about the extent, impact of trauma, specific needs of police officials concerning the support they receive, possible inaccessibility of these programmes, ignorance, or again, a lack of an effective client oriented psycho-social therapeutic programme. If police management and Employee Health and Wellness (EHW) do not continuously adhere to these aspects, one has to ask if this service is at all effective.

This article gives a literature overview of proposed international trauma intervention approaches, concentrating on both the psychological, social and behavioural factors affecting police officials exposed to trauma, as well as those programmes implemented by SAPS. The objective is to achieve a holistic exploration and understanding of these approaches for the combination and inclusion in a holistic psycho-social therapeutic trauma intervention programme within the context of SAPS. This is important to ensure a multi-component intervention of the problem at both micro and macro levels to reduce the risk of trauma related syndromes for the individual police official on the one hand but also in the broader context to ensure that police officials treat others fairly in their daily lives, whether in the workplace, in the family or in public. In addition such a programme will put police officials at the centre of development from which they can benefit. This programme will therefore, also give recognition to the fact that police officials exposed to trauma interact in groups and society which are directly influenced by such experiences and that the norms that facilitates such interaction, shape development processes.

PROBLEM STATEMENT

Kassen and DiLalla (2008) emphasise the fact that South Africa is seen as the world's crime capital where crime assumes serious proportions. South Africa's official SAPS crime statistics for 2013/14 shows an increase in violent crimes. Serious crimes, for example, murder increased from 16,259 murders in 2012/13 to 17,068 in 2013/14 (3.5%), and robbery with aggravating circumstances from 105,888 cases in 2012/13 to 119,351 cases in 2013/14 (12.7%). As a result of an increase in crime in South Africa, the police official is increasingly exposed to unique, demanding and unpleasant traumatic work incidences, for example murders, rape, violent crowds, car accidents, hijackings, housebreakings and other horrific traumatic events. Combine this with the general stressful work circumstances, for example, the bureaucracy of the organisation, authority and power as a result of a strong hierarchal structure within the peri-military milieu, personal problems and the unique culture of the SAPS related to 'cowboy's don't cry' as a result of which police officials contain emotions rather to be labelled as weak, and it might over time negatively influence the police officials feeling of well-being (Hartley, Fekedulegn, Burchfiel, Mnatsakanova, Andrew and Violanti, 2014; Kirschman, Kamena and Fay 2014; McNally, 2012).

According to the DSM-5, the exposure to trauma itself is not a diagnosable disturbance. Qualifying traumatic events are, for example, actual or threatened death, serious injury or sexual violence. Traumatic events are explicit as to whether they were experienced directly, witnessed, experienced indirectly or repeatedly (American Psychiatric Association, 2013). According to Godbout and Briere (2012), McNally (2012) and Sundaram and Kumaran (2012), the exposure to trauma is strongly associated with psychological difficulties. In some instances police officials experience an array of stress-response syndromes, referred to as acute stress reactions, that occur during the initial aftermath of traumatic events rather than clinically significant distress whose symptoms do not meet criteria for a more discrete disorder (American Psychiatric Association, 2013). If these stress response syndromes are not constructively handled during the emotional aftermath of traumatic events, the above syndromes might develop into trauma and stressor related disorders, for example, reactive attachment-, disinhibited social engagement-, depressive-, somatic symptom-, substance-related-, post-traumatic stress-(PTSD), acute stress- and adjustment disorders. According to the DSM-5 it is important to note that exposure to a critical event is listed explicitly as a diagnostic criterion (American Psychiatric Association, 2013).

One of SAPS Basic Police Development learning Programme (2013) requirements is to be physically and mentally healthy and all applications are subjected to fitness, psychometric and medical evaluations. In addition, recruits are being empowered during the above programme by EHW regarding different elements of psycho-social well-being considering possible exposure to traumatic events. Despite the above, members still find it extremely difficult to maintain a psycho-social equilibrium during the course of their career. This might be attributed to individual difference variables such as personality, culture, gender and age which have been implicated in post trauma outcomes in emergency service populations. First responders, for example police officials, who have positive outcomes, such as perceptions of post-traumatic growth, tend to be extraverted, open to experience, and conscientious. In individual difference variables, pathological outcomes are significantly predicted by low levels of emotional stability. Research did, however, indicate that only a small amount of variance is accounted for by individual differences such as these characteristics in police officials' post trauma outcomes. The coping resources rallied and the coping strategies employed by a person are more predictive of personal well-being (Shakespeare-Finch, 2012).

The following statistics as published in the SAPS's Annual Report (2012/2013) serve as evidence of the degree of psycho-social well-being of the police officials in South Africa which should be a concern within the organisation:

- A total of 138 563 police officials took sick leave;
- A total of 8 889 officials took short to long periods of incapacity leave (temporary and permanent);
- A total of 1013 officials willingly terminated their services;
- A total of 8310 police officials were injured on duty of which a total of 483 are permanently disabled;
- A total of 282 officials were declared medically unfit for work;
- A total of 114 police officials were dismissed as a result of misconduct;
- A total of 2735 police officials terminated their services;
- A total of 727 police officials died; and
- A total of 651 police officials retired.

Adding to the before mentioned, the following comments were made in the SAPS Annual Report for the period 2012/2013, referring to incapacity leave and ill-health retirement: "For the reporting period the highest number of applications for short term temporary incapacity leave were for respiratory conditions followed by muscular, skeletal, mental and behavioural

conditions. For long periods of temporary incapacity leave psychiatric conditions were the leading cause. Psychological and medical conditions were the leading cause for ill health retirement applications".

In addition to the before mentioned, there is a high incidence of police suicides, family murders and police brutality. In the U.S. the suicide rate for law enforcement officers is about 20 per 100 000 (McNally, 2012). According to Steyn and Nel (2008) the suicide rate in the SAPS is more than double the national number of suicides. Pienaar and Rothman (2005) indicate that the high suicide rate in SAPS and the figures on psycho-social health is a clear indication of the damaging effects the policing environment has on the police officer. Watson, Jorgensen, Meiring and Hill (2012) are of the opinion that this gives rise to a very high employee turnover, absenteeism, sick leave due to stress and ill-health retirement. Unfortunately the researcher was not able to obtain exact figures regarding the extent of psycho-social problems as well as the present suicide rate in the SAPS.

Government and police management are increasingly becoming aware of the impaired psycho-social functioning of police officials. Mthethwa (2013) emphasised the need for a concerted focus on the psychological welfare of SAPS officers and the need for more research to enhance the pro-active programmes. The former minister explains that the SAPS use an integrated approach to EHW to support police officials exposed to trauma. Support is provided by qualified, experienced and registered psychologists, social workers and chaplains. "Members attend pro-active programs presented by EHW practitioners based on identified needs prioritised from recurring themes and trends. Groups are dealt with through group trauma debriefing, team building interventions and organisational diagnosis processes" (National Assembly, 2013).

In spite of the above statement, the SAPS Annual report 2012/2013 still indicates a high occurrence of acute and behavioural problems amongst police officers. According to Mthethwa (2012), there are currently between 3000 and 4000 police officers who are receiving debriefing consultations offered by EHW. More than 10 000 members suffer from depression, and a further 2763 suffer from post-traumatic stress disorder.

The impaired psycho-social well-being of police officials might be attributed to the following factors:

The SAPS place much emphasis on critical incident stress debriefing (CISD) as model for trauma intervention. In recent time international debate, research

projects and open critic on the effectiveness of the current debriefing model increased. Various researchers found that Critical Incident Stress Debriefing had no, or a negative effect, on primary victims of trauma (Arnetz, Nevedal, Lumley, Backman and Lublin, 2009; Addis and Stephens, 2008).

Trauma intervention in SAPS mainly concentrates on the psychological well-being of the police official with a strong cognitive and behavioural approach, without considering the consequent social risk factors associated with the frequent exposure to trauma. It does, therefore, not fully recognise the traumatised individual as a whole as it does not give recognition to the fact that police officials interact in groups and society or the fact that the norms that facilitates such interaction, shape development processes. A psycho-social model suggests that assimilation of police officials into the police role restricts cognitive flexibility and the use of other life roles, thus impairing their ability to deal with psychological trauma (Violanti and Paton, 1999). This model emphasises the importance of a holistic approach concentrating on the patterns in the police officials thinking and also considering all the transactional layers, for example, social networks, community, family and environment as significant barriers to stabilise the traumatised officer.

Miley, O'Melia and DuBois (2004) mention the importance of an ecological perspective with emphasis on viewing people, families and communities as constantly interacting with their environments and through the process of these interactions, being shaped by, and shaping, these environments. According to the author a system should interact in such a way that it maintains its equilibrium. This is a key concept in the psycho-social view. A conducive healing environment can only be built if the psycho-social perspective is integrated into all phases of human response.

In their different programmes, EHW concentrates on different aspects to improved psycho-social functioning, but the researcher could not find a single holistic all inclusive psycho-social trauma intervention programme to address the overall psycho-social well-being of police officials. Kutlu, Civi, and Karaoglu (2009), Williamson and Robinson (2006) and Violanti and Paton (1999), suggest that psycho-social programmes should target a range of sectors; separating these in programme development would not be conducive to the healing process.

Gordon and Alpert (2012) confirm that to date, no treatment programme for PTS has received universal acceptance among clinicians. Treatment outcome studies have found that although some approaches do lead to symptom reduction, the full range of psycho-social problems caused by PTS is not

addressed by any of the existing treatment programmes. In addition, the researcher could not find articles specifically evaluating or assessing the effectiveness of trauma intervention programmes currently presented within the SAPS.

A variety of existing approaches will thus be studied and critically evaluated to explore and compare elements of these approaches for possible inclusion in a psycho-social programme. This will be followed by a qualitative and quantitative study focussing on a needs analysis amongst police officials with the aim of integrating the theory and empirical data to develop a holistic programme that will be able to address all the various systems in the psycho-social functioning of police officials.

This article will therefore attempt to answer the following research question:

- Which of the key elements of the different approaches can be recon-figured into a comprehensive holistic psycho-social therapeutic trauma intervention programme for use among the police in South Africa.

AIM

The aim of this article is to critically appraise existing trauma intervention approaches to better understand, compare and consider possible aspects of these approaches, concentrating on both the psychological, behavioural and social factors affecting police officials exposed to trauma to extrapolate key elements of techniques and to reconfigure them into a comprehensive holistic psycho-social therapeutic trauma intervention programme for use among the police in South Africa.

LITERATURE REVIEW

The researcher will for the purpose of this article, firstly, concentrate on international trauma intervention approaches that concentrate on both the psychological and social well-being of those exposed to trauma, followed by the trauma intervention approaches currently implemented by SAPS. Some of the approaches can be considered to be models to trauma counselling while others can be considered to be full-fledged programmes. Literature on these approaches will be discussed by an in depth critique of the context of practice, against the discussion of possible theoretical approaches. The review is important to enable the researcher to understand, compare and identify significant elements of the different approaches, as a result of which a holistic psycho-social trauma intervention programme might be pursued.

INTERNATIONAL TRAUMA INTERVENTION MODELS

Becker, Darius and Schaumberg (2007) examined seven therapeutic options: including cognitive behaviour therapy (CBT) and prolonged exposure (PE) as proposed by Saunders (2012). The present study relies on a similar core list, but the purpose is to extend these options, in order to develop the proposed psycho-social therapeutic programme.

In order to achieve this, the researcher will explore the following evidence based trauma intervention approaches as theoretical framework, considering elements of some of the above mentioned options as basis for the development of a therapeutic psycho-social trauma intervention programme for SAPS. According to Cook, Dinnen, O'Donnell, Bernardy, Rosenheck and Hoff (2013), the term evidence-based can be defined as a therapeutic approach, supported by research findings. The research findings are evidence that the therapy is effective.

Prolonged Exposure therapy (PE)

Prolonged exposure (PE) as a treatment programme emerged from the long tradition of exposure therapy for anxiety disorders in which clients are helped to confront safe but anxiety-evoking situations in order to overcome their excessive fear and anxiety. At the same time, PE has emerged from the emotional processing theory of PTSD, which emphasises the central role of successfully processing the traumatic memory in relieving PTSD symptoms. PE includes the following procedures:

- Education about common reactions to trauma;
- Breathing retraining, i.e., teaching the client how to breathe in a calming way;
- Repeated in vivo exposure to situations or objects that the client is avoiding because of trauma-related distress and anxiety; and
- Repeated, prolonged imagery exposure to the traumatic memories (i.e. revisiting and recounting the traumatic memory in imagery).

The aim of in vivo and imagery exposure, as explained to clients in the overall rationale for treatment, is to enhance emotional processing of traumatic events by helping them face the traumatic memories and the situations that are associated with them. In doing so the clients learn that the memories of the trauma, and the situations or activities that are associated with these memories, are not the same as the trauma itself. They learn that they can safely experience reminders to the traumatic event; that the anxiety

and distress that initially resulted from confrontations with these reminders decrease over time; and that they can tolerate this distress. Ultimately, the treatment helps PTSD sufferers reclaim their lives from the fear and avoidance that restrict their existence and render them dysfunctional (Cook et al., 2013; Westphal, 2012; Moore and Penk, 2011).

However, Van Minnen, Harned, Zoellner and Mills (2012) mention that although prolonged exposure (PE) has received the most empirical support of any treatment for post-traumatic stress disorder (PTSD), clinicians are often hesitant to use PE due to beliefs that it is contraindicated for many patients with PTSD. This is especially true for PTSD patients with comorbid problems specifically referring to depression and alcohol abuse. Because PTSD has high rates of comorbidity, it is important to consider whether PE is indeed contraindicated for police officials with various comorbid problems. In addition this approach is lacking an ecological perspective as it excludes the police officials interaction with their families and communities, and do not consider that the police official are being shaped by, and shaping, their environments. This approach is important for police officials to interact in such a way that it maintains its equilibrium. A conducive healing environment can only be built if the psycho-social perspective is integrated into all phases of human response (Miley et al. 2004).

Trauma Focussed Cognitive Behavioural Therapy (TF-CBT)

The cognitive model proposes that dysfunctional thinking is common to all psychological disturbances. For lasting improvement in patients' mood and behaviour, cognitive therapists work at a deeper level of cognition: patients' basic beliefs about themselves, their world, and other people. Modification of their underlying dysfunctional beliefs produces more enduring change. For example, if you continually underestimate your abilities, you might have an underlying belief of incompetence. Modifying this general belief (i.e. seeing yourself in a more realistic light as having both strengths and weaknesses) can alter your perception of specific situations that you encounter daily.
The basic principles of cognitive behaviour therapy are as follows:

- It is based on an ever-evolving formulation of patients' problems and an individual conceptualisation of each patient in cognitive terms;
- It requires a sound therapeutic alliance;
- It is goal oriented and problem focused;
- Initial emphasis is on the present;
- It is educative, aims to teach the patient to be her own therapist, and emphasises relapse prevention; and

- It teaches the patient to identify, evaluate, and respond to dysfunctional thoughts and beliefs.

Cognitive behaviour therapy uses a variety of techniques to change thinking, mood, and behaviour (Yarvis, 2012; Baranowsky, Gentry and Schultz, 2010; Becker, Meer, Price, Graham, Arsena, Armstrong and Ramon, 2009). However, CBT only focuses on the police official's capacity to change themselves, and does not address wider problems in systems or families that often have a significant impact on a police official's health and wellbeing. As mentioned before, this approach is important for police officials to interact with their families and the community in such a way that it maintains its equilibrium. Once again the same principle applies that a conducive healing environment can only be built if the psycho-social perspective is integrated into all phases of human response (Miley et al., 2004).

Psycho-education

Psycho-education is education about a certain situation or condition causing psychological stress. There are many ways to combat psychological stressors such as learning about the condition. Once a person better understands a condition, they feel more in control of the situation and this in turn reduces the stress associated with it.

The format of psycho-education depends entirely on the disorder, the developmental age of the individual and their individual needs. Psycho-education can be group-based, family-based, parent-based or individually implemented. Psycho-education is vital for any person experiencing psychological stressors and hardships due to a condition. It is everybody's right to have information regarding their condition and therefore, no matter what their cognitive or psychological state, a degree of psycho-education should be administered to everyone. If you are participating in a psycho-education programme you should expect that all the essential information about your condition will be covered as well as any extra information you require. The common topics that will be focused on are as follows:

- The medical aspects of the condition by identifying and explaining the diagnosis, the prognosis, the biology and psychology;
- The stigma attached to the client's diagnosis, how this is affected by the organisation, colleagues and the community and what can be done to combat and manage the stigma;
- Healthy lifestyle behaviours that will help to manage the condition;

- Stress management as to why the client needs to manage his/her stress levels and how high levels of stress worsens symptoms;
- Understanding self-esteem, self-image, self-efficacy; and
- Treatment with specific reference to the types of psychotherapies available and suitable to help the patient deal with the psychological effects of the condition.

Throughout psycho-education a 'no blame' attitude is presented throughout. Psycho-education conveys the concept that what happened in the past stays there; now is time to learn about your condition and what ways to best manage your future (Schnyder, Pedretti and Muller, 2012; Baranowsky et al., 2011; Pender and Prichard, 2009; Fristad, 2006).

A few disadvantages to psycho-education treatment programmes do, however, exist. Cartwright (2007) mentions that one general disadvantage is giving information about an individual's diagnosis may not be helpful and may even be harmful to the individual. This is particularly true referring to the police culture and the danger associated with labelling police officials. It does, however, depend on how the psycho-education is given. For such information to be helpful, rather than harmful, it needs to be given in a non-pathological way noting the separation of a person from their symptoms, in a balanced manner including a discussion of strengths and limitations and with a focus on not blaming the police official but emphasising the inherent challenge of recovering from the condition. The current disorder-based way of defining mental illness is also not conducive to the ecological foundation of psycho-education. Miley et al. (2004) emphasise the fact that an ecological approach to assessment focuses on the individual's interaction with the environment rather than on the deficits of the individual. A more ecological approach is likely to be better in a public service setting, for example, the SAPS where police officials are not receiving services based on a disorder.

Marital and family therapy

Police families have become used to the demands associated with a family member's work. They continue with life as normal as possible and although they are unconsciously aware of the possible dangers associated with the job they are normally not prepared for a crisis. Johnson (2003) explains that when someone discovers that a member of their family has been exposed to a traumatic event and as a result has developed acute stress reactions or in extreme cases a serious mental illness, they typically are in shock. They are normally not prepared for this life-shattering event. They are puzzled and

frightened by strange behaviours, worried about what will happen, and in most cases do not know what to do.

Family therapy is linked to psychotherapy and concentrates on families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members and emphasises family relationships as an important factor in psychological health. Regardless the origin of the problem, or whether the client consider it an "individual" or "family" issue, involving families in solutions often benefits the client. Family involvement is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include the ability to influence conversations in a way that catalyses the strengths, wisdom and support of the wider system.

Family therapy uses a range of counselling and other techniques, including communication theory, psycho-education, psychotherapy, relationship education, systemic coaching, systems theory, reality therapy, attachment-focused family therapy and the genogram. A family therapist usually meets several members of the family at the same time. Therapy interventions usually focus on relationship patterns rather than analysing impulses of the unconscious mind or early childhood trauma of individuals as a Freudian therapist would do.

Family therapists tend to be more interested in the maintenance and/or solving of problems rather than in trying to identify a single cause. It is important to note that a circular way of problem evaluation is used as opposed to a linear route. Using this method, families can be helped by finding patterns of behaviour, what the causes are and what can be done to better their situation (Gale, 2007; Gurman and Fraenkel, 2002; Moore and Penk, 2011; Weiss and Santoyo, 2012).

There are, however, certain limitations to family therapy. According to Glick Berman, Clarkin and Rait (2000) not all problems are the result of a serious mental illness caused by the exposure of the police official to a traumatic event/s. In many police families the overall family structure and function are relatively healthy; nevertheless, one member has a problem. In most cases there is a phase of family therapy in which problems may worsen. New symptoms may appear in another family member and all members do not benefit equally. In some instances, the family may try family therapy as a last resort. When the therapy does not produce beneficial change, the family may be worse than at the start, because the members have lost their last hope. In case of marriage counselling, for example, the outcome might be

separation or divorce. One might automatically assume that family therapy is designed to hold the family together. Experience does indicate otherwise. Marital therapy allows the partners to examine whether it is to their advantage to stay together, and it gives them permission to separate if that is what they need to do.

Psycho-social rehabilitation

There are many people with mood and anxiety disorders or with personality disorders whose illness has a major and persistent impact on their life functioning. Psycho-social rehabilitation is concerned with interventions designed to assist people whose mental illness has had a major and persistent impact on life functioning, regardless of diagnosis. Psycho-social rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psycho-social rehabilitation services are collaborative, person directed and individualised. It focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice (Foa, Keane, Friedman and Cohen, 2009). The core principles of psycho-social rehabilitation according to Stromwall and Hurdle (2003) are as follows:

- It helps people re-establish roles in the community and their reintegration into community life;
- It facilitates the development of personal support networks;
- Culture and/or ethnicity play an important role in recovery as sources of strength and enrichment for the person and the services;
- Psycho-social rehabilitation interventions build on the strengths of each person;
- It actively encourages and supports the involvement of people in community activities, such as school and work, throughout the rehabilitation process; and
- The involvement and partnership of people and family members receiving services is an essential ingredient of the process of rehabilitation and recovery (Foa et al., 2009; King, Lloyd, Meehan, Deane and Kavanagh, 2012; Moore and Penk, 2011).

In order to ensure growth and increasing levels of independence in self-care, illness management, interpersonal relationships, residential stability, and meaningful activity amongst police officials in “normalised” community settings, it is of utmost importance that this approach not only concentrate on

the police official as individual, but also on the systems of care, for example, family members and other significant support persons. Such involvement must, however, be sensitive to the wishes of the service recipient and their rights to privacy and confidentiality (Arns, Rogers, Cook and Mowbray, 2001).

Relaxation therapy

Relaxation techniques are an essential part of the quest for stress management. Relaxation is a process that decreases the wear and tear on the mind and body from the challenges and hassles of daily life. Whether stress is spiralling out of control or tamed, an individual can benefit from learning relaxation techniques. Practicing relaxation techniques can reduce stressful feelings by slowing the heart and breathing rate, increasing blood flow to major muscles, reducing muscle tension, improving concentration, reducing anger and frustration and boosting confidence to handle problems. Health professionals such as doctors, psychologists and social workers can teach various relaxation techniques. In general, relaxation techniques involve refocusing attention on something calming and increasing awareness of the body. It doesn't matter which relaxation technique is chosen. What matters is that the individual try to practice relaxation regularly to reap the benefits. There are several main types of relaxation techniques, including autogenic relaxation, breathing, progressive muscle relaxation and visualisation.

As the client learns relaxation techniques, he/she becomes more aware of muscle tension and other physical sensations of stress. Once someone knows what the stress response feels like, they can make a conscious effort to practice a relaxation technique the moment they start to feel stress symptoms. This can prevent stress from spiralling out of control. Relaxation techniques are acquired skills. And as with any skill, an individual's ability to relax improves with practice (Baranowsky et al., 2011; Jha, Krompinger and Baime, 2007).

It should be noted that some people, especially those with serious psychological issues and a history of abuse, may experience feelings of emotional discomfort during some relaxation techniques. Police officials undergoing relaxation therapy might fear loss of control, feeling like they are floating, and experiencing relaxation-induced anxiety related to these feelings. Therapists should note that some relaxation techniques may result in continued intensification symptoms or the development of altogether new symptoms. It is very important to consider the police official's physiological and psychological status when choosing a specific type of relaxation

technique. Active progressive relaxation would not be appropriate for clients with decreased energy reserves as it can amplify their existing fatigue and limit the person's ability to complete individual sessions and practice. Passive relaxation or guided metaphors are more appropriate for these individuals (Ruden, 2012; Benson and Proctor, 2010).

The ecosystems perspective

Mattaini, Lowery and Meyer (2002) explains that the ecosystems perspective has been almost universally accepted in social work because it provides a framework for thinking about and understanding transactional networks in their complexity. Miley et al. (2004) describe humans as very complex and multi-dimensional beings. The authors identify two domains of individual functioning, namely, the biophysical and the psychological. They further divide the psychological into cognitive, affective and behavioural components. Others add spiritual, social and cultural human beings with thoughts, feelings, and observable behaviours to the list. People affect their environments and likewise the social and physical environment affects people.

The ecosystems perspective is a way of seeing the person and the environment in their interconnected and multi-layered reality. A fundamental purpose of all professional practice, including social work, is to individualise the case. In the case of social work, this individualising process applies to individual persons, families, groups and communities. Because no person can be understood apart from his or her defining social context, an eco-map presents the field of elements in which the person is embedded. The eco-map guides one to see connectedness and to eliminate the hyphen between the person and his or her environment (Hepworth, Rooney and Larsen, 2002).

The transactional focus addresses the person in the environment and it distinguishes social work from other professional disciplines. It implies that individuals and their environments are always actually or potentially adaptive to each other, and that interventions can be carried out in either sphere of the case or directly in the transactions and can be expected to affect other spheres. It directs the vision of client and social worker toward the complex transactions in cases, helping to connect them and recognising their interactions.

This psycho-social view of systems is of special significance to change processes. Events are not mandates for human behaviour. Each of us may respond to the same events in different ways. The way we see ourselves and

others, our previous experiences and our current feelings and thoughts all influence our responses. The psycho-social view of social systems expands the options for social workers and police officials. Workers can help police officials construct new ways of perceiving and responding to events. The focus of this perspective is "to address the psycho-social matrix of which individuals, families, groups and communities are constituents" (Miley et al., 2004).

Whilst the ecological approach helps practitioners significantly in conceptualising the essential concerns of social work practice, the approach continues to have some inherent difficulties and problems. It does not, for example, provide clearly laid down sets of procedures and processes for assessment and intervention, as well as strategies and reasoning for their use. Practitioners thus use the approach for understanding the basic relationships between police officials and their environments but have to thereafter devised and formulate their own assessment and intervention procedures. It has also been found that when social workers intervene in the eco systems of police officials, in this study referred to as the client, users by opening up communication channels with other people in the eco system, such interventions often do not have clarity in terms of outcomes and can lead to negative consequences. Critics of the ecological approach also argue that its application leads practitioners to perceive problems with such broad perspectives that practitioners attempt to plan so comprehensively that actual effectiveness of practice gets jeopardised (Jones, 2010).

EXISTING TRAUMA INTERVENTION PROGRAMMES PRESENTED BY SAPS

As mentioned earlier in the article, police management and more particular, EHW, has piloted a continuum of interventions and services, which provides both pro- and re-active support during the past years. A trauma intervention programme can be considered to be an early intervention programme following crisis and disaster which is short term in nature and focuses on immediate trauma. It has been developed to match the urgent psycho-social needs of people. This helping process is confined within the framework of a programme within which assistance is provided (McNally, 2012; Reyes and Elhai, 2004).

Critical incident stress debriefing, suicide prevention and stress management are three national projects which has been aligned with National Instruction 18/1998, debriefing of employees who have experienced traumatic incidents

and falls under the auspices of the EHW of SAPS. The researcher will give an overview of each of the mentioned programmes.

Critical Incident Stress Debriefing (CISD)

In 1992 SAPS's Psychological Services developed a stress debriefing model for officials who were exposed to trauma. The model is based on the CISD model of Mitchell and Everly (1996), and was developed to reduce the impact of trauma on the individual. CISD is defined as a meeting with a group of people (peer support programme) during or after a traumatic event, for example, an accident or disaster (Carlier et al., 2000; Mitchell, 1983). The debriefing session is conducted to gain an overview of the event, to talk about feelings and reactions and develop mechanisms to alleviate the emotional impact of an event, prevent traumatic stress and identify those needing mental health services. CISD is most often administered 72 hours to two weeks following the traumatic event. It is not intended to replace mental health services, but to be part of the overall continuum of care (Robinson, 2012; Malcolm, Seaton, Perera, Sheehan and Van Hasselt, 2005; Mitchell, 2004). Debriefing may be mandatory or voluntary. If a police official is instructed to attend, most likely the superior officer has identified an event as traumatic.

Saunders (2012) mentioned that six research studies discredited the critical incident stress debriefing model as an intervention method. Saunders is also of the opinion that when improperly employed, they may well worsen a person's mental condition, for example, the risk for PTSD can escalate after debriefing and some victims might experience secondary trauma because of the repetition of the event. This, according to Devilly, Gist and Cotton (2006) is especially true when critical incident stress debriefings are used as standalone therapy with no follow-up, leaving patients to cope on their own with the long-term elements of post-traumatic stress.

Suicide prevention programme

Hackett and Violanti (2009) argue that the prevention of suicide requires a strong support system. The individual agency should have a plan in place to deal with an emergency employee and to render the necessary support. The prevention of suicide in SAPS was designated to EHW and a national suicide prevention programme has been developed by psychological services. The programme's goal is to develop the abilities of officials to deal with suicide, develop mutual support and solidarity among members in suicide prevention, provide help for related problems and develop competencies in using existing

resources. This programme focuses on presenting suicide prevention workshops to members. Police management has a responsibility to create an environment where training of all personnel in suicide prevention and intervention is the norm. Shneidman (2005) is convinced that the availability of active suicide prevention services may offer such a person a grasp on life. It offers the possibility of showing that life is not so fatally narrow and that death need not be the only answer. Thus, if suicide attempts involve other methods and the victim is discovered in time, his/her life could be saved (Violanti, 2007; Violanti, 2004).

The World Health Organization (WHO) (2004) reported the following findings of 30 types of preventive interventions which were evaluated in published research, which covered the whole spectrum of primary and secondary prevention efforts. Suicide-prevention programmes for individuals at high risk that focuses on prevention appear to be effective in reducing risk factors, for example, depression, hopelessness, stress, anxiety and anger and enhancing protective factors, for example, personal control, problem-solving skills, self-esteem and network support. Suicide prevention programmes furthermore demonstrated lowered suicidal tendencies, improved ego identity, and improved coping ability. Shekelle, Bagley and Munjas (2009) are, however, of the opinion that multi-component interventions in military personal, for the purpose of this study police officials, is necessary to reduce the risk of suicide. According to Knox, Conwell and Caine, (2004) suicide prevention narrowly focus on identifying proximate, individual-level risk factors, rather than thinking about population mental health in terms of complex social and ecological relations. Miley et al. (2004:33) emphasise that the focus of the ecological perspective is "to address the psycho-social matrix of which individuals, families, groups and communities are constituents", which should also be applied to suicide prevention programmes.

Stress management programme

Patterson (2008) argues that particular attention should be given to occupational stress in policing, as its potential negative consequences affect society in more direct and critical ways than stress in most other organisations. Officers operating under severe and chronic stress may well be prone to make mistakes, cause accidents and overreact and in this way compromise their professionalism and jeopardise their safety.

The Police Social Work Services (PSWS) unit, decided to emphasise the role of proactive stress management by developing a needs-based stress

management programme. The programme's aim is to improve personnel's practical stress management strategies, coping skills and techniques and thereby enhance the individuals' resilience to stress. The overall outcome of the stress management programme is to enable a participant to understand the nature of stress and the importance of improving better stress management behaviour (knowledge), to be committed to adopt improved stress management behaviour (attitude), to be able to utilise acquired knowledge and skills to design and implement a personal stress management programme (behaviour).

These outcomes entail that the participants should be able to do the following:

- Identify the core nature of stress during a small group discussion;
- Provide feedback on the issue by means of a symbolic display to identify the physiological aspects of stress by means of a body-drawing exercise; and
- Draw a stress profile by completing a checklist regarding their stress levels, causes of stress, typical stress reactions and type A or B personality styles after participating in a group activity.

Participants receive a hand out to do stress reduction exercises after a demonstration of the exercises and after practicing them to apply stress management strategies and techniques after a facilitative group discussion/session. They are further more encouraged to compile a personal stress management programme on the basis of a standard format provided to participants. The programme is structured according to these outcomes. Therefore, it enables participants to grasp the full impact of the programme, thereby preparing them to follow a suitable personal stress management programme (Daniello, 2011; Williams, 2003).

According to Patterson, Chung and Swan (2012) there are two major disadvantages to stress management programmes in the police service. The beneficial effects on stress symptoms are often short-lived and the programme often ignores important root causes of stress because the programme primarily focus on the police official and not the environment. The author furthermore states that actions to reduce job stress should give top priority to organisational change to improve working conditions. But even the most conscientious efforts to improve working conditions are unlikely to eliminate stress completely for all police officials. For this reason, a combination of organisational change and stress management is often the most useful approach for preventing stress at work.

DISCUSSION

This article gave an overview of the most important international approaches, but at the same time focused on those trauma intervention programmes presented by SAPS. As a result of the above literature review, the researcher was able to critically appraise existing trauma intervention approaches to better understand, compare and consider possible aspects of these approaches, concentrating on both the psychological, behavioural and social factors affecting police officials exposed to trauma. This allowed the researcher to extrapolate key elements of techniques with the aim to reconfigure them into a comprehensive holistic psycho-social therapeutic trauma intervention programme for use among the police in South Africa.

The most important elements of critique referring to all of the before mentioned approaches is the fact that they are fragmented into different components which either concentrate on the cognitive, behavioural or social aspects of the police officials life. All of these approaches can be seen as a stand-alone therapy as none of these programmes concentrate on police official's mental health in terms of complex psychological, cognitive, affective, social and ecological relations. It is important to see the police official and the environment in their interconnected and multi-layered reality. The researchers therefore support a transactional fashion of intervention to avoid viewing people in isolation from their life situations.

The cognitive behavioural therapy model (CBT), prolonged exposure (PE) and the eco-systemic perspective, which was specifically developed for social work, dispose some of the best elements to be reconfigured into a holistic psycho-social trauma intervention programme. Following the literature review, the researcher will by means of a qualitative and quantitative study focus on a needs analysis amongst police officials in the larger population in a next phase, with the aim of integrating the theory and empirical data to develop a holistic programme that will be able to address all the various systems in the psycho-social functioning of police officials.

Both the CBT as well as PE is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviours. It was developed as a guideline for early intervention treatment for acute and post-traumatic stress symptoms experienced during the initial aftermath until four weeks post trauma. The CBT and PE do have some of the elements for inclusion in the proposed psycho-social trauma intervention programme, for example, psycho-education, prolonged exposure, relaxation, in vivo exposure and cognitive therapy. This early intervention treatment models guide six

sessions of structured cognitive behaviour therapy sessions with prolonged exposure. Patients who receive CBT within the initial month after trauma might be at less risk to develop PTSD or otherwise experience less intense PTSD.

The researchers do, however, recommend that the CBT and the PE be grounded in the eco-systemic perspective which is a way of seeing the person and the environment in their interconnected and multi-layered reality. The perspective supports a transactional fashion of intervention to avoid viewing people in isolation from their life situations. It not only considers psychological, cognitive, affective and behavioural components, but also concentrates on the interconnected transactional networks, with specific reference to community, family, environmental, spiritual, social and cultural factors as significant barriers as result of police officials' exposure to trauma.

The combination of the CBT, PE and the eco-systems perspective will ensure a psycho-social focus and guide the researcher considering the inclusion of psychological, behavioural and social elements, as discussed, in one single psycho-social therapeutic intervention programme. The implementation of the proposed psycho-social therapeutic intervention programme within the context of SAPS has the potential to serve as a holistic guideline for social workers working in the field of trauma.

As a result of the above conclusion, the researcher compiled the illustration on the following page:

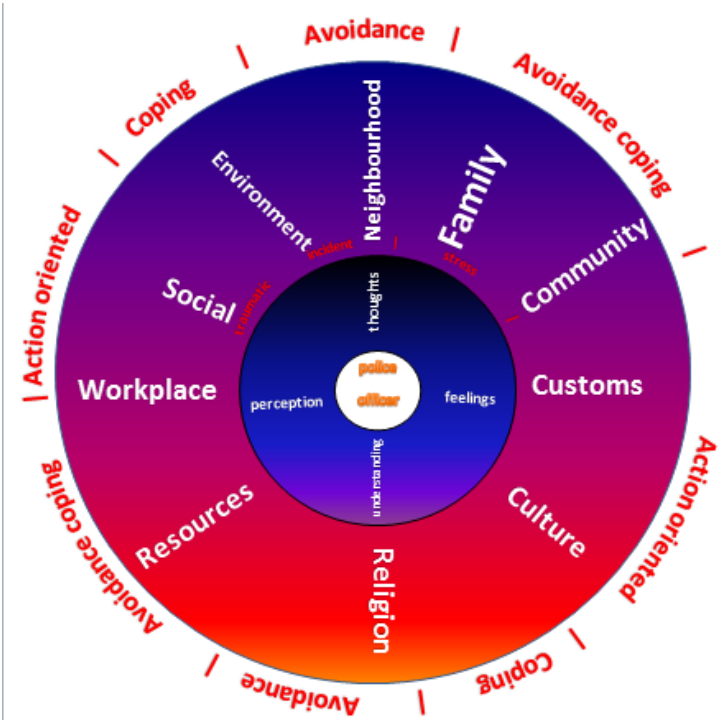

Figure 1: Psycho-social perspective

Figure 1 illustrates a proposed psycho-social perspective, integrating all phases of human response in terms of complex psychological, social and ecological relations as key elements for police officials to maintain a psycho-social equilibrium, for possible inclusion in a proposed psycho-social trauma intervention programme. This perspective will ensure a multi-component intervention of the problem at both micro and macro levels specifically referring to the broader context of policing and of the individual police official to reduce the risk of trauma related syndromes. This programme will put police officials at the centre of development from which they can benefit. This programme will give recognition to the fact that police officials interact in groups and society, and the norms that facilitate such interaction, shape development processes.

The suffering and misfortune of police officials who experience trauma and stress are critical components of care which must be obligated by police management and EHW in SAPS. Considering the before mentioned

discussions there is no doubt that management and EHW is having a responsibility and important role to play in the development of effective trauma intervention programmes with a holistic approach to better the overall psycho-social well-being of police officials.

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