Critical Issues in Policing

Call for Help

Treatment Centers for Police Officers

2025

POLICE EXECUTIVE RESEARCH FORUM

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Treatment Centers for Police Officers

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A Message from Executive Director Chuck Wexler

The Centers for Disease Control and Prevention (CDC) reports that "the United States is in mental health crisis."[1] With police officers more likely than the general population to experience mental health disorders,[2] this finding should be a clarion call for all law enforcement leaders to prioritize officer health and wellness through the implementation of evidence-based programming and robust resource allocation.

Mental Health Crisis in Policing

Approximately "30 percent of first responders develop behavioral health conditions including . . . depression and posttraumatic stress disorder (PTSD), as compared with 20 percent in the general population."[3] Among police officers, according to a meta-analysis of internationally published police mental health studies, nearly 31 percent screened positive for alcohol dependence or hazardous drinking, one in seven met criteria for PTSD and depression, and nearly one in 10

1. CDC (U.S. Centers for Disease Control and Protection), "Protecting the Nation's Mental Health," last modified August 8, 2024, https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html.
2. Siriporn Santre, "Mental Disorders and Mental Health Promotion in Police Officers," *Health Psychology Research* 12 (2024), https://doi.org/10.52965/001c.93904.
3. Cord Abbot et al., What's Killing Our Medics? (Conifer, CO: Reviving Responders, 2015), cited in SAMHSA (Substance Abuse and Mental Health Services Administration), *First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, Disaster Technical Assistance Center Supplemental Research Bulletin (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018), https://www.samhsa.gov/technical-assistance/dtac/resources/research-bulletin, 3.

met criteria for an anxiety disorder or suicidal ideation.[4] In fact, the Federal Bureau of Investigation (FBI) states that "law enforcement officers face a higher risk of death by suicide than of being killed in the line of duty."[5]

Why do police officers suffer mental distress at such high rates? Research indicates they are exposed to an average of 178 critical incidents throughout their career—traumatic incidents like fatal car accidents, homicides, child abuse, domestic violence, civil disturbances, personal assaults and verbal abuse, and death notifications—compared to just two or three traumatic events in the entire life of the average person.[6] This "perpetual long-term exposure to critical incidents and traumatic events, within the scope of the duties of a law enforcement officer, have negative implications that can impact both their physical and mental well-being."[7]

Indeed, police officers have a higher risk than the general population of developing stress-related health problems, such as flashbacks, nightmares, emotional numbness, and avoidance behaviors.[8] The symptoms of depression and anxiety can also show up "in the form of increased physical ailments, including increased instances of injuries sustained on the job and increased stress-related diagnoses including gastrointestinal ulcers or hypertension."[9] Ultimately, police officers are 54 percent "more likely to die of suicide than all decedents with a usual occupation,"[10] with "an alarming 16 [percent]" of more than 2,800 respondents[11] to *Police1's* "What Cops Want in 2024" survey reporting thoughts of suicide in the past year.[12]

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4. Shabeer Syed et al., "Global Prevalence and Risk Factors for Mental Health Problems in Police Personnel: A Systematic Review and Meta-Analysis," *Journal of Occupational & Environmental Medicine* 77, no. 11 (2020), 737–747, https://doi.org/10.1136/oemed-2020-106498; Lisa Patel and Mikey Galo, "The Cumulative Stress of Policing Has Public Safety Consequences for Law Enforcement Officers, Too," Associated Press, October 8, 2024, https://apnews.com/article/police-lethal-restraint-stress-12cbfbac3f683fe6f43850463e56177c.

5. FBI, "Law Enforcement Suicides: Online Platform Provides Current Data on Suicides, Aims to Reduce Stigma," November 15, 2024, https://www.fbi.gov/news/stories/online-platform-provides-current-data-on-law-enforcement-suicides.

6. Brian Chopko, Patrick Palmieri, and Richard Adams, "Critical Incident History Questionnaire Replication: Frequency and Severity of Trauma Exposure Among Officers from Small and Midsize Police Agencies," *Journal of Traumatic Stress* 28, no. 2 (2015), 157–161, https://doi.org/10.1002/jts.21996; Daniel Weiss et al., "Frequency and Severity Approaches to Indexing Exposure to Trauma: The Critical Incident History Questionnaire for Police Officers," *Journal of Traumatic Stress* 23, no. 6 (2010), 734–743, https://doi.org/10.1002%2Fjts.20576; Saul Jaeger, "The Impact of Life Experiences on Police Officers," *FBI Law Enforcement Bulletin*, July 11, 2023, https://leb.fbi.gov/articles/perspective/perspective-the-impact-of-life-experiences-on-police-officers.

7. Tina B. Craddock and Grace Telesco, "Police Stress and Deleterious Outcomes: Efforts Towards Improving Police Mental Health," *Journal of Police and Criminal Psychology* 37, no. 1 (2022), 173–82, https://doi.org/10.1007/s11896-021-09488-1.

8. Craddock and Telesco, "Police Stress and Deleterious Outcomes" (see note 7).

9. Craddock and Telesco, "Police Stress and Deleterious Outcomes" (see note 7).

10. John M. Violanti and Andrea Steege, "Law Enforcement Worker Suicide: An Updated National Assessment," *Policing: An International Journal* 44, no. 1 (2021), 18–31, https://doi.org/10.1108/PIJPSM-09-2019-0157.

11. Sarah Calams, "Uncovering Shocking Statistics, Trends in Police1's 'What Cops Want in 2024' Survey," *Police1,* July 8, 2024, https://www.police1.com/what-cops-want/uncovering-shocking-statistics-trends-in-police1s-what-cops-want-in-2024-survey.

12. Michelle M. Lilly, "The Cost of Service: How Understaffing and Stress Are Impacting Police Wellness in 2024," *Police1*, November 21, 2024, https://www.police1.com/what-cops-want/the-cost-of-service-how-understaffing-and-stress-are-impacting-police-wellness-in-2024.

Former Assistant Chief (ret.) Reuben G. Ramirez of the Dallas Police Department talks about the mental toll of policing in his book *CHECKPOINTS: The Blueprint to Emotional Health for First Responders*:

> "It's no secret that policing is a tough profession. What has been a secret is the real reason why policing is so difficult. It's not because of the danger, the bullets, or the bad guys. It's not even because of the shift work, late nights or fear of attack. Policing is hard because of what it does to your mind—and the amount of secondary trauma you consume. You stand in proximity to other people's grief, tragedy, and sadness on a daily basis. You absorb it and carry it whether you want to or not."[13]

Without well developed, healthy coping skills to wring out the trauma they absorb, far too many officers turn to alcohol and other substances to deal with the stressors of the workplace.[14]

Stigma of Seeking Mental Health Support

The prevalence of mental health disorders among law enforcement personnel[15] is a challenge made more difficult by the profession's long-standing cultural stigma against help-seeking behavior.[16] According to Police1's "What Cops Want" survey, "79 [percent] reported that there is significant stigma surrounding seeking mental wellness support."[17]

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13. Reuben G. Ramirez, *CHECKPOINTS: The Blueprint to Emotional Health for First Responders* (Dallas: Start Checkpoints, LLC, 2024).

14. Indra Cidambi, "Police and Addiction," Psychology Today, last modified March 30, 2018, https://www.psychologytoday.com/us/blog/sure-recovery/201803/police-and-addiction.

15. Santre, "Mental Disorders and Mental Health Promotion in Police Officers" (see note 2).

16. Jacqueline M. Drew and Sherri Martin, "A National Study of Police Mental Health in the USA: Stigma, Mental Health and Help-Seeking Behaviors," *Journal of Police and Criminal Psychology* 36, no. 2 (2021), 295–306, https://doi.org/10.1007/s11896-020-09424-9.

17. Lilly, "The Cost of Service" (see note 12).

However, there are signs that the attention police agencies have increasingly given to officer safety and wellness is beginning to reduce this stigma. Dr. Stephen Odom, Founder and Chief Clinical Officer of ***First Responder Wellness***, has seen the change firsthand: "The culture of fear that officers will lose their job if they reach out for help is waning. We're now seeing more clients come in sooner—more clients with five years or less in the profession than ever before," he says.

This shift in attitudes is attributable, at least in part, to agencies allocating budgets for wellness programming and facilities as well as the increased use of annual wellness check-ins, peer support teams, critical incident response and debriefing, staff psychologists and clinicians, and safety and wellness training throughout officers' careers.

Another critically important development is the **National FOP Division of Wellness Services'** vetting and approval of residential treatment centers as culturally competent to care for law enforcement personnel. These treatment centers are a vital resource in the comprehensive health and wellness programming all law enforcement agencies should provide their personnel. Unfortunately, there has been little to no independent reporting about them, and many law enforcement leaders are unaware of their existence and value.[18] This report aims to address this gap in knowledge.

Treatment Centers for Police Officers

PERF has always tried to do its part to prioritize the health, safety, and wellness of police officers and their families. Its publications on the issue—*Promising Strategies for Strengthening Police Department Wellness Programs*,[19] *An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officers*,[20] and *Building and Sustaining an Officer Wellness Program*[21]—attest to this commitment.

In this report, PERF further contributes to the profession's knowledge of officer safety and wellness by describing each of the six treatment centers the **National FOP Division of Wellness Services** has vetted and approved as culturally competent to treat law enforcement personnel: (1) ***Chateau Recovery*** in Midway, Utah; (2) ***First Responder Wellness*** in Newport Beach, California; (3) ***Harbor of Grace Recovery Center*** in Havre de Grace, Maryland; (4) ***Shatterproof at FHE Health*** in Deerfield Beach, Florida; (5) ***Throttle & Thrive*** in Palos Verdes Estates, California; and (6) ***Warriors Heart*** in Bandera, Texas, and Milford, Virginia. It is important to note these are not the only residential treatment centers that specialize in serving law enforcement personnel; however, they are the only ones to have successfully completed the FOP's vetting and approval process. PERF does not endorse or recommend any one treatment center in favor of another.

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18. For example, Chris Catren, Director of Strategic Relations at ***First Responder Wellness (FRW)*** and retired chief of the **Redlands (California) Police Department**, wondered, "How am I just down the road and didn't know about [FRW]?"

19. PERF, *Promising Strategies for Strengthening Police Department Wellness Programs* (Washington, DC: Office of Community Oriented Policing Services, 2021), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w0964.

20. PERF, *An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officers,* October 2019, https://www.policeforum.org/assets/PreventOfficerSuicide.pdf.

21. PERF, *Building and Sustaining an Officer Wellness Program*, (Washington, DC: Office of Community Oriented Policing Services, 2018), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w0864.

Collectively, these six facilities have treated more than 10,000 first responders and military personnel. The first responders come from all 50 states and serve in agencies of various sizes at the local, state, and federal levels. Among the first responder clients are police officers of all ranks and titles, including police chiefs. In fact, ***Harbor of Grace Recovery Center*** reportedly treated three police chiefs at the same time in 2023.

This report explains what it is like to be a patient at one of these centers, including pre-admission and intervention, transportation, admission and intake, detoxification, confidentiality, payment, use of cell phones, lodging, meals, family involvement, staff, treatment modalities, and aftercare plans. The report also provides police leaders with eight recommendations for how they can support officers and deputies when they return from treatment and how they can promote an organizational culture of officer safety and wellness. These experiences and recommendations are brought to life through the profiles of 10 officers and deputies who received care at the treatment centers. Their stories speak to the quality of care the treatment centers provide. For example:

- Detective (ret.) Lillian Bodway of the **Phoenix (Arizona) Police Department** talks about how ***Chateau Recovery*** is a peaceful retreat. "There are no bars, no blocks. There are just people welcoming you with open arms." (You can read more about Det. Bodway in the Client Profile on p. 21).
- Lieutenant (ret.) Robert Quick of the **Baltimore (Maryland) Police Department** credits his experience at ***Harbor of Grace Recovery Center*** with showing him a healthy path forward in life:

  "For the first time ever, I talked about the shooting. For the first time ever, I talked about eulogizing a subordinate. For the first time ever, I talked about friends injured on the job. And it was the weight of the world coming off my shoulders as I was speaking all this out loud to a professional in a controlled setting and able to process 20 years' worth of baggage brought on by the job, personal relationships, and everything else that happens." (You can read more about Lt. Quick in the Client Profile on p. 32).

- Officer (ret.) Corey Rusch of the **Windsor (Colorado) Police Department** says ***Chateau Recovery*** "make[s] sure they put you in a position to win." You can read more about Officer Rusch in the Client Profile on p. 29).
- Deputy Sheriff Matt Smith of the **Orange County (California) Sheriff's Department** had such an impactful experience that he believes "programs such as ***First Responder Wellness*** should become a required part of the profession." (You can read more about Deputy Smith in the Client Profile on p. 30).

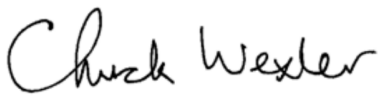
I hope this report will help educate the profession about the treatment resources available to police officers and assist in building an organizational culture where "it's okay not to be okay, but it's not okay to stay that way."[22] As always, police chiefs and sheriffs will need to lead the way. In their article, "Creating a Culture of Police Officer Wellness," Chief (ret.) Bob Rich of the **Abbottsford (British Columbia) Police Department** and scholars Irwin M. Cohen and Amanda V. McCormick express the essentiality of leadership in overcoming the culture of stigma that has historically dissuaded police from help-seeking behavior:

22. Cherylynn Lee, "It's OK Not to Be OK, But It's Not OK to Stay That Way!" Police1, last modified September 14, 2022, https://www.police1.com/smash-the-stigma/articles/its-ok-not-to-be-ok-but-its-not-ok-to-stay-that-way-rpLaZXTtWGaiOva3/.

> "[Programs] alone will not change the culture. The real change comes from a new approach to leadership and to developing positive, supportive relationships across the organization. It is not enough to think that an operational police officer will willingly open up and deal with their trauma and stress because of the availability of a [program] or educational training. Police leaders must develop and demonstrate an organizational commitment to an environment and culture where it is safe for any police officer to ask for help or to be supported by their leaders while seeking help.... Importantly, police leaders must also be willing to work on their own issues and to take the necessary steps to be healthy, in addition to learning how to hear members when police officers take steps towards seeking help."[23]

I encourage your feedback on this report and eagerly await to hear how it is helping you lead and care for our nation's police officers.

Sincerely,



Chuck Wexler
Executive Director
Police Executive Research Forum

23. Irwin M. Cohen, Amanda V. McCormick, and Bob Rich, "Creating a Culture of Police Officer Wellness," *Policing* 13, no. 2 (2019), 213–229, https://doi.org/10.1093/police/paz001.

Acknowledgments

PERF typically relies heavily on police chiefs and other law enforcement executives as subject matter experts in producing its publications. This report on residential treatment centers is different in that regard. It is informed by those professionals who deliver some of the most intensive behavioral health services to our first responders: clinicians, physicians, nurses, medical technicians, peer counselors, wellness staff, client relations specialists, and a host of support personnel. PERF thanks them for their time, gracious hospitality, and life-saving work.

PERF is extremely grateful to the **National FOP Division of Wellness Services**, led by Director Sherri Martin, who gave her support and guidance to this project. Director Martin is an outstanding leader with exacting standards, and many of the recent advances in officer safety and wellness can be traced to her division's work.

This report is humanized by the many courageous officers (current and former) who humbly and graciously shared their stories of recovery. PERF extends to them its deepest thanks in the hope that others—individual officers and police agencies alike—will learn from their experiences and usher in a new era of officer safety and wellness, free of stigma and shame.

Baltimore Police Department

- Vernon Herron
  Director of Officer Safety and Wellness

Chateau Recovery – Midway, Utah

- Lillian Bodway, client
  Retired Detective, Phoenix Police Department
- John Corcoran, client
  Officer, Saint Paul Police Department
- Lisa Pascadlo, client
  Retired Detective, Salt Lake City Police Department

- **Ben Pearson**
  Clinical Director
- **Austin Pederson**
  Executive Director
- **Brad Shepherd**
  Director of Public Safety
  Retired Captain, Oklahoma Highway Patrol
- **Danny Warner**
  Chief Executive Officer

First Responder Wellness – Newport Beach, California

- **Jillian Barrett**
  Director of Clinical Outreach
- **Chris Catren**
  Director of Strategic Relationships
  Retired Chief, Redlands (California) Police Department
- **Devin O'Day**
  Chief Development Officer
- **Dr. Stephen Odom**
  Founder and Chief Clinical Officer

Harbor of Grace – Havre de Grace, Maryland

- **D. Kenneth Beyer**
  Founder and President
- **Dr. John Dougherty**
  Associate Medical Director
- **Chuck Hart**
  Community Relations
  Retired Sergeant, Baltimore County (Maryland) Police Department
- **Mike McDermott**
  Vice President and Director of Law Enforcement National Relations
  Retired Detective, New York City Police Department
- **Robert Quick**
  Vice President and Director of Operations
  Retired Lieutenant, Baltimore Police Department
- **John Voorhees**, client
  Officer, Baltimore Police Department
- **Richard Watts**, client
  Sergeant, Baltimore Police Department
- **Matt Winner**, client
  Deputy Sheriff, Monroe County (New York) Sheriff's Office

Monroe County (NY) Sheriff's Office

- **Dr. Kim Butler**
  Director

National FOP

- Director Sherri Martin
  Division of Wellness Services
  Retired Lieutenant, Charleston (South Carolina) Police Department

Santa Barbara County Sheriff's Office

- Dr. Cherylynn Lee
  Behavioral Sciences Manager

Shatterproof FHE Health

- Rebecca Allanson
  Licensed Clinician
  Retired Detective, Arvada (Colorado) Police Department
- Dr. Sachi Ananda
  Director of Shatterproof FHE Health
- Dr. Rachael Bishop
  Licensed Clinical Psychologist
- Dr. Albert Castellon
  Medical Director
- Nicholas Dogris
  Director of Neurotherapy Services
- Patrick Fitzgibbons
  Shatterproof Program Lead
  Retired Police Commander, Colorado
- Lisalee Lowe
  Breathwork Specialist
- Sherief Moustafa
  Founder and Chief Executive Officer
- Rami Sleiman
  Chief Operations Officer
- Jeffrey Weinstein
  National Outreach Liaison

Throttle & Thrive

- Shavonne Thompson
  Founder

Transformations Treatment Center (closed as of December 2024)

- Salvatore Aiello
  Vice President of Revenue & Growth
- Billy Cinkay, client
  Retired Sergeant, North Riverside (Illinois) Police Department
- Lisa Fluxman
  President
- Theresa Gahren
  Veteran Affairs and First Responder Program Coordinator & Lead Therapist
  Former Police Officer and Deputy Sheriff

- **Adam Mogul**, Client Services Representative
  Retired Sergeant, New Jersey
- **Eric Murphy**
  Admissions Manager
- **Candace Newton**
  Clinical Director
- **Clyde Thompson**
  Group Facilitator

Warrior's Heart – Bandera, Texas

- **Robert Greer**
  Admissions Advocate
  Retired Deputy, Caddo Parish (Louisiana) Sheriff's Office
- **Justin Jordan**
  Special Operations Director
- **Lisa Lannon**
  Co-Founder
  Former Officer, Las Vegas Metropolitan Police Department
- **Brad Waudby**, client
  Detective, New Jersey

This is the 52nd report in the *Critical Issues in Policing* series, which PERF has published for more than a quarter-century with the support of Motorola Solutions and the Motorola Solutions Foundation. PERF would like to thank Greg Brown, Motorola Solutions Chairman and CEO; Jack Molloy, Executive Vice President of Products and Sales; Jason Winkler, Executive Vice President and Chief Financial Officer; John Zidar, Senior Vice President, North America Government; Tracy Kimbo, Chief of Staff, Global Enterprise and Channels; Monica Mueller, Vice President of Government Affairs; Shamik Mukherjee, Chief Marketing Officer; Karem Perez, Executive Director of the Motorola Solutions Foundation; Wesley Anne Barden, Manager of Evaluation and Grantmaking at the Foundation; Matthew Starr, Director of Government Affairs and Privacy Policy; and Lashinda Stair, Director of the North America Industry Team.

Many PERF staff contributed to this report. Senior Principal Martin Bartness managed the project, visited the featured treatment centers, interviewed subject matter experts, and wrote the report. Director Tom Wilson and Deputy Director Jennifer Sommers of the Center for Management and Technical Assistance provided project leadership and guidance. Senior Research Assistant Caleb Regen conducted background research, assisted with interviews, and drafted sections of the report. Communications Associate Dustin Waters wrote the client profiles, assisted with the report's photography, and designed and laid out the report. Summer Intern and Howard University senior Ayiana Newcombe conducted research on police officer wellness and treatment modalities. Research Assistant Rachael Thompson created tables and charts. Editor Melissa Fox edited the report.

Information Gathered for this Report

PERF logged thousands of airline miles traveling to the treatment centers featured in this report.[24] During each site visit, PERF looked at many of the things the FOP examines as part of its vetting and approval process, including the facilities' residential quarters, dining areas, treatment rooms, office space, and recreation opportunities. While there, PERF met and interviewed a cross-section of staff: founders and executive officers, doctors, clinicians, medical technicians, nurses, admissions personnel, building maintenance workers, peer liaisons, outreach coordinators, vehicle drivers, recreation managers, billing and insurance specialists, chefs, and fitness trainers. Many of these staff members are former first responders or military veterans who began their own journeys of recovery at the treatment centers and now share what they have learned to help heal others.

Altogether, PERF interviewed more than 50 treatment center staff and wellness providers for this report. It also interviewed 10 former treatment center clients, all of whom are current or former law enforcement officers willing to share their stories of treatment and recovery.

24. PERF did not conduct a site visit of ***Throttle & Thrive*** because the **National FOP Division of Wellness Services** did not designate it as a culturally competent treatment center for law enforcement personnel until July 2024, by which time PERF had already completed or scheduled the site visits for this project.

Mental Health Support for Police Officers

The policing profession is increasingly recognizing the importance of officer health and wellness, leading to the implementation of various programs and initiatives aimed at addressing these concerns. The 2015 *Final Report of The President's Task Force on 21st Century Policing*, which established officer wellness and safety as one of the six pillars for "promot[ing] effective crime reduction while building public trust,"[25] and the Law Enforcement Mental Health and Wellness Act (LEMHWA), signed into law in 2018,[26] have driven nationwide initiatives aimed at improving mental health resources for officers. LEMHWA, specifically, has encouraged peer mentoring programs, increased funding for mental health professionals, and emphasized routine mental health check-ins.[27]

To highlight this important work, the **National Law Enforcement Officers Memorial Fund** recognizes unique and innovative programs in the areas of officer safety and wellness through its Destination Zero National Officer Safety and Wellness Awards. In 2024, the **Baltimore Police Department** "won the Comprehensive Wellness Award for its robust Officer Safety and Wellness" section; the **Fairfax County (Virginia) Police Department** won the General Safety Award for its "cutting-edge" Fairfax County Public Safety Wellness Center, which provides "an array of essential services" including the Peer Support Team, Peer Support Canine Program, WellFit Program, and volunteer police chaplains; and the **Texas Department of Public Safety**

25. President's Task Force on 21st Century Policing, *Final Report of the President's Task Force on 21st Century Policing* (Washington, DC: Office of Community Oriented Policing Services, 2015), https://www.govinfo.gov/content/pkg/GOVPUB-J36-PURL-gpo64136/pdf/GOVPUB-J36-PURL-gpo64136.pdf.

26. Deborah L. Spence et al., *Law Enforcement Mental Health and Wellness Act: Report to Congress* (Washington, DC: U.S. Department of Justice, 2019), https://portal.cops.usdoj.gov/resourcecenter?item=cops-p370.

27. Spence et al., *Law Enforcement Mental Health and Wellness Act* (see note 26).

"won the Wellness Award for their Fitness Wellness Unit (FWU), which specializes in ensuring the physical health and wellness of officers from recruitment to retirement through quarterly and monthly program, webinars, and trainings to over 11,000 employees."[28]

Research suggests that these types of structured programs help reduce the stigma associated with seeking help and improve officers' ability to cope with job-related stress.[29] In fact, "for those officers in agencies where [wellness] services were available, compared with agencies where there were no services, overall rates of psychological distress were lower."[30]

Despite the strides the profession has made in addressing officer health and wellness, significant challenges persist. According to Police1's "What Cops Want in 2024" survey, "[Fifty-five percent] expressed dissatisfaction with the availability of mental health resources in their department."[31] This helps to explain why, in a nationwide survey of law enforcement officers conducted by the **National FOP**, only 20 percent of all respondents reported accessing employee assistance program services.[32] Similarly, a nationally representative study of more than 11,000 law enforcement agencies, published in the *International Journal of Police Science & Management*, found that 62 percent of law enforcement agencies do not offer dedicated wellness programming.[33] This is not surprising given that agencies with dedicated wellness programs tend to be larger, better-resourced departments,[34] while most law enforcement agencies in the United States have fewer than 50 sworn personnel.

28. National Law Enforcement Officers Memorial Fund, "2024 National Officer Safety and Wellness Award Winners Announced," press release, July 16, 2024, https://nleomf.org/2024-national-officer-safety-and-wellness-award-winners-announced/.

29. Pamela Fallon et al., "Peer Support Programs to Reduce Organizational Stress and Trauma for Public Safety Workers: A Scoping Review," *Workplace Health & Safety* 71, no. 11 (2023), 523–535, https://doi.org/10.1177/21650799231194623; Caitlin J. Newell et al., "Police Staff and Mental Health: Barriers and Recommendations for Improving Help-Seeking," *Police Practice and Research* 23, no. 1 (2022), 111–124, https://doi.org/10.1080/15614263.2021.1979398; H. Douglas Otto and Allyson Gatens, "Addressing Police Officer Stress: Programs and Practices," Illinois Criminal Justice Information Authority, May 24, 2022, https://icjia.illinois.gov/researchhub/articles/addressing-police-officer-stress-programs-and-practices.

30. Bruce G. Taylor, Weiwei Liu, and Elizabeth A. Mumford, "A National Study of the Availability of Law Enforcement Agency Wellness Programming for Officers: A Latent Class Analysis," *International Journal of Police Science & Management* 24, no. 2 (2022), 175–189, https://doi.org/10.1177/14613557211064050.

31. Calams, "Uncovering Shocking Statistics, Trends" (see note 11).

32. Fraternal Order of Police, "Report On FOP/NBC Survey of Police Officer Mental and Behavioral Health," accessed October 1, 2024, https://fop.net/officer-wellness/survey/.

33. Taylor, Liu, and Mumford, "A National Study" (see note 30).

34. Taylor, Liu, and Mumford, "A National Study" (see note 30).

Types of Treatment for Police Officers

The Anxiety & Depression Association of America identifies five levels of mental health treatment: (1) inpatient hospitalization, (2) residential, (3) partial hospitalization, (4) intensive outpatient, and (5) outpatient.[35] It is important to understand the differences, according to the National Alliance on Mental Illness, because "[t]reatment is not a one size fits all approach. Where you go for mental health treatment depends on your situation and recovery needs."[36]

Shavonne Thompson, founder of ***Throttle & Thrive***, agrees. With an emphasis on physical and emotional sobriety and a preference for integrating comprehensive wellness, Thompson unabashedly defends ***Throttle & Thrive's*** approach, which includes serving men only: "We're not everybody's cup of tea, and that's okay. We can only serve six patients, and there are plenty of other wonderful options out there if someone is looking for a different approach to substance misuse and mental health [treatment]."

Where to go and what program to choose involve a multitude of considerations: diagnosis, geographic location, facilities, staff to client ratio, cost, payment options, cultural competency of providers, client demographics, and clinical and nonclinical programming.

35. Molly Schiffer, "Understanding Levels of Care in Mental Health Treatment," Anxiety & Depression Association of America, last modified September 20, 2023, https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer-professional/understanding-levels-care-mental.

36. National Alliance on Mental Illness, "Treatment Settings," 2024, https://www.nami.org/About-Mental-Illness/Treatments/Treatment-Settings/.

The oceanside view from Throttle & Thrive in Palos Verdes Estates, California.

Inpatient Hospitalization

Inpatient hospitalization, the highest level of treatment, is "for individuals who are actively suicidal or experiencing a psychiatric (i.e., psychotic or manic) episode that poses a safety risk to themselves or others."[37] Inpatient hospital units are high-security environments focused on patient stabilization, which typically takes less than a week.[38] Although the treatment centers featured in this report do not provide inpatient hospitalization, they do provide detoxification services in a residential setting for those clients who need it (see p. 54 for more information on detoxification).

Residential

The second-highest level of treatment is residential. Residential treatment programs are well monitored with tight security measures, but they do not impose the same restrictions as inpatient hospitalization. The average length of stay is 30 to 90 days[39] and includes group therapy, individual therapy, and psychiatric care.[40] "The defining characteristic of residential

37. Schiffer, "Understanding Levels of Care" (see note 35).

38. Schiffer, "Understanding Levels of Care (see note 35).

39. Length of stay varies significantly among clients and treatment providers. At ***Harbor of Grace***, for example, most clients complete residential treatment within 30 days before transitioning to an intensive outpatient treatment program. This duration of stay is due, in part, to Maryland law, which prohibits a person—including a peace officer—from possessing a regulated firearm if the person "has been voluntarily admitted for more than 30 consecutive days to . . . any public or private clinic, hospital, or other institution that provides or purports to provide treatment or other services for individuals who have mental disorders." MD Code, Public Safety, § 5-133; MD Code, Health-Gen. § 10-101. Clients at other facilities, such as ***Chateau, FRW, Throttle & Thrive***, and ***Warriors Heart***, average 45 days or more in a residential-type setting (including PHP) before transitioning to an intensive outpatient program.

40. Schiffer, "Understanding Levels of Care" (see note 35).

Harbor of Grace National Law Enforcement and First Responder Wellness Center in Havre de Grace, Maryland.

treatment is that clients live on-site at their treatment facility while receiving care. But unlike inpatient care, residential treatment offers a warm, home-like environment rather than a hospital bed or dorm room."[41] ***Chateau Recovery, Harbor of Grace,*** and ***Throttle & Thrive*** are examples of residential treatment centers, while ***First Responder Wellness (FRW)*** stresses its ability to transition clients between levels of care as needed, from detox and residential treatment to intensive outpatient care.

When should a police officer consider residential treatment? Some of the signs include excessive drug or alcohol use, inability to feel joy or happiness in situations where one used to, feelings of unease, threats to cause self-harm, shifts in mood (e.g., feelings of aggression or irritability without cause), and violence or risk-taking behavior. Dr. Cherylynn Lee of the **Santa Barbara County (California) Sheriff's Office** cites an officer's inability to self-regulate—to control their breathing or manage their thoughts and emotions—as an indication they may be a candidate for residential treatment:

> "The inability to self-regulate is typically accompanied by some exigent reason for treatment. Their spouse may have given them an ultimatum. They might be drinking too much and are showing up to work hungover. Or they may have made a plan for suicide or are unable to connect with their kids like they used to."

41. All Points North, "PHP vs. IOP vs. Residential Rehab: The Difference Explained," last modified June 19, 2024, https://apn.com/resources/php-vs-iop-vs-residential-rehab-the-differences-explained/.

Shatterproof's poolside area and apartments in Deerfield Beach, Florida.

Shavonne Thompson of ***Throttle & Thrive*** similarly emphasizes that not everyone needs residential treatment:

> "Residential care is for those struggling with substance misuse or mental health challenges to the point which their life, work, or relationships are being impacted to a significant level. In general, the distinction between inpatient and outpatient care is that the person is not able to stop the behavior, control the behavior, or manage using substance(s) on their own. In fact, most people who need a residential level of care have tried to do something like quit drinking on their own and have found that they cannot stop on their own and therefore need help."

Partial Hospitalization Program

One of the most common levels of treatment is the partial hospitalization program (PHP).[42] PHPs are a step down from residential care,[43] "with a similar intensity of treatment but more relaxed regulations about where you spend your time when not in treatment."[44] It is an outpatient level of care where clients may return home each evening after treatment is completed, or they may live on-site with others who are receiving care.[45] ***Shatterproof at FHE Health*** and ***Warrior's Heart*** are best characterized as PHPs.

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42. Many people find the term "partial hospitalization" (an insurance industry term) confusing because it is an outpatient level of care and does not involve a hospital. For this reason, ***FRW*** avoids using the term PHP with clients, preferring instead to categorize treatment into phases. Phase 1 is detox and residential treatment, and phase 2 is partial hospitalization and intensive outpatient treatment, which includes supportive housing.
43. All Points North, "PHP vs. IOP vs. Residential Rehab" (see note 41).
44. All Points North, "PHP vs. IOP vs. Residential Rehab" (see note 41).
45. Schiffer, "Understanding Levels of Care" (see note 35).

First Responder Wellness in Newport Beach, California

Intensive Outpatient Programs

"Intensive outpatient programs (IOP) offer a higher level of intensity than standard outpatient programs but a lower level than inpatient rehab."[46] With people commonly attending treatment roughly three hours per day, three to five days a week for eight to 12 weeks, an "IOP is a good option for those who would still benefit from a structured treatment program while having the flexibility to work or attend school part-time and maintain daily routines."[47]

Upon completion of a residential treatment program or PHP, officers transition to an IOP, where they return home with a comprehensive reintegration or aftercare plan developed in consultation with treatment center staff.

Outpatient Therapy

The lowest level of care—and the one most people are familiar with—is outpatient therapy. This typically involves meeting at regular intervals with one or more providers for individual therapy and medication management. Outpatient therapy is a fundamental part of a patient's long-term recovery and can be changed in frequency or duration based on an individual's needs. [48]

46. Stacy Mosel, "Intensive Outpatient Program (IOP): What Is It & Find IOPs Near Me," American Addiction Centers, last modified July 19, 2024, https://americanaddictioncenters.org/intensive-outpatient-programs.

47. Mosel, "Intensive Outpatient Program" (see note 46).

48. Schiffer, "Understanding Levels of Care" (see note 35).

Vetting and Approving Treatment Centers

The **National FOP Division of Wellness Services** has vetted and approved six residential treatment centers throughout the United States as "culturally competent in working with members of law enforcement."[49] To earn this designation, the treatment centers must demonstrate "sensitivity and expertise in understanding the unique culture of law enforcement."[50]

Sherri Martin, Director of the Division of Wellness Services, is uncompromising on this issue: "The FOP doesn't want to send personnel somewhere that hasn't been fully vetted," she says.

The vetting process involves a detailed application, telephone interview, and site visit, which the FOP's National Officer Wellness Committee (NOWC) conducts. The NOWC "is composed of [11] active and retired members of law enforcement who all share a secondary background in crisis intervention, hostage negotiation, or psychology, [and] is further supported by a Professional Advisory Panel of practicing clinicians in police psychology."[51] Martin, a retired lieutenant with the **Charleston (South Carolina) Police Department** who holds a master's degree in clinical counseling and certification as a licensed professional counselor associate, is a member of the NOWC.

The Professional Advisory Panel has three members: Dr. Stephanie Conn, Dr. David Black, and Dr. Thomas Coghlan. Dr. Conn is "a cop-turned-psychologist and author of *Increasing Resilience in Police & Emergency Personnel*."[52] She "specialize[s] in counseling first responders], . . .

49. National FOP, "Locate a Vetted & Approved Provider," accessed September 28, 2024, https://fop.net/officer-wellness/providers/.

50. National FOP, "Locate a Vetted & Approved Provider" (see note 49).

51. National FOP, "Wellness Committee," accessed September 30, 2024, https://fop.net/officer-wellness/wellness-committee/.

52. Stephanie Conn, "Stephanie Conn, PhD, ABPP, Police/Public Safety Psychology: About," LinkedIn, accessed February 2, 2025, https://www.linkedin.com/in/dr-stephanie-conn/.

offer[ing] debriefings, resilience training, and guidance for peer support team development and training."[53] Dr. Conn also "provide[s] training to clinicians on how to be culturally competent to work with first responders."[54]

Dr. Black is the President of Lexipol Wellness Solutions and the founder and CEO of Cordico (the mobile wellness app). For more than 20 years, Dr. Black has served law enforcement officers in various capacities, including as chief psychologist of the California Police Chiefs Association, board member of the National Sheriffs' Association, advisory board member to the National Policing Institute, and on committees to establish officer-involved shooting (OIS)-related policies and fitness-for-duty guidelines.[55]

Dr. Coghlan is a clinical psychologist and retired detective with the **New York City Police Department (NYPD)**. Among his experiences are as a first responder psychologist for the Federal Emergency Management Agency (FEMA), clinical psychologist to the U.S. Department of Homeland Security (DHS), program director of the graduate program in forensic psychology at Monroe College, owner of Blue Line Psychological Services, and NYPD liaison to the peer support program POPPA (Police Organization Providing Peer Assistance).[56]

Cultural Competency

It is critically important that services offered to police officers be culturally competent.[57] Far too many police officers have learned the hard way that "providers are not necessarily educated in and about the demands of policing; the stressors faced; or how to appropriately intervene and provide services that reduce, mitigate, and ameliorate the challenges faced by today's police personnel."[58] Having a provider who understands what officers experience and how they process those experiences is essential to recovery.

A culturally competent treatment program "addresses the unique stressors, triggers, and experiences that first responders face" and "aligns with first responders' culture, code, and values."[59] When providers lack cultural competency, officers may be reluctant to continue therapy and may even discourage their coworkers from seeking mental health support.

How to Develop Cultural Competency

Providers who wish to work with law enforcement officers must immerse themselves in the culture to develop professional competency. This means waking in the middle of the night to answer phone calls or respond to scenes, attending training courses with police officers,

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53. Conn, "Stephanie Conn" (see note 52).
54. Conn, "Stephanie Conn" (see note 52).
55. David Black, "David Black, Ph.D.: About," LinkedIn, accessed February 2, 2025, https://www.linkedin.com/in/davidblackphd/.
56. Thomas E. Coghlan, "Thomas E. Coghlan, PsyD," LinkedIn, accessed February 2, 2025, https://www.linkedin.com/in/thomas-e-coghlan-psyd-17a2166a/.
57. Michael P. Fisher and Catherine D. Lavender, "Ensuring Optimal Mental Health Programs and Policies for First Responders: Opportunities and Challenges in One U.S. State," *Community Mental Health Journal* 59, no. 7 (2023), 1341–1351, https://doi.org/10.1007/s10597-023-01121-1.
58. Jocelyn E. Roland et al., "Focus on Officer Wellness: Strategies for Successful Wellness Programs," *Police Chief* 91, no. 10 (2024), 20–23, https://www.policechiefmagazine.org/focus-on-officer-wellness-strategies-successful-wellness-programs/?ref=d4f75e2b0d93822f04f3a3e7b3c35f10.
59. Shatterproof at FHE Health, "What Is Specialized Treatment for First Responders?" accessed September 30, 2024, https://fherehab.com/services/first-responders/.

A Harbor of Grace group therapy room.

co-responding with officers on crisis calls for service, and meeting with officers where they are most comfortable.

At the six treatment centers featured in this report, many of the staff have earned their cultural competency through firsthand experience. For example, at ***First Responder Wellness***, "Every staff member has a connection to a first responder," according to Chris Catren, Director of Strategic Relations and retired chief of the **Redlands (California) Police Department**. "Some are former police officers, firefighters, or military members, and others have spouses or family members who are active or former first responders," Catren says.

Dr. Cherylynn Lee describes what it takes to become culturally competent: "You have to want to develop the cultural competency. You have to go on ride-alongs, shoot a firearm, learn about use of force, attend law enforcement conferences—really immerse yourself in the culture."

Dr. Lee is a full-time employee who supervises sworn personnel. She further engages herself in the agency's culture by serving on its crisis negotiation team, overseeing the peer support team, and assisting with intelligence-gathering and threat assessment cases, which allows her to train alongside deputies and respond with them to critical incidents. "I operationally connect with them, feel a bit of what they're going through, and understand their lingo and language," she says.

Meeting deputies on their terms is another way of displaying cultural competency. Dr. Kim Butler, Director of Health and Wellness for the **Monroe County (New York) Sheriff's Office**, knows that deputies aren't always comfortable talking on department property, so she'll meet with them any time, her motto being *anywhere but at a bar*. "Walking their dog, working out at the gym, shopping at the grocery store, folding laundry in their living room. I've done it all," according to Butler. She takes this approach knowing law enforcement personnel have likely needed additional support or treatment for months or years prior to reaching out, so when they do it is essential to be available and responsive.

What Does Cultural Competency Look Like?

Dr. Cherylynn Lee, Behavioral Sciences Manager with the **Santa Barbara County Sheriff's Office**, explains in an interview with PERF.

Police officers don't get [screwed] up because they're sitting behind a computer and typing. They're the first on-scene with whatever the [heck] it is. And oftentimes it's ugly, it's terrible, it's horrible, and you have to put your feelings away to do the job right, because your officer safety and your operational efficiencies are reliant on you being focused, and emotions kind of take you away from that.

These calls, these cases, they build up over time. You put the emotion away, but it doesn't go away. It takes a clinician who understands that. Although the person might be walking in the treatment center because they went through an OIS, and they think that's why they have PTSD, they've got 20 years of death notifications and fatal traffic accidents that they've got to unpack too. Their spouse of 15 years might be saying, "You're going to go see a shrink or we're done." Or their kids may be walking on eggshells and feel disconnected. So, it's really important that clinicians understand all of the ways these things impact first responders, not just on an emotional level, but on a biological level. Because post-traumatic stress is a biological injury to the brain. It's not a disorder, it's an injury.

What you don't want is for a cop to walk into a treatment center and talk about the 15 child torture videos they had to watch, and the clinician is sitting in the corner crying because they can't hear it. I've heard horror stories like that. It takes a special skill set by clinicians to be able to hold space for that stuff.

Importance of Specialized Treatment

In addition to having culturally competent behavioral health providers, it is equally important for officers to receive treatment among their peers. According to Dr. Stephen Odom of ***FRW***, when officers obtain treatment outside of vetted and approved facilities, they often encounter people they have arrested (or who remind them of people they've arrested), people who can't relate to their experiences, and people with whom they feel they have little to nothing in common. But when they are in treatment with fellow first responders, Odom says, "They quickly learn everyone has a story like theirs."

At ***Harbor of Grace***, for example, police officers share with each other how they have anxiety attacks when showing up for work. "They fear they'll be one of only four officers working [when they're supposed to have 12]," says founder D. Kenneth Beyer. "And they don't know how they'll act on the street because of anxiety and fatigue."

Non–first responders may not readily understand these experiences, explains Dr. Lee:

> "Being a peace officer is so unique, and the traumas and issues they deal with are so unique, that they can't be addressed in a general facility. You can't have your heroin addicts, your meth folks, your DV [domestic violence] victims and all of that on one side of the hallway and your cop on the other. The cop is never going to talk. It's a different etiology—it's a different way they get where they're at—and it's a different pathway out."

In safe environments, officers bond over their grievances—long work hours, unpredictable work schedules, staffing shortages, public criticism of policing, fear of being charged administratively or criminally, and the actions of their supervisors and commanders—and they connect over their shared values—service, courage, spirituality, family, duty, and honor.

Application

The application to become an FOP-approved provider requires the following information:

- Practice name, location, and contact information
- Overview of clinical practice
  - Length of time in practice
  - Types and modalities of therapies offered
  - Availability of telehealth
  - Philosophy of practice
  - Payment forms and insurance accepted
- Licenses and education
  - State(s) license number(s)
  - Special certifications related to work with law enforcement or first responders
  - Practitioner photo and logo

Once the NOWC determines that the application and interview portions of the process are satisfactorily completed, two members of the NOWC visit the treatment center.

Site Visit

During the site visit, the NOWC closely examines everything police officers encounter during their residential treatment and aftercare program. The phrase *Leave no stone unturned* accurately describes the process.

The visit typically takes one to one and a half days and includes an exhaustive review of billing procedures and costs, staff credentials , dedicated programming for law enforcement, age of facilities, treatment modalities, unique treatment(s) offered, accessibility, physical security, confidentiality and privacy practices, intake process, housing, dining facilities, living options, and aftercare plans.[60] Even meal quality and variety (including accommodation of special dietary needs), cleanliness of facilities, and recreation opportunities are closely scrutinized.

60. Fraternal Order of Police Division of Wellness Services, *Wellness Provider Vetting Guide* (Washington, DC: Office of Community Oriented Policing Services, 2022), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w0963.

As a tool to help ensure a comprehensive review is conducted, the NOWC uses a checklist for vetting inpatient treatment facilities and programs[61] (see sidebar "National FOP Division of Wellness Services—Checklist for Vetting Inpatient Treatment Facilities and Programs beginning on page 14). But the vetting process goes well beyond a checklist. "With our vetting," explains Martin, "there is a certain amount of intuition that goes in evaluating a facility. Sometimes [the providers] don't know the language or walk the walk."

For example, during the vetting process of an applicant the NOWC disapproved, Martin says a clinician didn't know the term "racking the slide." This was a red flag that the staff lacked sufficient knowledge about policing, which may cause officers to shut down during treatment. Identifying these subtle cues—discernible only to those who have worn a badge and gun or otherwise developed cultural competency—is key to ensuring each center is a good fit for treating law enforcement personnel.

National FOP Division of Wellness Services — Checklist for Vetting Inpatient Treatment Facilities and Programs

- Billing procedures and cost
  - Which insurances, if any, are accepted and in network?
  - What forms of payment are accepted?
  - What subsidies and payment plans are available?
  - What is the policy for working with clients who are unable to pay?
- Credentials of staff
  - Assess staff members' formal education and credentials.
  - Verify staff members' professional licenses, including license numbers.
  - Have any complaints been filed against the facility or has the facility or any practitioner's license previously been revoked for any reason? If yes, describe circumstances.
  - How are staff members connected to or experienced with the first responder or law enforcement community?
  - What experience do staff members have with providing services to law enforcement professionals?

61. Fraternal Order of Police Division of Wellness Services, *Wellness Provider Vetting Guide*, 3–4 (see note 60).

- Confidentiality and privacy practices
  - Describe office policies in place to ensure confidentiality and privacy of client.
  - Under what circumstances would the practitioner breach confidentiality?
  - How are demands or requests to review client records from police agencies or human resources divisions handled?
  - Describe how working with peer teams is navigated. For example, what information might be shared with peer support teams working with a client?
  - How are inquiries about a client's fitness for return to duty handled?
- Relationships and affiliations with law enforcement organizations
  - Does the practitioner have a professional relationship or affiliation with any law enforcement or first responder agency or organization? If so, what is the length of that relationship? What is the nature of the relationship, and what responsibilities are included? (Provide references if available.)
  - Review available ratings and reviews from previous clients, focusing on those from law enforcement or first responder clients.
- Dedicated programming
  - What specific programming exists that is dedicated to or attended by only members of law enforcement?
  - How frequently is this specialized programming offered?
  - What programs are available for families of law enforcement clients?
- Age of facility or program
  - How long has the facility been in operation?
  - How long has the first responder program been in existence?
- Treatment modalities offered
  - What types of therapy are offered?
  - How is a client's time spent within the facility?
- Unique treatment(s) offered
  - Describe any specialized treatment programs or options available that are unique to the facility.
  - Are any off-campus activities included in programming? If so, describe these activities. How often are these available? How are they managed?
- Methods and modalities of treatment offered
  - What types of therapy are offered?

    - Is teletherapy offered?
    - What is the philosophy of practice?
    - Are there any issues or clients that the provider does not feel competent or comfortable addressing?
- Availability and accessibility
    - What are the office hours?
    - What is the provider's availability outside regular office hours?
    - Generally, how quickly are phone calls or other communications returned?
    - What is the average wait time to get an appointment with the provider?
    - What is the provider's procedure for handling clients during a provider absence? (For example, what measures are in place should a client need services while the provider is on vacation, out sick, etc.?)
    - If the provider's practice is full, to whom do they refer clients?
    - Is the provider's officer, including the building in which it is located, compliant with the Americans with Disabilities Act? If not, will clients with disabilities be able to access the provider's office?

Equine therapy at Warriors Heart in Bandera, Texas.

The Treatment Centers

The six active treatment centers the National FOP's Wellness Division has vetted and approved are in the Wasatch Mountains of Midway, Utah; the oceanfront communities of Newport Beach and Palos Verdes Estates, California; a quaint Maryland town along the Susquehanna River; Deerfield Beach on Florida's southeastern coast; and a sprawling ranch in Bandera, Texas (see table 1). A seventh facility, ***Transformations Treatment Center*** in Delray Beach, Florida, closed in December 2024, four months after PERF visited its campus as part of this project. Its closure speaks to the ongoing need for more culturally competent treatment centers. "I look forward to vetting more facilities," Sherri Martin says.

Table 1. Treatment Center Profiles

Treatment Center	Location	Environment	Client Capacity	Lodging	
				House	Other
Chateau Recovery	Midway, UT	Mountains	16 (up to 4 women)	✖	
First Responder Wellness	Newport Beach, CA	Beach/Suburb	60		✖
Harbor of Grace	Havre de Grace, MD	Small Town	40		✖
Shatterproof	Deerfield Beach, FL	Beach/Suburb	70	✖	
Throttle & Thrive	Palos Verdes Estates, CA	Beach/Suburb	6 (men only)	✖	
Warriors Heart	Bandera, TX	Ranch	100 (up to 60 women)		✖

Warriors Heart also has a location in Milford, Virginia.

This section of the report introduces each of the six active treatment centers and profiles 10 current or former law enforcement personnel who received care there.

Client Profile: Sergeant (ret.) Billy Cinkay North Riverside (Illinois) Police Department

Following a 12-year career at the North Riverside (Illinois) Police Department, Billy Cinkay has come to terms with his tumultuous past. Cinkay retired from the North Riverside Police Department as a sergeant following a series of incidents related to PTSD and alcohol abuse.

Cinkay came to policing later in his life than some. At age 33, he had not found the professional fulfillment he desired and decided to pursue a lifelong interest in becoming a police officer. After starting the job, Cinkay—who admits to a history of heavy drinking—began using alcohol to cope with the stresses of his new career.

Those stresses accelerated during the COVID pandemic. Police officers did not have the luxury of working from home to stop the spread of the virus, and Cinkay was concerned—like so many people at the time—that he could bring COVID home to his family. That stress led to an incident in May 2020 that ultimately derailed Cinkay's career.

While fishing at a lake, Cinkay lost his temper when confronted by people who were taunting him."I was fishing and basically knocked out a bottle of whiskey in about an hour. I believe they threw a bottle or something at me," Cinkay recalls. "I lost it. I saw red, flattened a tire on a car, and then, because I was irrational and intoxicated, I looked at three cars behind it and said, one of them [has] got to be him. And I [flattened] a tire on every car."

Park police arrested Cinkay, and he spent time at a local jail before being transferred to a local psychiatric hospital because of threats of self-harm. While

there, Cinkay accepted an invitation to go to ***Transformations Treatment Center (TTC)***.*

When Cinkay arrived, he immediately began a 24-hour detox process from alcohol. Following this process, he was admitted to the recovery center. Cinkay instantly felt comfortable when he realized that his roommates were either first responders or veterans. This gave him the comfort to "sleep a little bit," he says.

Cinkay emphasizes the importance of being around other first responders and veterans during treatment. He characterized his overall experience as positive and said he found the group and individual therapies to be the most impactful. He also noted the importance of being connected with a provider in Illinois to ensure continuity of care when he returned home.

Following his stay at ***TTC***, Cinkay agreed with his department to retire early in lieu of termination. Upon retirement, one of the most challenging issues he had to grapple with was the identity crisis of no longer being a police officer. He had dedicated so much of his life to policing that his professional and personal identity seemed inseparable. "The identity piece is gigantic," says Cinkay.

In thinking about how to remove the stigma of seeking mental health care for officers, Cinkay says that first-line supervisors should be the ones to encourage their officers to seek help. Sergeants are often most in tune with the habits and behaviors of their officers and can sense when something is amiss. In addition, Cinkay would like to see all agencies provide officers with training about how to transition out of police work. Whether the badge is taken away by retirement, termination, or separation, Cinkay believes officers need strategies and pathways for disconnecting their identities from policing.

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* ***Transformations Treatment Center (TTC)*** closed in December 2024, four months after PERF had visited its facilities in Delray Beach, Florida, and interviewed staff and former clients. Although ***TTC*** is not featured in this report because of its closure, Cinkay's profile merits inclusion.

Chateau Recovery – Midway, Utah

Nestled in the serene Wasatch Mountains of Midway, Utah, about 45 miles southeast of Salt Lake City, ***Chateau Recovery*** offers privacy, tranquility, and an environment conducive to healing. In operation since 2012, ***Chateau*** maintains an impressive one-to-four clinician-to-client ratio, and each clinician has at least 20 years of field experience. With a maximum capacity of 16 clients, individualized attention is a hallmark of every officer's treatment plan.

Data provided by ***Chateau*** indicate 75 percent of their clients are first responders from a wide range of local, state, and federal law enforcement agencies including the FBI; the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF); U.S. Immigration and Customs Enforcement (ICE); and U.S. Customs and Border Protection (CBP).[62] Between 2022 and 2024, approximately 30 percent of clients were from Utah, and another 28 states were represented. Most clients were male, with an average age of 38, and female clients averaged 45 years of age.

Brad Shepherd, a retired captain with the **Oklahoma State Police** who now serves as ***Chateau's*** Director of Public Safety, calls attention to the "significant increase" in the number of clients with a diagnosis of PTSD, but he stresses this does not mean their careers in policing are over. "They can, and do, recover and return to work," he says.

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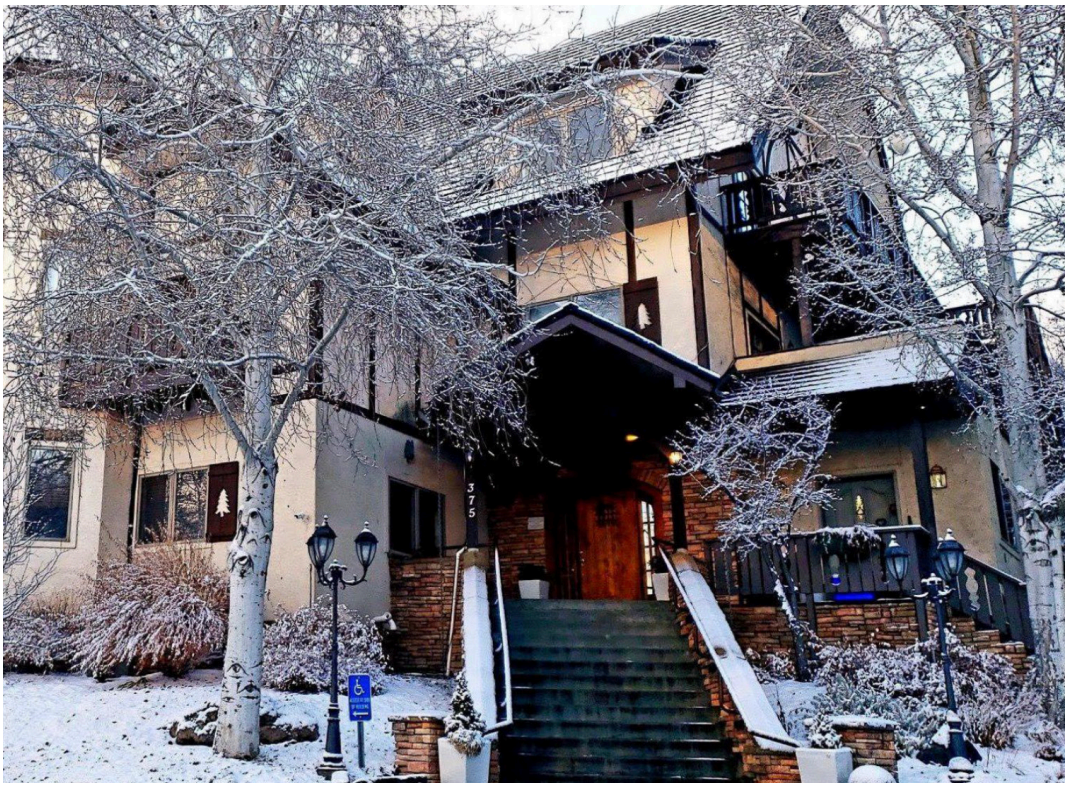
62. Chateau also treats non-first responders, but they must be professionals or businesspeople and at least 30 years old.



The Chateau front entrance in Midway, Utah.

Chateau provides tailored programs to align with what it calls the "Six Dimensions of First Responder Wellness:" daily health, mental and emotional strength, relationship health, physical fitness, family systems, and spiritual health.[63] Central to its approach is mindset training. According to Ben Pearson, ***Chateau's*** Clinical Director, mindset training is important because "too often, police are filled with distrust, discouragement, and a victimization mindset. They take things personally, their guard is up, they treat relationships as transactions, and communication is stifled." Relying heavily on the Arbinger Institute's curriculum,[64] ***Chateau's*** outward mindset training equips individuals with skills to alter perceptions, navigate conflicts, and form healthier relationships with stress and trauma.[65]

Recognizing the interplay between physical health and mental recovery, ***Chateau*** integrates physical activity, pain management, and tailored nutritional plans to reduce risky behaviors and support overall well-being. Spiritual growth is interwoven into the recovery process, emphasizing values, purpose, mindfulness, and the role of faith. And family education and support are centered by providing resources to improve communication, establish boundaries, and foster interdependence.[66]

63. Chateau Recovery, "6 Dimensions of Wellness," accessed February 12, 2025, https://www.chateaurecovery.com/six-dimensions.

64. Arbinger Institute, "Outward Mindset," accessed February 12, 2025, https://www.hub.arbinger.com/outward-mindset.

65. Chateau Recovery, "Arbinger Outward Mindset," accessed February 12, 2025, https://www.chateaurecovery.com/arbinger.

66. Chateau Recovery, "Expert Mental Health, Trauma, & Substance Abuse Treatment and Rehab Center in Utah," accessed February 12, 2025, https://www.chateaurecovery.com.

Client Profile: Detective (ret.) Lillian Bodway Phoenix Police Department

Born in Arizona and raised in Mexico, Lillian Bodway was in the U.S. Air Force Reserves for 20 years, serving as an intelligence operation analyst and special investigator. She then joined the Phoenix Police Department as a patrol officer, where she used her fluency in Spanish to connect with the community and interpret for her colleagues.

Late one night, Bodway responded to a request for a Spanish-speaking officer to assist detectives investigating a crime involving children. Changing out of her patrol uniform, Bodway was handed a notepad and instructed to interview an elderly suspect. She got a confession—and an offer to become a child crimes investigator.

Bodway worked cases of abuse, molestation, and neglect for six years before taking a much-needed break. She transitioned to robbery investigations and then a temporary assignment as a school resource officer (SRO), which injected a healthy dose of career medicine: a positive experience with children following her time investigating child crimes.

In hindsight, Bodway thinks she should have stayed longer as an SRO. Instead, she returned to investigations, this time as a homicide detective. "I had the presence of mind to take a break and go to school resource. But then I added insult to injury and went into homicide," says Bodway. "Maybe I could have lasted in homicide if I had taken a longer break and received treatment back then."

Bodway transferred to homicide in 2019 and was exposed to an overwhelming number of deaths due to the COVID pandemic. The graphic nature of the job

began to weigh on her, and she started drinking to cope with the demands of the job and her personal life.

Bodway failed to complete the probationary period of her homicide training and returned to her role as an SRO. But all the children were absent from classrooms because of pandemic restrictions. Her drinking worsened, and she attempted suicide by swallowing two bottles of pills.

Bodway ultimately reached out to a colleague in the employee assistance unit, hinting at her attempt at suicide. Her colleague raced to Bodway's home and hurried her to a hospital for a medical evaluation.

In her own words, Bodway was "dumped" into a local detox center where she found herself among several familiar faces from the street. After nearly two

A client bedroom at Chateau Recovery.

weeks in and out of the facility, Bodway returned to work to learn she was being removed as an SRO and put back on patrol.

She appealed to her union representative for help.

"If you send me back to patrol, what I'm going to do is I'm going to put on my dress uniform, shine my boots, sit in the patrol car, and blow my brains out," Bodway recalls saying.

Eventually Bodway was referred to ***Chateau Recovery***, becoming the first Phoenix police officer to go there. Compared to her experience at the detox center, ***Chateau*** left Bodway with a positive first impression.

"Just on face value, if you look at Chateau, it's this peaceful retreat. There are no bars, no blocks. There are just people welcoming you with open arms," says Bodway.

Bodway acknowledges the rigors of the therapy process but says being shoulder to shoulder with her peers made the experience bearable. She never returned to policing. Through Bodway's recovery, she realized that the best way to protect her own well-being and not risk the lives of others was to retire from law enforcement.

In retrospect, Bodway says no agency should allow an investigator to spend more than three years working in child crimes. She recommends that more agencies consider mandatory rotations out of certain high-pressure, trauma-inducing units. She further recommends some form of mental health break for personnel who are transitioning out of these assignments, including a therapy component.

Bodway also believes she would have benefited from regular access to an agency-embedded psychologist—a familiar face instructing officers early in their careers on how to decompress following a difficult day. "If I would have had that person, that psychologist, come in more often, at more meetings or debriefings," says Bodway, "that would have made a world of difference during those six years [in child crimes] and having all that compounded trauma."

Client Profile: John Corcoran
Saint Paul (Minnesota) Police Department

At 49 years old, John Corcoran has spent more than half his life with the Saint Paul Police Department.

He started as a police officer in 1998 and recalls the stigma surrounding mental health at the time. Officers were afraid to discuss their struggles openly, knowing they'd face ridicule, suspension, or reassignment to desk duty—the "rubber gun squad," as Corcoran puts it.

Corcoran didn't know what PTSD was in 2012 when he began going through a divorce from his wife and mother of his three small children. All he knew was he had a "short fuse." He thought it was normal to isolate in the garage and drink a case of beer on a work night. Because he didn't recognize the signs of PTSD, his behavior worsened. Corcoran began calling in sick to work more and more, burning through vacation time, and becoming increasingly reckless.

He found himself in a treatment center in Florida that he believed catered to police and other first responders. He was mistaken. The three-acre complex, according to Corcoran's description, resembled a prison. Prohibited from leaving the property and with no access to the outside world, Corcoran tried to stay quiet and keep his head down. Then word got out to his fellow patients that he was a cop.

Sensing their resentment, Corcoran left the program. The center had focused on Corcoran's drinking but failed to recognize its root cause—his PTSD. He was handed a dead cell phone and marched through the gate. He walked for five miles to find the nearest phone—in a liquor store.

Corcoran didn't give into his temptations, and he managed to contact friends and get a ride home. He returned to duty and stayed sober for another 16 months. Then, slowly, he began having a few social drinks when out with friends.

Things were going well for Corcoran until May 2016 when he was involved in a shooting: Corcoran and a fellow officer saw an assailant shoot a woman in the face before engaging him in a five-minute firefight. "After my shooting, I fell back into my old ways. I was isolating out in the garage," he says. "I was drinking. I was angry."

Struggling to keep his personal and professional relationships together, Corcoran found himself at the epicenter of a national firestorm following the murder of George Floyd by a police officer in Minneapolis on May 25, 2020. "The riots really took their

toll on me," he says. "It was three straight days of working, seeing people that a couple of days earlier were glad to have the police around. Now they were utterly disgusted with us."

In addition to the riots, a bout with COVID forced Corcoran further into isolation, which worsened his drinking. Along with it came increasing depression and suicidal ideation. Finally, an academy classmate intervened, saying he wasn't going to let Corcoran destroy himself.

Corcoran credits his department's employee assistance program for connecting him with ***Chateau Recovery***. Initially, Corcoran was looking at a 30-day stint, but he recognized that would only get him halfway on the road to recovery. There was still work to be done.

One aspect of ***Chateau*** that Corcoran found himself drawn to throughout his treatment was Chief, the center's service dog. After witnessing the breakthroughs that Corcoran was able to achieve with Chief at his side, the center acquired a puppy for Corcoran to take home as a therapy animal.

And thanks to ***Chateau***, Corcoran returned to duty with the Saint Paul Police Department. He now marks four years of sobriety.

After his experience at the treatment center in Florida and the abandonment he felt after being marched out its gates, Corcoran spoke out about the uncertainty he faced on the lonely 16-hour drive back home after his treatment at ***Chateau***.

"'Where you guys are dropping the ball is when you leave,'" Corcoran recalls telling ***Chateau*** Executive Director Austin Pederson in 2021. "'We don't have any resources.'" Corcoran recommended establishing an alumni program for those who had received treatment. This program would have dedicated directors for both first responders and non–first responders, who would be tasked with monitoring former patients by checking in with a series of phone calls during the first year following their residential treatment.

Chief, one of Chateau's service animals

The team at ***Chateau*** loved Corcoran's idea and asked if he could set up their alumni program, which launched in late 2021. Corcoran now serves as the director of the first responder alumni group: It currently has 95 members, ensuring that his clients never have to face the isolation and abandonment he once knew.

"The first responders' Zoom meeting is every Wednesday night at 7 p.m. We usually have 20–25 people who are all first responders, have gone through the program, and come from all over the United States," Corcoran says. "I always start every meeting by asking if anybody needs immediate support. Or if they need the floor to celebrate a victory or need to snitch themselves out and say, 'Hey, I relapsed.' They have the floor, and they have 25 other members on there to immediately support them and give them either reassurance or tools to use to get through whatever situation they're in."

Client Profile: Lieutenant (ret.) Lisa Pascadlo Salt Lake City (Utah) Police Department

Retiring in 2022 after a 30-year career with the Salt Lake City Police Department, Lisa Pascadlo says she's almost found a way to feel normal outside of law enforcement. Having spent most of her career investigating serious and fatal traffic collisions, she no longer finds herself staring at wrecks on the roadway or looking for her work phone. But finding this peace took work.

Pascadlo began her law enforcement career carrying unresolved trauma from a teenage sexual assault. Then, in 2000, she witnessed the violent death of a friend and fellow officer, likely marking the beginning of her work-related PTSD. A few years later, she was involved in a fatal shooting, resulting in significant challenges that affected her daily life.

Pascadlo began spiraling and had little success finding the help she needed."About six months later, my life just started unraveling, and I didn't know why," says Pascadlo, who was retraumatized while seeking workplace counseling. "I had some horrific experiences with the EAP [employee assistance program]. One guy, when I went in and started unloading, he basically told me he didn't believe I'd experienced all those things. This guy had no clue."

Pascadlo remained on the job following her PTSD diagnosis, describing her condition as manageable. She even began coordinating the agency's wellness program. Then one morning she received a call from a coworker whose son had died by suicide inside their home.

"I went over to support my friend," says Pascadlo. That support included cleaning up the scene, which she later realized she

shouldn't have done. "It was too close," she said. "That's when things started to go very sideways for me."

Pascadlo continued undergoing therapy, but each session was only enough to address her most recent trauma. There was never enough time to dig into the deeper issues causing her distress. Pascadlo's PTSD shifted from anxiety to severe depression with suicidal ideation. To relieve the stress, she recalls unloading her handgun, placing it to her temple, and pulling the trigger just to "hear the click." "Because that was comforting to me," Pascadlo says. "Because I knew in the end that was always going to be an option for me."

Pascadlo relied on leave through the Family and Medical Leave Act to isolate until her mental flare-ups subsided. It was around this time—following the COVID pandemic and a local natural disaster—that her agency hired a culturally competent mental health professional who had experience working with first responders. Sensing the challenges raised by Pascadlo's upcoming retirement, the counselor recommended

she consider residential treatment at ***Chateau Recovery***.

Over a 30-day treatment program, Pascadlo was finally able to focus and resolve the lasting trauma from her sexual assault. Her bouts with suicidal ideation began to vanish, and she realized that while she loved being an officer, it would be her last year on the job.

Despite the weight that had been lifted from her shoulders, Pascadlo faced stigma upon her return to work. This lack of support and confidence in her competency forced Pascadlo to step away from policing even sooner than she had planned.

Now Pascadlo helps support other first responders by serving as an alumni coordinator at *Chateau.* She knows that retirement can be a challenging time for officers, who often consider the profession a key aspect of their identities. One way to help this transition, Pascadlo says, is to offer training and resources for officers approaching retirement. This should include exit interviews, where officers can share their experiences and concerns, as well as retirement seminars and lessons in financial planning.

Pascadlo encourages agency leaders to advocate passionately for the financial resources needed to support wellness programs for their officers, and to normalize residential treatment for officers and first responders. A major aspect of challenging agency culture in this way is giving equal recognition to both the inherent physical and mental dangers of the job.

"The potential for ongoing trauma is never going to change. That's the nature of the business," says Pascadlo. "But what we can do as a profession is change how we relate to it and how we help our people through it. Because we are asking human beings to do some amazing things. And they are incredibly resilient just by doing it. But we can and should do better for them."

First Responder Wellness – Newport Beach, California

First Responder Wellness (FRW), located in Newport Beach, California, is a specialized inpatient (detox and residential) and outpatient (PHP and IOP) treatment provider exclusively serving first responders and public safety professionals. Many of its staff members have been in public safety earlier in their careers, and many have come from first responder and military families.[67] Since 2018, ***FRW*** has treated approximately 1,600 personnel from more than 400 agencies throughout the United States. Eighty-four percent of its clients identify as male, and 14 percent identify as female. The center operates nine private homes where clients reside, and patients go through treatment with a cohort capped at 12.

Recognizing law enforcement officers as highly disciplined professionals who have spent their careers adhering to strict policies and protocols, ***FRW*** approaches treatment with a *trust but verify* philosophy. This approach fosters mutual respect and accountability by allowing clients

67. First Responder Wellness, "Meet Our Team," accessed February 12, 2025, https://www.firstresponder-wellness.com/about-us/our-staff/.

to experience the real world during treatment, thereby exposing them to potential activators in a structured but supportive environment. Thus, whereas some treatment centers impose tight restrictions, ***FRW*** balances personal responsibility with oversight, providing clients with the opportunity to navigate daily challenges while ensuring compliance through random breath tests and urinalyses. A strong culture of peer accountability also plays a role, with fellow clients often stepping in to help uphold the program's expectations.

FRW further recognizes that many first responders come into treatment with co-occurring mental health and substance use concerns, often compounded by the cumulative stress and trauma of their careers.[68] By balancing trust, clinical oversight, and accountability, the program creates a partnership in recovery—one that respects clients' histories of following rules while ensuring the necessary safeguards are in place for long-term success.

Clients transition from inpatient to outpatient treatment as their progress dictates. At the outpatient level of care, clients adhere to a strict daily treatment schedule until 4:00 p.m. Between 4:00 p.m. and the start of curfew at 10:00 p.m., clients attend support groups, connect with peers and alums, and work on treatment assignments. This six-hour window allows them to experience many of the same things they encounter outside of treatment—shopping for groceries, interacting with peers and strangers, and speaking with family and friends. These experiences are opportunities for clients to build resilience in a safe and monitored environment and allow ***FRW*** staff to assess their progress and intervene when needed.

Data provided by ***FRW*** indicate the most common client diagnosis at admission is PTSD, followed by generalized anxiety disorder, major depressive disorder, and substance use disorder (see figure 1).

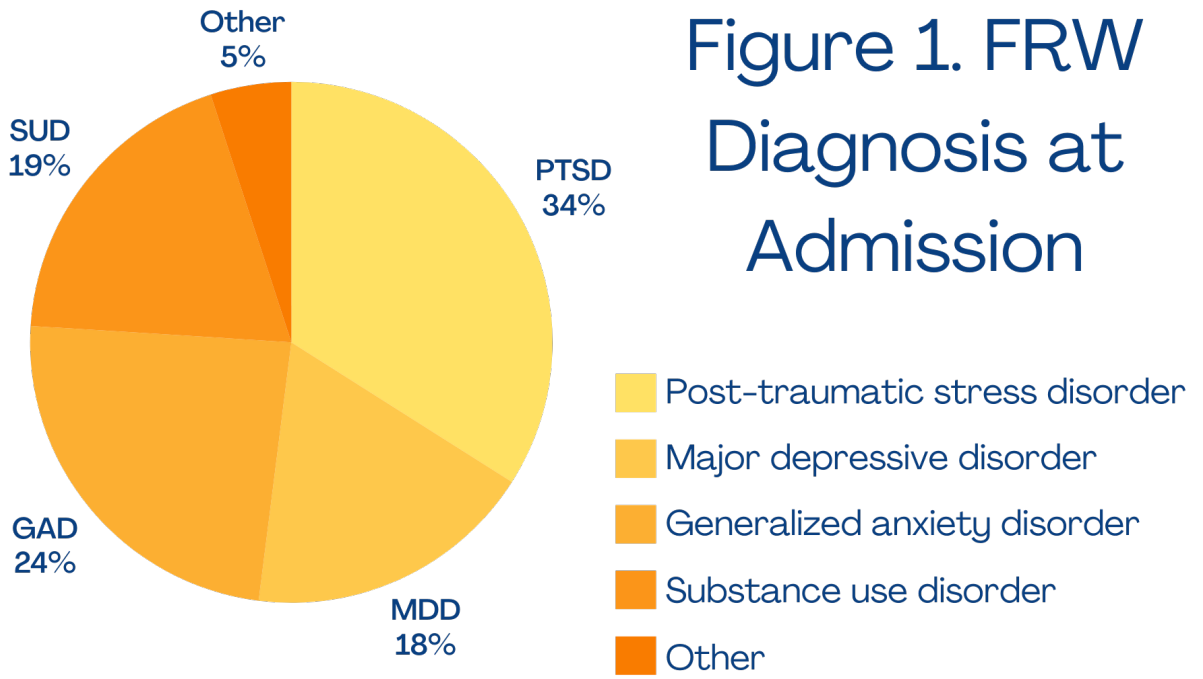


Figure 1. FRW Diagnosis at Admission

68. According to ***FRW***, 40 percent of clients do not have substance misuse issues.

Clients evaluate the quality of care received at ***FRW*** highly, giving its therapists, case managers, nursing, group therapy, operations, and medical providers an average score of 9.2 on a scale of 1–10 (figure 2). Clients also report an average reduction of 65 percent in PCL-5 scores (a diagnostic tool for PTSD) from admission to discharge (figure 3).[69] ***FRW*** states that 90 percent of clients return to work upon completion of treatment, and 89 percent of clients were very likely (75 percent) or somewhat likely (14 percent) to recommend ***FRW*** to others (figure 4).

Figure 2. FRW Client Satisfaction (scale of 1-10)

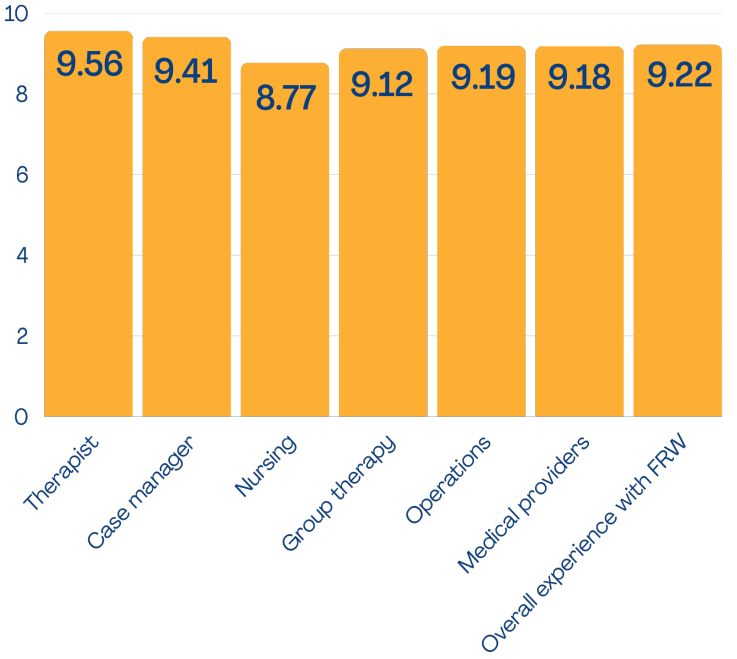


Figure 3. PCL-5: PTSD - Cumulative average at the time of admission and discharge

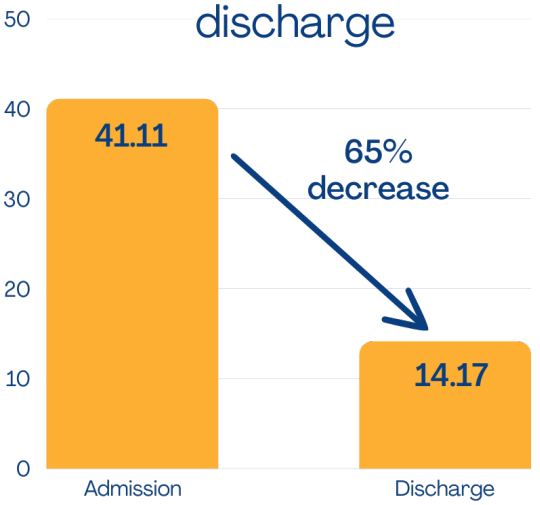
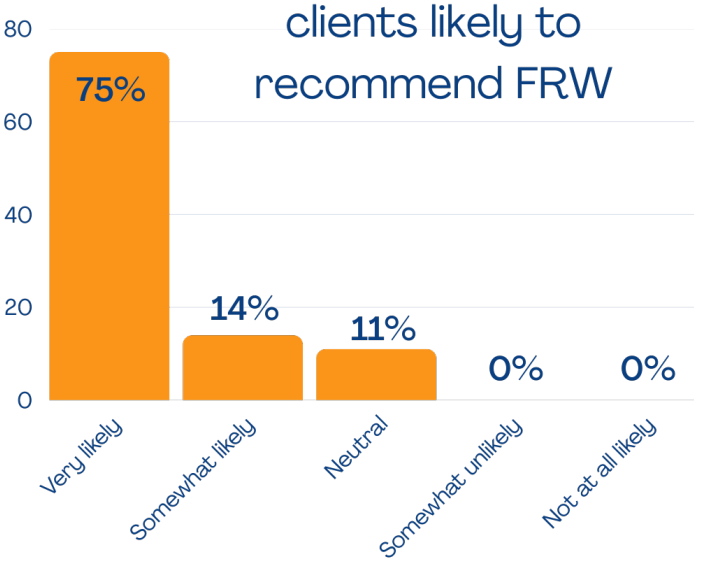


Figure 4. Percent of clients likely to recommend FRW



69. According to ***FRW***, a score of 38 or higher is sufficient for a provisional diagnosis of PTSD, and a score of 31 or higher suggests a client may benefit from PTSD treatment. A five- to 10-point score change represents reliable change (i.e., change not due to chance), with ***FRW***'s clients experiencing an average change of nearly 27 points between admission and discharge.

Client Profile: Officer (ret.) Corey Rusch Windsor (Colorado) Police Department

Corey Rusch says he "fell into" a career in policing after college, working for departments in Sterling and Windsor, Colorado. When Rusch recognized he was struggling with anxiety and PTSD, his path to treatment was similarly unremarkable: He did the research, and within a few days of contacting ***First Responder Wellness (FRW)***, he began a three-month residential stint at the facility in Newport Beach, California.

"I wanted a place that recognizes how to deal with first responders and specifically what we go through," says Rusch. "I'll be honest, going to just a regular place where anybody can go, I don't know how open I would have been."

Rusch says the Windsor Police Department was very supportive when he reached out for help. His zone partner even assisted by setting up an online fundraising account to help him pay for the trip to ***FRW.*** But Rusch believes departments could take a more active role in promoting treatment and recognizing when officers have experienced a traumatic event and may need additional help. He recommends that agencies regularly check in on staff following major incidents.

"There's still a little stigma there with mental health and police," he says. "It's just one of those things where it's still old school to a degree. You just don't talk about it. But it's come a long way in the 16 years I worked [in the profession]."

Rusch commends ***FRW*** for creating a welcoming atmosphere. Clients aren't pushed by clinicians to share their stories before they are ready, he said. Instead, they are allowed the time and opportunity to discuss their issues and identify underlying problems they may not have even known exist.

Rusch says that ***FRW*** also did a great job of involving his wife in his treatment by providing couples therapy and updating her on Rusch's status. Although the center does not permit clients to have a cell phone for the first seven days of treatment, Rusch appreciated being able to make supervised calls to his family.

When it came time to transition from residential treatment to an aftercare program, Rusch praised the center's quality of communication. As Rusch puts it, "They really make sure they put you in a position to win."

Rusch chose not to return to policing following his time in treatment. This decision came following a recommendation from his therapist, who suggested going back to the job might cause his previous problems to resurface. "They really empower you to make your own decision," says Rusch. "Obviously, they can't make that decision for you, but they give you the tools necessary to make an informed, educated decision that benefits you."

Client Profile: Deputy Sheriff Matt Smith Orange County (California) Sheriff's Department

Matt Smith is keenly aware of how someone's family history in policing can influence their career choices: His grandfather was an officer in Los Angeles during the civil unrest of the 1950s and his father worked the riots after the police beating of Rodney King in 1992.

He pursued other careers first—working in banking and sales and even serving in the U.S. Coast Guard—but he was drawn to the excitement of a career in law enforcement. So, in 2017, he joined the Orange County Sheriff's Department, where he first worked as a sheriff's deputy in the Orange County Jail before transferring to patrol in late 2020.

Smith admits he was perhaps a little too enthusiastic during his first year on patrol. Making two to three arrests a night, working 16-hour days, and taking on as much overtime as he could, he says fatigue soon set in. He butted heads with leadership and was in the middle of a divorce and contentious custody battle. Smith recalls being irritable and increasingly reckless.

In addition to the physical toll the job was having on him, Smith also began to experience the psychological ramifications. Events on the job began to trigger traumatic memories from Smith's past. A case involving a young boy brought back the trauma he had experienced from childhood sexual assault.

"They don't tell you about how your own emotional trauma might get tested and triggered in the field," says Smith. "I became aware of a long-standing addiction to sex and pornography. My career highlighted this addiction and showed me what I had been doing for years to numb or mask pain and difficult times. Had I known from the beginning there was a place like ***First Responder Wellness (FRW)***, where I could reach out, I don't think I would have waited so long to get help."

Smith entered treatment in September 2023 and assessed where he was both mentally and emotionally. ***FRW*** taught him new strategies to manage himself, and he participated in yoga, breath work, equine, experiential, and trauma therapy. The first two months of treatment drained Smith's paid time off, but his spouse's insurance covered another two months.

Smith was discharged from residential treatment on January 31, 2024, and cleared for work in late February. He now counts one year of sobriety from his sexual addiction. Following his own success, Smith believes programs such as ***FRW*** should become a required part of the policing profession.

"Send every officer to treatment for 30 days after they've been on the job for five years," says Smith. "They need a break. They're fatigued and burned out."

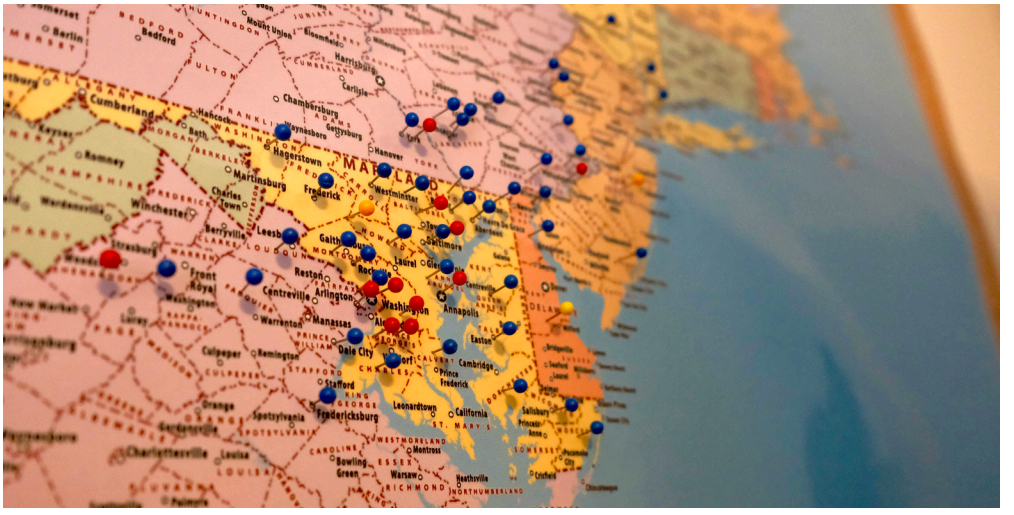
Harbor of Grace – Havre de Grace, Maryland

Harbor of Grace Enhanced Recovery Center is in Havre de Grace, Maryland, roughly 40 miles north of Baltimore and 74 miles north of Washington, D.C., between the Susquehanna River and Chesapeake Bay. What began as a small treatment center with one building in 2015 has since expanded to eight buildings.[70]

Harbor of Grace is a professional and confidential treatment facility specializing in addressing substance abuse, alcoholism, and mental health challenges, particularly for first responders. Recognizing the unique stressors faced by police officers, firefighters, and emergency medical services (EMS) providers, the center offers tailored residential and intensive outpatient treatment programs. A key feature of ***Harbor of Grace*** is its First Responder Peer Program, which includes individual counseling, group therapy, and long-term monitoring to ensure sustained recovery for first responders and military veterans.[71] A sample weekly programming schedule can be found in appendix C.

Staff at ***Harbor of Grace*** include career and volunteer first responders who have firsthand experience with the high-pressure situations that professionals in this field encounter daily. Although most of its clients are from the east coast, the center has successfully treated first responders from all 50 states, highlighting its national reach and superior reputation.

Recognizing the unique treatment needs of women seeking recovery, ***Harbor of Grace*** offers gender-specific therapy where female patients meet exclusively with female therapists. This approach fosters a safe and supportive environment for addressing issues such as trauma and abuse.[72]



A map showing the locations of Harbor of Grace clients.

70. Delia Goncalves, "'This Place Saved My Life': First Responders Find Refuge at Maryland Rehab and Wellness Center," WUSA 9, last modified November 12, 2022, https://www.wusa9.com/article/news/local/first-responders-find-refuge-at-maryland-rehabilitation-and-wellness-center/65-b03a9608-60a9-4703-b6ae-49fb6af68900.

71. Harbor of Grace, "We Fix Broken Blue: America's 911 for Officers in Crisis," accessed February 12, 2025, https://harborofgracerecovery.com/first-responders/.

72. Harbor of Grace, "Female First Responders," accessed February 12, 2025, https://harborofgracerecovery.com/addiction-treatment/womens-track/.

Client Profile: Lieutenant (ret.) Robert Quick Baltimore Police Department

Rob Quick was teaching a class of veteran officers at the Baltimore Police Department's (BPD) training academy when two lieutenants from Internal Affairs asked to speak with him. Someone in the class had reported Quick had been drinking on the job.

Quick knew that wasn't true. He never drank on the job. But he also knew some of his colleagues had, on other occasions, noticed the lingering smell of alcohol on his breath from prior nights of drinking.

Submitting to a breathalyzer test, Quick blew a .08 and his police powers were suspended. The lieutenants from Internal Affairs drove him home—even 12 hours since his last drink the night before, he was still too intoxicated to drive. Quick realized he was at risk of losing his 24-year career in the department he loved.

"I would have done whatever the department told me to do to save my job because that was the most important thing to me. Friends had asked me to stop or cut back for my health. That wasn't important," Quick says. "Family had asked me to stop or cut back because of the strain on the family. That wasn't important. But the threat of losing my job, that was important. So, I was going to do whatever it took to make that not happen."

Quick traces his troubles with addiction back to October 7, 1999. While making an arrest, he was wrestled to the ground by a suspect who was trying to take his weapon. As the two struggled for control of the pistol, Quick's partner shot the suspect in the head. Quick's life was saved, but the experience of being covered in the suspect's blood and brain matter had a lasting effect on him.

Quick doesn't recall any agency-mandated meetings with a mental health professional after the incident. Without any healthy coping skills, he began drinking. Several months after the shooting, Quick fell asleep behind the wheel and collided with an unoccupied vehicle. Despite being charged with driving while intoxicated (DWI), there weren't any serious consequences for the crash.

"Frankly, a lot of police officers had DWIs in their career," Quick recalls. "The stance was, 'Hey, we see what you're going through with the remnants of the police-involved shooting incident. And it's completely understandable that you might be looking to self-medicate a bit. We'll get through it all.' I accepted a two-week loss of vacation days but moved on from the incident."

For the next 19 years, Quick managed to progress up the ranks while his drinking got worse. He shifted from beer to hard liquor. He noticed a decline in his health, but he remained functional at work. His fellow officers approached him after early morning

meetings and warned him to "stay away from the boss" so they didn't catch a whiff of the whiskey on his breath from the night before. That lasted until the fateful day at the academy when Internal Affairs intervened. The week after his suspension, Quick checked himself into ***Harbor of Grace***.

After burying his trauma for two decades, Quick opened up for the first time. "One of the first things that happens is you're assigned an individual therapist, and when I met with my therapist for the first time, I put it all out there. For the first time ever, I talked about the shooting. For the first time ever, I talked about eulogizing a subordinate. For the first time ever, I talked about friends injured on the job," says Quick. "And it was the weight of the world coming off my shoulders as I was speaking all this out loud to a professional in a controlled setting and able to process 20 years' worth of baggage brought on by the job, personal relationships, and everything else that happens. At that point in time, I bought in completely to the program."

Quick stayed connected with ***Harbor of Grace*** after his March 2021 retirement from the BPD. He now serves as the treatment center's senior vice president and director of operations.

Taking full responsibility for his actions, Quick recognizes that he would have benefited from a department-mandated assessment following his on-duty shooting and DWI arrest. He also recommends agencies establish a contract that outlines a probationary period during which officers can be tested for alcohol or substance use. If they uphold the terms of the contract during this probationary period, they can keep their jobs.

"I was hoping that if my situation did not end in termination, that if I was allowed to stay, I was hoping that would be a condition of my continued employment," says Quick. "I would be subject to that testing because, in my opinion, that would have been another really good accountability measure."

Quick is now six years sober, and he credits his experience at *Harbor of Grace* for showing him a healthy path forward. He now sees the need to make mental health awareness and check-ups a regular part of training, as well as an everyday duty. He says this would better equip officers to handle the traumatic events they will experience on duty and lighten the burden of previous adverse experiences.

"The analogy we like to use is everybody's got a backpack, and every situation that you've seen, every bad call, every stressful event, every double shift, every demotion, every complaint, every lawsuit, are stones that keep getting put in the backpack," says Quick. "If you don't take the time, occasionally, to empty that backpack, eventually the strap breaks. You never know when and you never know where, but it will break. But if we built in healthy mechanisms to purge that weight along the way, and even just ensured that people were mindful of that, I think we could keep a lot of people from making bad choices."

Client Profile: Sergeant Richard Watts Baltimore Police Department

Sergeant Richard Watts is a U.S. Marine veteran with 25 years of experience in policing. In addition to finding a career in law enforcement attractive, he was propelled by the memory of his grandfather's murder inside the family store in southwest Baltimore.

Watts traces the start of his alcohol abuse to 2016. Soon after his promotion to sergeant, his wife became terminally ill, which he now admits using as a crutch to drink excessively.

In the summer of 2017, Watts was the only supervisor working a weekend night shift when he pursued a reckless driver. The vehicle crashed into a telephone pole, and Watts followed the fleeing driver into a gas station and Tasered him multiple times.

A year later, when the internal investigation was completed, the department suspended Watts for the incident. Unable to earn overtime pay while his wife's medical bills were mounting, Watts faced serious financial issues and fell further into drinking while taking a year of family medical leave. Around the same time his wife was admitted to the hospital and placed on life support, their teenage daughter returned home to find their house flooded.

The series of events became too much for Watts. Following a blackout, he awoke one night handcuffed in a Baltimore County jail.

Sitting at his wife's bedside the following day, Watts realized he was ready for help. He reached out to Vernon Herron, director of the Baltimore Police Department's Officer Safety and Wellness Section. "Don't worry. We're going to take care of you. Just do what I tell you to do," Watts recalls Herron saying.

Watts got sober and kept his job—even through the death of his wife. He joined Alcoholics Anonymous and kept in touch with Herron. In December 2020, the police department reinstated his police powers.

The ensuing years tested Watts' sobriety as he struggled with depression and job-related stress. One night, after calming himself with a glass of whiskey, Watts knew it was time once again to reach out to Herron, who advised Watts to enter treatment at Harbor of Grace.

"It has changed my life," says Watts. "I discovered alcohol really isn't my problem. The real issue was me, not alcohol. I didn't want to deal with life on its terms."

Watts now sees himself and his experience at Harbor of Grace as a model for other officers to follow. The resources available to officers today weren't in place when he was suffering most. Today, Watts looks to help his fellow officers by directing them to wellness services and serving as an example that recovery is possible.

"It's been a gift to me," says Watts. "All I have to do is give it back to somebody."

Client Profile: Deputy Sheriff Matt Winner Monroe County (New York) Sheriff's Office

Matt Winner began his law enforcement career at age 32, later than many of his peers. By that time, he carried with him the experiences of two combat deployments as a U.S. Marine in Iraq.

Winner didn't recognize that his struggles with mental health began during his tours of duty overseas. Returning home, he continued chasing the adrenaline high he had felt during combat. Never quite feeling satisfied, Winner turned to alcohol.

After becoming a father, Winner joined the Monroe County Sheriff's Office (MCSO) on the northern shores of upstate New York. After seven years as a road patrol deputy, he was assigned to a plainclothes position with the agency's tactical unit, working closely with the local U.S. Marshals Service Fugitive Task Force.

Winner had occasionally flirted with counseling through Veterans Affairs (VA) services, but never seriously considered the state of his mental health or substance use problems. "I didn't think I had a problem," says Winner. "I knew I drank. I probably drank a little too much here and there. But I never really thought I had a drinking problem."

Winner's addiction began to strain his relationship with his wife and three young kids. He considers the eight months leading up to treatment to be his worst, when he drank from the time he got off work until he went to bed.

Then came the death of his closest friend—a man he had grown up alongside and considered a brother. This tragedy sent Winner off the edge.

He drank more than ever before and routinely called in absent from work. Arguments with his wife caused her to take the kids and leave the house. Despite all this, the thought of rehab never crossed his mind.

"I just thought that was for junkies—severe alcoholics and people who couldn't handle their lives," says Winner. "I always paid my bills, had a house. I never missed anything. I was always reliable. I might not have been the best husband or the best father, but I was always there."

Realizing he shouldn't be left alone, Winner called his partner, who convinced him to reach out to Dr. Kim Butler, who, with the support of Sheriff Todd Baxter, had developed the agency's health and wellness program with clinicians embedded in the agency.

Though Winner was initially reluctant, Butler convinced him to check into ***Harbor of Grace***. This was the decision that turned Winner's life around.

"That place saved my life. Really. It was amazing. I've been sober since—18 months sober," he says. "I feel like I have my life, my soul, everything is back. It hasn't been roses all the time, but now I know how to deal with

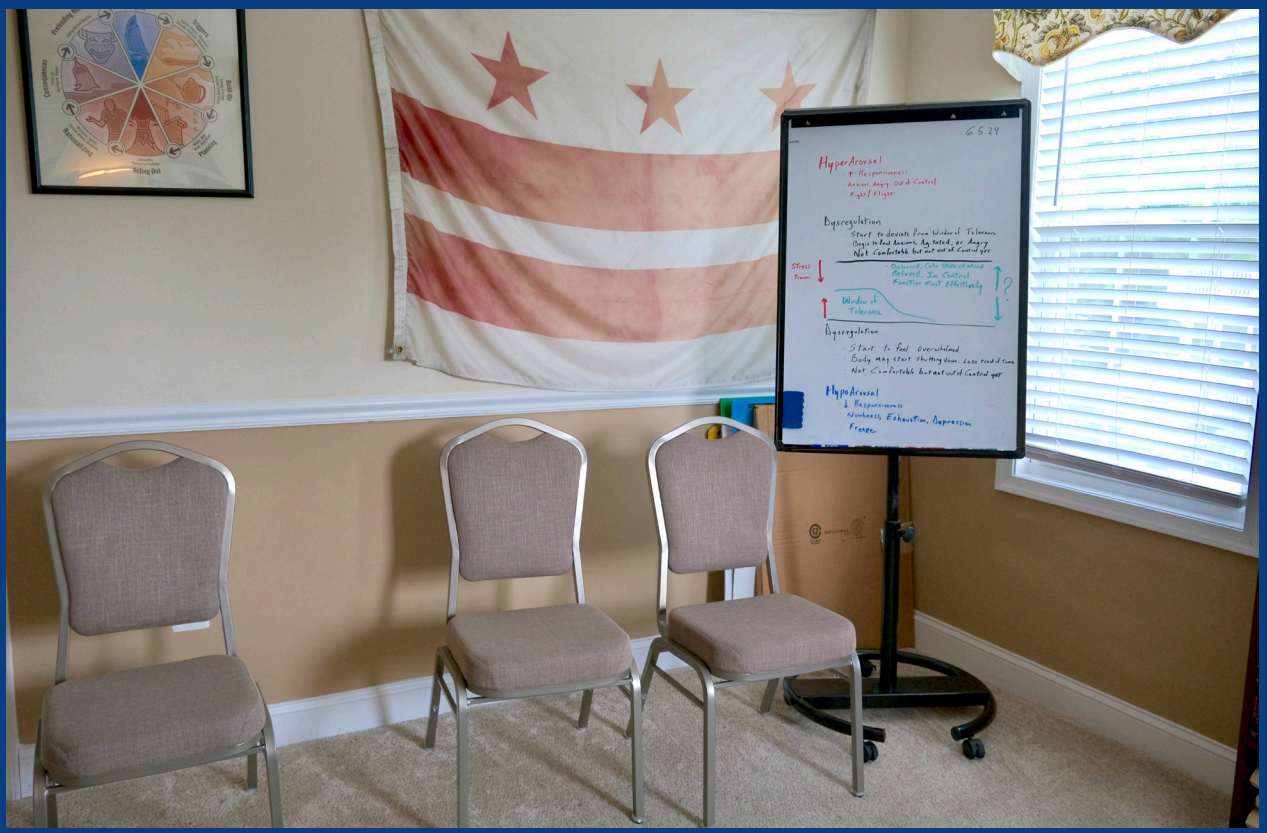
those hard times rather than just drowning myself in alcohol, hoping that it goes away but causing more problems."

Hearing from fellow first responders at ***Harbor of Grace***, Winner was able to see himself in their experiences. He realized that he would never be able to deal with his own trauma if he continued drinking. Sobriety became the most important piece of the puzzle for him to gain his life back.

Winner knows his journey of recovery didn't end with ***Harbor of Grace***. He regularly attends Alcoholics Anonymous meetings and treatment with the VA. He credits the support from his agency with helping him through the recovery process.

Dr. Butler regularly checks in with Winner. Winner suggests all agencies could benefit from having a trusted wellness specialist who functions outside of the department. The availability of such a specialist would help many officers avoid the stigma and potential embarrassment that may deter them from seeking support. Winner also recommends that those with similar experiences share their stories with those who may be struggling—no matter how difficult it may be.

"Spread that gift and just open up and be honest with people. There are things in my story, in my life, that I'm ashamed of and I don't like talking about. But I talk about it because that's what those people need to hear," says Winner. "They need to hear the worst things you've done, because that's what is eating them alive—the worst things they've done. When they can relate to you, it makes that decision to move forward much easier."



A group therapy room at Harbor of Grace.

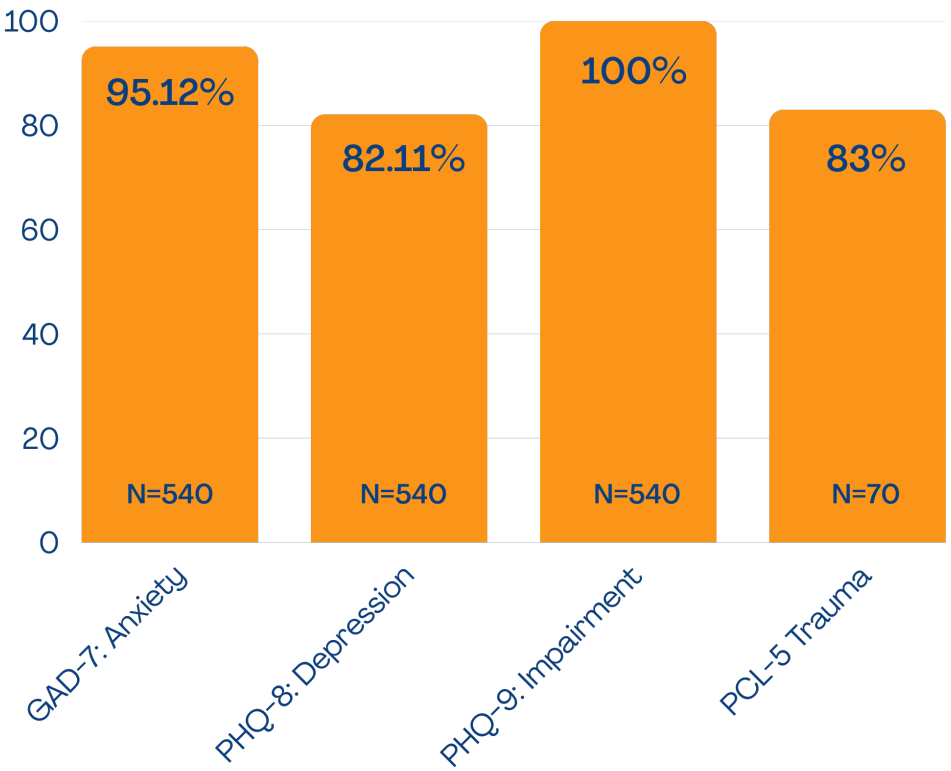
Shatterproof at FHE Health – Deerfield Beach, Florida

Shatterproof, located in Deerfield Beach, Florida, is a specialized treatment program designed to address the unique challenges first responders face because of the high-stress nature of their jobs. The program is tailored to align with the culture, values, and expectations of first responders, ensuring that treatment is both effective and supportive of their professional and personal needs. The primary goal is to facilitate a speedy and successful recovery so that first responders can return to their families and service in their communities.[73]

As an example of how clients spend their time during a week at ***Shatterproof***, table 2 provides a weekly programming schedule, including meals, medication, free time, physical fitness, individual and group treatment, and experiential therapy.

According to company data, ***Shatterproof*** has achieved significant growth and impressive treatment outcomes. Since its opening, the number of first responders ***Shatterproof*** serves annually has increased by 700 percent—from 75 clients in 2016 to approximately 600 in 2024. Notably, between pre-treatment and post-treatment, clients' GAD scores decreased by 95 percent, depression scores decreased by 82 percent, impairment scores decreased by 100 percent, and trauma scores decreased by 83 percent between pre-treatment and post-treatment (figure 5).

Figure 5. *Shatterproof* Decrease in mental health symptoms



73. FHE Health, "Shatterproof FHE Health First Responders' Program," accessed February 12, 2025, https://fherehab.com/services/first-responders/.

Table 2. Shatterproof Weekly Programming Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:30–9:00 a.m.	Vitals/medication						
8:00 a.m.	Breakfast						
9:15 a.m.–12:15 p.m. Psycho-education	Emotional survival	Resiliency training	DBI (Dialectical Behavior Therapy)	Resiliency training	Adapt & overcome	Overcoming trauma	Mind, body, & spirit
9:15 a.m.–12:15 p.m. Process group	Behind the Badge						
9:15 a.m.–12:15 p.m. Expressive therapy	Motivation Monday	Breathwork	Art therapy	Breathwork	Forgiveness Friday	Trauma-informed yoga	Art therapy
12:30–1:30 p.m.	Lunch						
2:00–4:00 p.m. Psycho-education	Stress management	Feelings & emotions	Neuro-education	Peer support	Stress management	Interpersonal skills (pool activities)	Shatterproof BBQ Interpersonal skills (pool/beach)
2:00–4:00 p.m. Skills building	First responder skills	Healthy communication	Mental fitness	2:30–4:00 p.m. yoga	2:30–4:00 p.m. yoga		
2:00–4:00 p.m. Special topics	Special topics	Special topics	Advanced breathwork	Special topics	Special topics		
6:00–7:00 p.m.	Dinner						
7:00–8:00 p.m.	12-step meeting (7:30 p.m.)	Recovery support group (mandatory)	FHE Health alumni meeting (7:30 p.m. IOP only)	Bottles & Badges (mandatory)	12-step meeting (7:30 p.m.)	12-step meeting (7:30 p.m.)	12-step meeting (7:30 p.m.)
8:00–10:00 p.m.	Gym						
7:30–10:30 p.m.	Vitals/medication						
10:00 p.m. Sun–Thu, 11:00 p.m. Fri & Sat	Lights out—all clients in their rooms						

Throttle & Thrive – Palos Verdes Estates, California

The **National FOP Division of Wellness Services** vetted and approved ***Throttle & Thrive*** as a wellness provider for law enforcement personnel in July 2024, making it the most recent residential treatment center to receive this distinction. Located in Palos Verdes Estates, California, about a 40-minute drive from the Los Angeles International Airport (LAX), ***Throttle & Thrive*** is exclusively dedicated to supporting men who serve or have served as law enforcement officers, other first responders, and military veterans. Although it is the only vetted and approved treatment center that does not currently serve women, founder Shavonne Thompson says she "routinely sees the benefit to the clients to receive care in a single-sex environment."

With a maximum capacity of six clients, ***Throttle & Thrive*** is the smallest of the six treatment centers featured in this report, which it considers as one of its best attributes. In fact, the facility has more clinicians on staff than clients. The accommodations are top-tier, with a breathtaking view of the Pacific Ocean and 4,500 square feet of treatment and living space (including private client bedrooms and six bathrooms). But it would be a mistake to think time spent at ***Throttle & Thrive*** is akin to a vacation. According to the treatment facility's website:

> "You will have to do difficult things. Some will be difficult physically; some will be difficult emotionally and others difficult spiritually. We will teach you, push you and challenge you on all levels. We do not sit around all day and talk about feelings. We just aren't that type of place."[74]

As table 3 shows, clients wake up at 6:00 a.m. and lights are out at 11:00 p.m., with each day chock full of programming and activities.

The treatment program at ***Throttle & Thrive*** employs a holistic approach to recovery, integrating the 12-step framework of Alcoholics Anonymous and Narcotics Anonymous. Because physical wellness is a program cornerstone, there are rigorous workouts, nutritional plans tailored to individual health needs, nutrient-dense meals promoting food as medicine, and an emphasis on quality sleep.[75]

Mental health services are foundational to the treatment model, addressing dual diagnoses like anxiety, depression, post-traumatic stress, traumatic brain injuries, and a broad spectrum of substance use disorders. In addition to individual and group therapies, the facility uses innovative treatments such as EMDR, cognitive behavioral therapy, dialectical behavioral therapy, internal family systems therapy, and other modalities to address the physical and psychological effects of trauma.

74. Throttle & Thrive, "Who We Are: Approach," accessed January 30, 2025, https://throttleandthrive.com/first-responder-addiction-treatment-los-angeles/.

75. Throttle & Thrive, "Who We Are: Approach" (see note 74).

Table 3. Throttle & Thrive Weekly Programming Schedule

Time	Monday	Tuesday		Wednesday	Thursday	Friday		Saturday	Sunday
6:00 a.m.	Wake-up call breakfast / showers								
6:30 a.m.	Medication, vitals & CIWAS								
7:00 a.m.	Recovery & sobriety group	Daily reflections Just For Today group	Steve Walker, APCC Individual therapy session	Daily Reflections Just For Today group	Recovery & sobriety group Cowboy Dan, CADC II	Addiction & recovery Lance Wright, CADC I	Steve Walker, APCC Individual therapy session	Daily reflections Just For Today group	Addiction & recovery Lance Wright, CADC II
7:45 a.m.	James (former law enforcement)	Morning inspiration group							
8:00 a.m.			Steve Walker, APCC Individual therapy session			Health & wellness	Steve Walker, APCC Individual therapy session		
8:30 a.m.	Health & wellness	Health & wellness		Health & wellness	Health & wellness			Men's stag AA meeting	
9:00 a.m.			Steve Walker, APCC Individual therapy session			Evan Setley, ACSW	Steve Walker, APCC Individual therapy session		
9:30 a.m.	Addition & recovery Lance Wright, CADC	Group therapy Dennis Lucs, AMFT		9:30 a.m. Group therapy with Wendie Appel 9:30 a.m. Doctor follow-up visits with John Hosley	Pickleball				Double scrub option for church
10:00 a.m.			Steve Walker, APCC Individual therapy session				Steve Walker, APCC Individual therapy session	Group therapy with Andrew, APCC	
10:30 a.m.					Group with Kyle Ryback, RADT				
11:00 a.m.			Steve Walker, APCC Individual therapy session			Aftercare planning & case management	Steve Walker, APCC Individual therapy session		
11:30 a.m.	Processing time	Processing time		Processing time				Medication vitals, CIWAS	
12:00 a.m.	Lunch								
12:45 a.m.	Medication, vitals, CIWAS Kitchen cleanup							Kitchen cleanup	

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1:30 p.m.	Group therapy Omar Marchand, AMFT	Addiction counseling Ryan Emanual Griffin, RADT	Group therapy Omar Marchand, AMFT	Group therapy Lori Trull, LMFT	Aftercare planning & case management Evan Setley, ACSW	Fun activity / store runs / family visits BBQ & cooking, pool time	Group therapy with Andrew, APCC
2:00 p.m.							
2:30 p.m.							
3:30 p.m.	Health & wellness	Health & wellness	Health & wellness	Health & wellness			
4:00 p.m.							
4:30 p.m.				Health & wellness			
5:30 p.m.	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
6:30 p.m.	Evening AA meeting	Evening AA meeting	Evening AA meeting	Evening AA meeting	Dinner	Evening AA meeting	AA meeting
				Evening AA meeting			
9:00 p.m.	Medication, vitals, CIWAS						
11:00 p.m.	Lights out for clients						

Warriors Heart – Bandera, Texas, and Milford, Virginia

With facilities in Bandera, Texas (49 miles northwest of the San Antonio International Airport), and Milford, Virginia (41 miles northeast of the Richmond International Airport and within two hours of Washington, D.C.), ***Warriors Heart*** is a privately funded treatment center dedicated to providing specialized care for law enforcement officers, other first responders, active-duty military personnel, and veterans who struggle with alcohol abuse; chemical dependency; and co-occurring psychological disorders such as anxiety, depression, PTSD, and mild traumatic brain injury (MTBI).[76]

WARRIORS·HEART

STRENGTH THROUGH HEALING.

The 543-acre ranch in Texas, with space available for up to 100 clients, offers a serene and supportive setting for recovery, including a private lake, running and hiking trails, pastures and open outdoor spaces, fitness center, swimming pool, and volleyball and basketball courts.[77] Outside of evidence-based treatments (e.g., individual and group therapy), experiential treatments include wood shop, metal shop, art therapy, jiu jitsu, yoga, and canine therapy, and the ***Warriors***

76. Warriors Heart, "Home," accessed January 20, 2025, https://www.warriorsheart.com.
77. Warriors Heart, "Texas: The Ranch," accessed January 20, 2025, https://www.warriorsheart.com/the-ranch/.

Warriors Heart's Virginia location features a 12,500 square foot equine center.

Heart K9 Department provides clients with the opportunity to train and adopt a service animal or emotional support animal.[78] The 520-acre ranch in Virginia has accommodations for up to 60 residential clients, a 5,500 square foot gymnasium, a 23-acre lake, and a 12,500 square foot equine center with indoor riding.[79] Its tranquil surroundings encourage self-reflection and personal growth while promoting physical well-being.

Since 2016, ***Warriors Heart*** has served approximately 3,260 clients. Among the nearly 1,000 law enforcement personnel treated, roughly half were active-duty, and the other half were retirees. Lisa Lannon, a former law enforcement officer and one of four co-founders of ***Warriors Heart***, says approximately 98 percent of active-duty law enforcement personnel returned to duty after treatment. And according to data provided by a third-party vendor that measures outcomes of client engagement, "***Warriors Heart*** has consistently been in the top 10 percent of [substance use disorder] treatment facilities nationwide."[80]

Warriors Heart offers a six- to eight-week residential program, which it considers the most optimal for promoting recovery, and a shorter 42-day treatment plan. Upon completion of the six- to eight-week residential treatment program, ***Warriors Heart*** clients can return home or enter the Sober Living Program and intensive day treatment (60-day minimum) or outpatient treatment program at the ***Warriors Heart Lodge*** in Bandera, Texas.[81]

78. Warriors Heart, "Warriors Heart K9 Department," accessed January 20, 2025, https://www.warriorsheart.com/k9/.

79. Warriors Heart, "Virginia: The Ranch," accessed January 20, 2025, https://www.warriorsheart.com/virginia/.

80. Trac9 Informatics, "Industry Leading Client Engagement and Treatment Success: Warriors Heart Case Study," received via email from Lisa Lannon of Warriors Heart on February 12, 2025.

81. Warriors Heart, "Texas: The Ranch" (see note 77).

Client Profile: Detective Brad Waudby – New Jersey

Seeking treatment is not always a "one and done" process. It requires patience, dedication, and a willingness to accept setbacks.

Brad Waudby, a detective in New Jersey, has worked to overcome his alcohol abuse disorder through a stay at ***Warriors Heart*** in Bandera, Texas.

Waudby is a self-described "full-blown alcoholic" with "a lot of compounded traumas throughout the years." Things came to a head in December 2018 when he attempted suicide. Following this attempt, Waudby checked into a hospital in New Jersey and then transferred to ***Warriors Heart*** for 42 days of treatment.

From the moment Waudby arrived at ***Warriors Heart***, he felt comfortable and welcomed. To this day, he recalls a staff member's greeting of "welcome home" as he walked through the door. While there, Waudby engaged in therapy and focused on creative outlets; the center boasts impressive art, pottery, woodworking, and metallurgy studios to serve as creative outlets for residents.

Following his stay, Waudby says he felt unprepared to continue meeting his treatment goals. He says he "screwed up" by not going to an IOP after returning home. He believes not going to an IOP resulted in another mental health crisis within a few months of returning from Warrior's Heart.

Luckily, ***Warriors Heart*** offers what they call a "recharge." Waudby returned for another four days of treatment and re-immersed himself in the center's culture.

Now Waudby serves as a wellness and resiliency officer at his agency and as a coordinator at the county level. In general, he thinks agencies can do more to ease the stigma for officers seeking mental healthcare. Most importantly, says Waudby, departments need to have a culture where officers can "just openly talk about it (mental health challenges), because if we openly talk about it, you normalize it. It becomes a part of the vernacular in the police department. If people see the chief talking about it and normalize it to everyone else, you're going to see a lot more people talking about it."

Currently, Waudby is working on various initiatives in his department and throughout New Jersey to remove the stigma for officers seeking mental health care. Waudby also helps refer officers in need to appropriate treatment services, which is one of the ways he gives back and uses his experiences to help others.

What Is Treatment Like?

This report has featured some of the unique characteristics of the six vetted and approved treatment centers, including their location, size, patient demographics, diagnosis requirements, treatment philosophies, and facilities. Now, to provide a fuller understanding of what it is like to stay at one of the six residential treatment centers, the report will describe the pre-admissions and admissions processes, transportation practices, cell phone policies, detoxification process, treatment modalities, family engagement, payment for treatment, facility staff, and aftercare plans that are a part of the experience.

Pre-Admission

To optimize the client experience and ensure the treatment facility is the right clinical fit, prospective clients participate in an initial pre-screening with staff. At ***FRW***, for example, the pre-screening assessment includes a review of such factors as mental wellness history, trauma history (including adverse childhood experiences), suicidal ideation, substance use history, medical history, medication usage, consequences of substance use, history of self-harm, strengths and supports (including friends and family), and disordered eating. The center's clinical and medical teams then review the screening assessments and make an admission decision.[82]

Intervention Services

Police officers arrive at treatment in a variety of ways: they are referred by a peer, ordered by the department (usually related to a disciplinary investigation or action), "voluntold" by the department, involved in a critical incident, or self-referred. For those who are reluctant to go to treatment, there is no shortage of reasons why: They deny they are struggling or in crisis, allege they can get better on their own, or claim their personal and professional responsibilities can't be left behind for 30 days or more.

82. First Responder Wellness, "Admissions," accessed February 12, 2025, https://www.firstresponder-wellness.com/admissions/.

There is typically a very small window to intervene. And the intervention is often the difference between life and death.

— Dr. Stephen Odom,
Founder and Chief Clinical Officer, First Responder Wellness

To support family, friends, and colleagues in encouraging a loved one to seek treatment, a team of interventionists can lead them through a structured and compassionate process aimed at helping individuals acknowledge the need for professional care.[83] The intervention team at ***Harbor of Grace***, for example, gathers essential background details such as medical history and substance use patterns while working closely with family members to develop a tailored intervention plan. When necessary, ***Harbor of Grace*** also connects families with external professional interventionists.[84]

Transportation

The six treatment centers offer clients transportation to and from the closest airport. In many cases, they go out of their way to accommodate the transportation needs of a first responder, sometimes driving several hours in the middle of the night to pick up an officer who is in crisis and willing to seek treatment.

Harbor of Grace's client intake area and nurses station.

83. Harbor of Grace Recovery, "Intervention Support," accessed February 12, 2025, https://harborofgracerecovery.com/addiction-treatment/intervention-support/.

84. Harbor of Grace Recovery, "Intervention Support" (see note 83).

Admission

"No one comes here on a winning streak," Robert Quick likes to say. A retired lieutenant with the **Baltimore Police Department** who now serves as the Vice President and Director of Operations at ***Harbor of Grace***, Quick knows from personal experience what it's like to enter treatment with his livelihood on the line (you can read more about Quick in his Client Profile on p. 32).

"[Officers] come here enraged, embarrassed, pissed off, and worried they're going to lose their jobs," says Odom. But regardless of their mental state when they arrive, the treatment centers are prepared to receive the clients, ensure they are well fed and hydrated, and make them comfortable.

Intake and Evaluation

Upon admission, clients undergo a comprehensive medical evaluation, including blood and urine screenings, psychological assessments, and physical examinations to determine the appropriate level of care and course of treatment. A staff psychiatrist discusses psychiatric medications and anti-craving drugs and prescribes them as needed. Each client also meets with their assigned primary clinician and undergoes a battery of clinical screenings and assessments to measure depression, anxiety, trauma, and other conditions. Staff also obtain a thorough biopsychosocial assessment,[85] from which goals and a treatment plan are created. Finally, staff thoroughly search clients and their belongings to recover any items that are not permitted on treatment grounds or must be secured by staff.[86]

Detoxification

The first step of treatment for those who are addicted to drugs or alcohol is detoxification. "'Detox' is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse."[87]

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85. "A bio psychosocial assessment is a comprehensive evaluation that aims to understand the **biological**, **psychological**, and **social factors** that may be contributing to an individual's mental health struggles." Social Work Portal, "2024 Guide on Biopsychosocial Assessment with Free Biopsychosocial Assessment Template," accessed February 12, 2025, https://www.socialworkportal.com/biopsychosocial-assessment/#Bio-Psychosocial-Assessment.

86. ***Harbor of Grace***, for example, prohibits "alcohol, drugs, or drug paraphernalia (anything containing alcohol, including perfume/cologne, mouthwash, face-wash); . . . revealing or provocative, seductive clothing (any clothing with offensive slogans or that promote violence, gangs, alcohol or drugs; no sports tops or midriff baring shirts; no political clothing of any kind); guns, ammunition, knives, scissors or sharp objects, including metal nail files, bottle/can openers, straight edge or removable head razors, Leatherman type multi-tools, lighter fluid refills, harsh chemicals, pepper spray, rope, or any other weapons; electronics including, but not limited to . . . computers, tablets, smart watches, MP3 players; food and/or beverages (including chewing gum, mints, and candy); permanent markers; expensive jewelry; vaping devices; linens, towels, pillows, stuffed animals; protein powder/shakes, vitamins, supplements." Harbor of Grace, "Packing List," accessed February 12, 2025, https://harborofgracerecovery.com/admissions/packing-list/.

87. SAMHSA, *Detoxification and Substance Abuse Treatment*, Treatment Improvement Protocol (TIP) Series no. 45 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006), https://www.ncbi.nlm.nih.gov/books/NBK64115/.

This is how ***Warriors Heart*** describes its drug and alcohol detox facility:

> "Our Warriors Heart Detox facility offers safe and comfortable drug and alcohol detoxification for all warriors. We're fully staffed with licensed and experienced addiction specialists who will provide personalized monitoring and manage withdrawal symptoms around-the-clock. Each individual detox program is designed to provide the highest quality of treatment to ensure overall wellness and recovery."[88]

Once detoxification is complete (typically three to seven days), clients transition from Phase I (detox and stabilization) of treatment to Phase II, or what ***FRW*** calls the "trauma portion" of treatment that occupies roughly two-thirds of the clients' time.

Confidentiality

Confidentiality is one of the most important considerations for police officers when deciding whether to seek treatment and where to receive care. The six vetted and approved treatment centers take the issue just as seriously.

Shatterproof addresses confidentiality this way:

> "As dedicated public servants with a strong ethic of self-sacrifice, first responders are often the last to ask for help for themselves. They also have concerns that seeking treatment for a mental health issue could endanger their job.
>
> "We have created an admissions process that is discreet and confidential, with the guarantee that your employer won't have to find out. Our in-house expertise allows us to work closely with first responder unions to protect your job, so you can focus on your recovery with peace of mind."[89]

A Harbor of Grace observation room for clients in detoxification.

88. Warriors Heart, "Warriors Heart Treatment Program," accessed February 12, 2025, https://www.warriorsheart.com/the-program/.

89. FHE Health, "Shatterproof FHE Health First Responders' Program," accessed January 22, 2025, https://fherehab.com/services/first-responders/.

Warriors Heart explains how they maintain clients' confidentiality:

> "The facility understands that seeking treatment can be a deeply personal and sensitive decision, which is why all conversations and records are kept confidential.
>
> "Many clients choose not to disclose their treatment to employers, and staff will only confirm a client's stay with explicit permission.
>
> "All medical records are protected by HIPAA Law – the federal Health Insurance Portability and Accountability Act. It protects your information in medical records, conversations, insurance companies and other health information."[90]

Payment

How to pay for treatment is always a concern. Medical expenses can be costly, and the last thing an officer in crisis needs is more debt.

The vetted and approved treatment centers provide a variety of options for first responders and military personnel to cover the costs of residential care.

Insurance

Warriors Heart notes that health insurance plans in the United States often cover mental as well as physical health care. "Many employers and unions now recognize the importance of mental health care and offer coverage for such services. In many cases, insurance plans cover the cost of addiction and mental health treatment 100 percent."[91]

Workers' Compensation

Depending on the type of injury or illness, treatment may be covered by workers' compensation insurance.

> "Determining the eligibility of workplace PTSD for workers' compensation can be a complex matter, with variables influenced by occupation and location. . . . To be covered, most states require proof that the job caused the mental concern and it wasn't influenced by personal life. While physical ailments are straightforward, 'invisible illnesses' like stress can be challenging to link directly to work. Covered mental health issues might include anxiety, depression, PTSD, and stress, but they must significantly impact job performance."[92]

The bottom line is this: Consultation between the treatment provider, insurance provider, and employer are essential to determine eligibility for payment through workers' compensation.

Private Pay

Some patients choose to pay for treatment with personal savings, help from family and friends, credit cards or credit care, fund raisers, and financing.[93] For those with the financial means and a desire not to involve insurance providers, this may be an attractive option.

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90. Warriors Heart, "Warriors Heart Treatment Program" (see note 88).
91. FHE Health, "Will Insurance Cover Behavioral Treatment?" accessed February 12, 2025, https://fherehab.com/admissions/insurance/.
92. Chateau Recovery, "Understanding Workers' Compensation," accessed February 12, 2025, https://www.chateaurecovery.com/workerscomp.
93. Warriors Heart, "How to Pay for Treatment," accessed February 12, 2025, https://www.warriorsheart.com/admissions/how-to-pay-for-treatment/.

Beyond these payment options, several of the centers told PERF they are willing to work through any payment issues as long as officers are committed to treatment. "To saddle them with a bill," says Beyer of ***Harbor of Grace***, "[is] just going to increase stress for them."[94]

Some facilities have accepted monthly payments as small as $25 and, on occasion, provided treatment for free when insurance stops paying. ***Warriors Heart***, for example, offers financial assistance, in part, through the generosity of organizations such as the Frontline Healing Foundation, Avalon Action Alliance, and the Gary Sinise Foundation.[95]

Cell Phones

The staff at ***Chateau*** say they get more complaints from patients about cell phones than anything else. "When can we use them?" they ask. "And why can't we keep them?"

Because of the central role of cell phones in clients' lives, all treatment centers have a cell phone policy. Some take a restrictive approach because of the nexus between cell phones and addictions such as gaming, gambling, pornography, and shopping. And others take a restrictive approach because cell phones can divert clients' attention from their recovery work. "We don't want them to be distracted," says Danny Warner, ***Chateau's*** Founder and Chief Executive Officer. "We want them to be present and to focus on treatment."

Other treatment centers are less restrictive. In keeping with its less regimented treatment philosophy, ***FRW*** gives clients their cell phones once they clear detox. According to Devin O'Day, Chief Development Officer, "We want the treatment experience to mimic what it's like outside of treatment, with the same triggers and temptations. We don't find the phone to be a distraction. We review expectations at the beginning of treatment, and if the cell phone becomes an issue, we intervene on an individual basis."

Shatterproof's cell phone policy is more middle-of-the-road: "We understand that life does not stop when you come to treatment, and you may need access to your devices for business or personal reasons. In the inpatient program, we permit structured, time-specific use of cell phones and computers with your therapist's permission."[96] This is akin to ***Throttle & Thrive's*** cell phone policy, which allows new clients to notify a loved one of their safe arrival; then, starting on the eighth day of treatment, the policy permits daily phone calls from 5:00 p.m. to 10:00 p.m.

Living Arrangements

Half of the treatment centers—***Chateau***, ***Throttle & Thrive***, and ***Warriors Heart***—provide lodging for their clients on the grounds of the main campus. ***Harbor of Grace*** and ***Shatterproof*** provide lodging a short distance from their main campuses and transport clients to and from the residences, and ***FRW*** has both on-site and off-site housing.

Clients are assigned to single or double rooms with ensuite baths or adjacent and private full baths. The rooms are in single-family houses or apartment-style buildings, many of which have living rooms or common areas for socializing, playing games, or watching television. Some of the residences have full kitchens or kitchenettes, as well as patios or balconies.

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94. Jule Pattison-Gordon, "How Baltimore Convinced Officers to Seek Help for Alcoholism and Depression," Governing, last modified January 24, 2025, https://www.governing.com/workforce/how-baltimore-convinced-officers-to-seek-help-for-alcoholism-and-depression.

95. Warriors Heart, "Sponsors," Accessed January 30, 2025, https://www.warriorsheart.com/sponsors/.

96. FHE Health, "Frequently Asked Questions," accessed February 12, 2025, https://fherehab.com/faq/.

Men and Women

All six centers treat men and women except for ***Throttle & Thrive***, which serves men only. At the centers where men and women reside in the same house (e.g., ***Chateau***), they are assigned to same-sex bedrooms and bathrooms. But in most cases, men and women have separate living quarters (i.e., different residences).

If gender-specific treatment is of interest to a prospective client, they should inquire with the centers about these services prior to admission. ***Harbor of Grace***, for example, acknowledges that "women seeking recovery have unique treatment needs," and therefore pairs female clients exclusively with female therapists for individual therapy.[97] "Empower!"—the women's treatment program run by ***FHE Health*** (which also administers the ***Shatterproof*** first responder program)—"believe[s] that women best heal from mental health, relationship, or substance dependency in an honest, supportive, caring group that supports their health and well-being."[98] Whatever a client's treatment needs and preferences, the treatment centers attempt to reasonably accommodate them through the design of an individual care plan.

Meals

The treatment centers prioritize healthy eating, and no one goes hungry.

At the larger treatment centers—***FRW, Shatterproof***, and ***Warriors Heart***—meals are prepared in industrial kitchens and served buffet-style in large dining rooms or cafeterias. At the smaller treatment centers—***Chateau*** and ***Throttle & Thrive***—chefs also prepare high-quality meals on site but there is less daily variety, and the dining atmosphere is more intimate.

Throttle & Thrive's dinning room.

97. Harbor of Grace, "Female First Responders" (see note 72).

98. FHE Health, "Empower! – Women's Treatment Program," accessed January 23, 2025, https://fherehab.com/womens-treatment-program/.

At ***Throttle & Thrive***, food is an integral part of the holistic treatment plan. A chef (husband) and nutritionist (wife) team together to design an "individualized strategy" for each client. They pride themselves on providing "nutrient-dense, delicious food and a large variety of food to not only pleasure your taste buds, but . . . to optimize your overall health."[99]

In a comparatively unique approach, ***Harbor of Grace*** distributes a menu of roughly 50 options for clients to select their meals for the week. A local vendor then fills and delivers the meals, which clients eat in their apartments or together in the common areas of the residential buildings. Common breakfast items are yogurt, cereal, oatmeal, fresh fruit, eggs, and toast. Lunches and dinners include turkey and gravy, roast beef and potatoes, pasta dishes, salads, sandwiches, pizza, and sushi.

Family Involvement

Contingent upon the client signing consent forms that authorize staff to speak with family members (and others), a relationship with the client's family begins soon after admission. This relationship is critical because clients are notorious for minimizing their behaviors (e.g., alcohol intake) and symptoms, which impedes effective treatment. Timely family communication allows caregivers to provide clinical updates and seek family input on treatment plans and goals. These family contacts also allow the clinical team to assess family dynamics and craft appropriate interventions, including a comprehensive aftercare plan (see p. 56 for more information about aftercare).

At ***FRW,*** families are highly encouraged to attend family therapy once it is deemed clinically appropriate. Workshops are held on site monthly and are designed for family members to receive support, education, and resources and to start the healing process with the client. The center also offers weekly virtual family support groups.

At ***Chateau***, family members are encouraged to complete a curriculum of their own. This serves two purposes. First, it is a vehicle to provide family impact statements, in which spouses and children tell the client what they've seen and what it's been like living with them. Second, because "families often think the patients are on vacation in the mountains," according to Clinical Director Ben Pearson, "it's important for [family members] to have a parallel experience" to better understand how much work the patients are putting into recovery.

Staff

The treatment centers employ anywhere from 30 full-time and part-time employees at ***Throttle & Thrive*** to approximately 70 at ***Harbor of Grace*** and more than 100 at ***Warriors Heart***. The centers are complex businesses with a need for expertise in diverse fields such as psychiatry, nursing, counseling and therapy, fitness, nutrition, peer support, human resources, marketing, client outreach, admissions, insurance, billing, information technology, security, transportation, and facilities management. Figures 6 and 7 are organization charts of two of the larger treatment centers, ***Shatterproof*** and ***Warriors Heart***, including a notation of the number of staff assigned to each work group.

99. Throttle & Thrive, "Who We Are: More Food," accessed January 22, 2025, https://throttleandthrive.com/first-responder-addiction-treatment-los-angeles/#food.

Figure 6. FHE Health/Shatterproof organizational chart

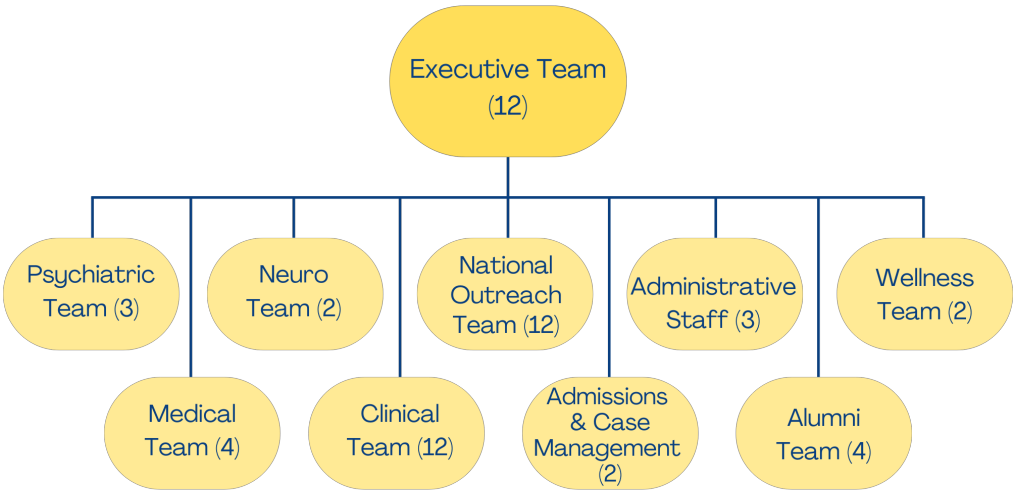
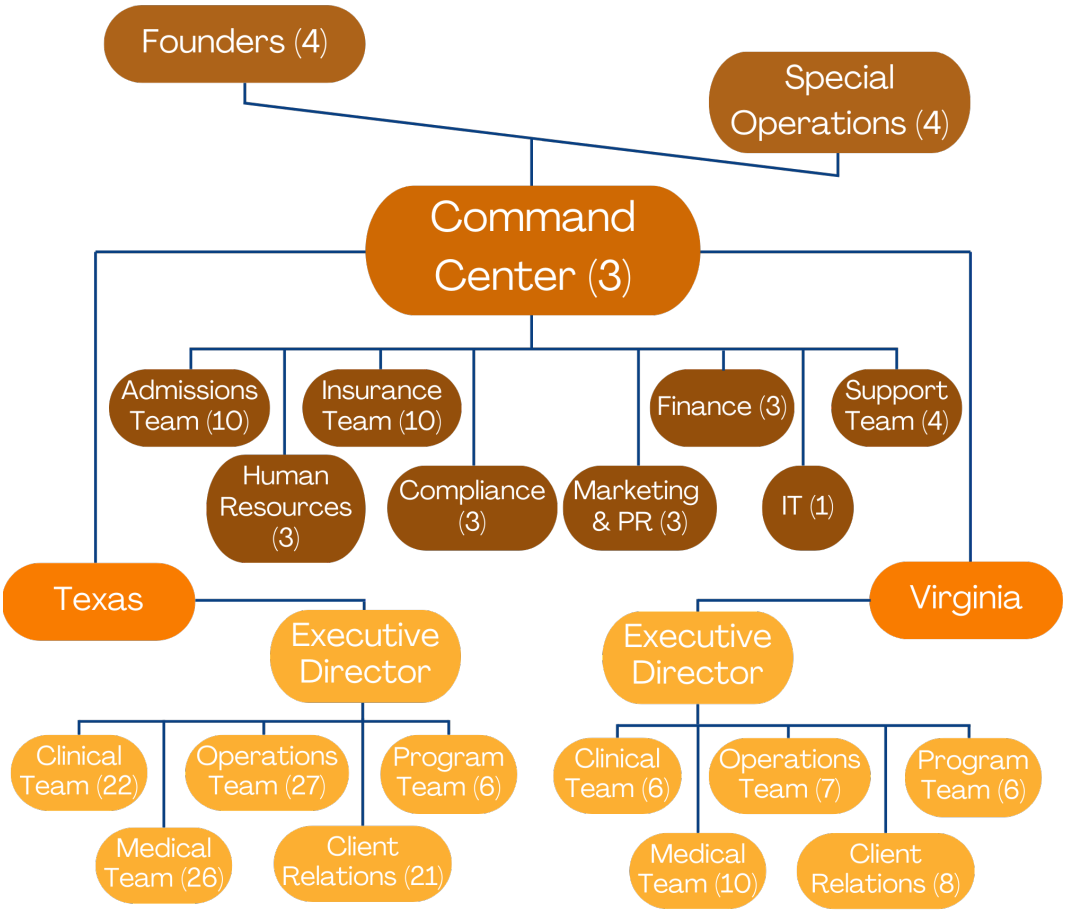


Figure 7: Warriors Heart organizational chart



Treatment Modalities

"Police have mastered the art of disassociation," says Odom. "They don't think about things. Instead, they buy things, engage in harmful sexual behavior, drink too much alcohol, overuse medication, even take drugs—all not to think about the trauma."

To treat the array of addictions—alcohol, opiates, pornography, gaming, gambling, shopping (debt is normal among clients)—as well as the mental health disorders that commonly afflict police officers—anxiety, depression, and post-traumatic stress—the centers apply a wide range of treatment modalities. The following list is not exhaustive, but it gives a brief description of some of the most frequently used treatment modalities (both traditional and cutting-edge) at the centers featured in this report.

Clinical Therapies and Treatments

- **Acceptance and Commitment Therapy (ACT)**. Promotes psychological flexibility and emphasizes acceptance of emotions rather than denying those emotions.[100]
- **Accelerated Resolution Therapy (ART)**. "Assists patients in creating new images of past trauma they have experienced, using eye movements to enhance this process and increase relaxation."[101]
- **Adventure Therapy.** Uses outdoor activities as a mechanism to create healthy coping strategies that can be used when not in therapy.[102]
- **Brainspotting**. "Uses spots in a person's field of vision to unlock pent-up trauma and suppressed memories and feelings associated with traumatic events or uncomfortable situations."[103]
- **Cognitive Behavioral Therapy (CBT)**. Restructures harmful thought patterns.[104]
- **Eye Movement Desensitization and Reprocessing (EMDR)** . "Involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences."[105]
- **Family Systems Therapy**. "Helps individuals resolve their problems in the context of their family units, where many problems are likely to begin."[106]
- **Magnetic e-Resonance Therapy (MeRT)**. Improves cognitive functions such as memory, attention, and problem-solving skills by stimulating specific areas of the brain.[107]

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100. Psychology Today Staff, "Acceptance and Commitment Therapy," last modified March 31, 2022, https://www.psychologytoday.com/us/therapy-types/acceptance-and-commitment-therapy.

101. Edmund G. Howe, Laney Rosenzweig, and Amy Shuman, "Ethical Reflections on Offering Patients Accelerated Resolution Therapy (ART)," *Innovations in Clinical Neuroscience* 15, no. 7–8 (2018), 32–34, https://pmc.ncbi.nlm.nih.gov/articles/PMC6145606/.

102. Balance Point Wellness, "Adventure Therapy," accessed January 24, 2025, https://bpointwellness.com/adventure-therapy/.

103. Cleveland Clinic, "Feeling Stuck? Brainspotting May Help," last modified June 20, 2024, https://health.clevelandclinic.org/brainspotting-therapy-and-how-it-works.

104. American Psychological Association, "What is Cognitive Behavioral Therapy?" last modified 2017, https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.

105. Cleveland Clinic, "EMDR Therapy," last modified March 29, 2022, https://my.clevelandclinic.org/health/treatments/22641-emdr-therapy.

106. Psychology Today Staff, "Family System Therapy," last modified June 30, 2022, https://www.psychologytoday.com/us/therapy-types/family-systems-therapy.

107. Brain Treatment Center, "What is MeRT?" accessed January 24, 2025, https://braintreatmentcenter.com/treatment/mert.

- **Mindfulness-Based Stress Reduction (MBSR)**. "Provides a way of relating directly with whatever is happening in your life, a way of taking charge of your life, of consciously and systematically noticing and responding to your own stress and pain, and to the challenges and demands of living."[108]
- **Motivational Interviewing (MI)**. "Helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior."[109]
- **Neurofeedback**. "Provides immediate feedback from a computer-based program that assesses a client's brainwave activity. The program uses auditory or visual signals to help patients recognize their thought patterns and try to modify them."[110]

Non-traditional Treatment Practices

"When a brain is traumatized, parts of the brain go dormant," says ***Chateau*** Clinical Director Ben Pearson. "Creativity is one of the first things to go when someone is experiencing trauma, so we focus on reigniting the creative parts of the brain. That's why we do things like drumming and art therapy. We want to stimulate the whole brain."

Some of the other nontraditional practices the treatment centers offer are yoga, sound bowl therapy, breathwork, ice baths, woodworking, metallurgy, and canine therapy. At first blush, several of these practices may strike clients as hokey, but they often turn out to be some of the clients' most enjoyable and rewarding experiences. According to Pearson, these activities "get people ready to connect and to be vulnerable."

A client's willingness to show vulnerability shone through during PERF's visit to ***Shatterproof***. Lisalee Loew, who leads ***Shatterproof's*** breathwork program, was telling PERF about "big, tough police officers with tears running down their faces," when a first responder–client entered the

Shatterproof's Breathwork Room.

108. School of Professional Studies, Brown University, "Mindfulness-Based Stress Reduction," accessed January 24, 2025, https://professional.brown.edu/executive/mindfulness/mindfulness-based-stress-reduction.

109. Psychology Today Staff, "Motivational Interviewing," last modified June 06, 2022, https://www.psychologytoday.com/us/therapy-types/motivational-interviewing.

110. Psychology Today Staff, "Neurofeedback," last modified July 22, 2022, https://www.psychologytoday.com/us/therapy-types/neurofeedback.

room. Asked if he would share his thoughts about breathwork, the client said it was his favorite practice, attested to Loew's description of how it leads to emotional breakthroughs, and pledged his commitment to using the skills daily after discharging from residential treatment. It was an impromptu disclosure of how impactful one of these nontraditional practices can be.

Equine-assisted psychotherapy is another example of a nontraditional therapy practice. Working with a licensed mental health professional and an equine specialist, clients interact with horses in an arena, performing non-riding activities that help them explore emotions, process trauma, and develop coping strategies. The experiential nature of the therapy fosters deep, long-lasting psychological healing by allowing clients to confront personal struggles in a safe and supportive setting.[111] Devin O'Day, Chief Development Officer at ***FRW***, says "something special happens [when clients interact with the horses]. You can see the officers' stress levels come down."

FRW's equine-assisted psychotherapy location.

111. FRW, "Equine Therapy," accessed February 12, 2025, https://www.firstresponder-wellness.com/outpatient/equine-therapy/.

Aftercare

Ken Beyer, Founder and President of ***Harbor of Grace*** with more than two decades of service as a firefighter/EMT, equates his treatment center to the Hotel California as described in the 1977 song by The Eagles: "You can check out any time you like," he chuckles. "But you can never leave."

This is meant in a caretaking way, of course. In recovery himself since 1992,[112] Beyer knows "the real work [of sobriety and mental wellness] begins the day clients leave." This is why a comprehensive aftercare plan, including the support of the involved officer's agency (as permitted by the employee), is essential for long-term recovery.

"When clients follow our aftercare plan, they are 95 to 100 percent successful," says Shavonne Thompson of ***Throttle & Thrive***. "If they don't [follow the plan], they are vulnerable to relapse."

Although a client's residential stay typically lasts 30 to 90 days, the intensive outpatient program—a combination of individual and group therapy appointments; online meetings; peer support; and a detailed, customized action plan to meet an officer's mental, emotional, physical, social, familial, physical, and spiritual needs—lasts at least as long, with the intensity of treatment tapering off as the client demonstrates success in recovery. In some cases, the IOP includes a sober living environment.

> "Sober living homes are a type of transitional housing designed to help individuals recovering from drug or alcohol addiction by providing a supportive community and environment conducive to maintaining their sobriety. These homes serve as a stepping stone

112. Harbor of Grace, "Staff Directory: D. Kenneth Beyer," accessed January 17, 2025, https://harborofgracerecovery.com/about/staff-directory/.

between inpatient treatment facilities and the return to everyday life, helping residents adapt to their newfound sobriety by following a structured routine . . . and participating in group activities that promote recovery and personal growth."[113]

Once clients complete their intensive outpatient program, they transition to a long-term continuing care plan. During this phase, the treatment centers contact their clients at regular intervals—***FRW*** staff say they contact clients after one, two, and three months; after one year; and twice a year following discharge. Additional supports for clients include individual therapy, alumni apps, monthly alumni meetings and speaker panels, fellowship support groups, retreats, and training courses.

Although the format of each treatment center's aftercare plan is slightly different (see appendices A and B for examples of aftercare plans), they commonly provide concrete goals and actions that are intended to promote accountability for achieving wellness in all areas of one's life. For example, regarding mental and emotional wellness, an aftercare plan typically includes details about the officer's individual and group therapy provider(s) and appointment schedule(s); it may also include goals for physical fitness and exercise, meditation or yoga, and attendance at peer group meetings and Alcoholics Anonymous.

In the area of social wellness, an aftercare plan identifies a network of people outside of work and family that supports the officer's recovery. Beyond scheduling activities (e.g., coffee, lunch, walks) with this key network, clients also identify relationships they need to change or sever due to their association with unhealthy habits. For instance, if a patient needs to abstain from alcohol, they may need to disassociate themselves from a bowling or softball league where drinking is a common activity.

113. No Cost Rehab, "What Is Sober Living? Demystifying the Experience and Services," 2025, accessed January 17, 2025, https://nocostrehab.com/treatment-option/sober-living/.

How Chiefs Can Support Police Officers

The treatment centers featured in this report provide an extraordinary service to law enforcement personnel. And the 10 police officers profiled are a testament to the centers' life-saving work.

But law enforcement leaders should not mistakenly believe a stint in residential treatment will magically cure their officers "This isn't a car wash," says Devin O'Day of ***FRW***. "You don't enter one side and come out the other shiny new and unblemished."

What, then, should police chiefs and sheriffs do to support officers and deputies when they return to duty? And what can chiefs and sheriffs do to promote an organizational culture of officer safety and wellness? This section provides eight recommendations.

1. Consider reassigning the officer.

Officers returning from treatment should be given the option to change assignments (temporarily or permanently) if their current one activates trauma or maladaptive behaviors or if the assignment prevents the officer from fulfilling the requirements of their aftercare plan. When possible, discussions about changing assignments should be coordinated with a human resources professional or officer wellness supervisor (or both) to ensure employees' privacy rights are upheld. This coordination is easier to facilitate in larger agencies with the resources to hire experienced professionals into these positions. Chiefs of smaller agencies may need to be more creative by turning to the jurisdiction's employee assistance program, police department's peer support officer, or union officials to carry out a protocol that prioritizes employee confidentiality.

2. Give personnel in high-stress units the opportunity to transfer.

Certain assignments are more associated with trauma than others—child abuse,[114] homicide, and fatal accident investigations among them. But the reality is that complex post-traumatic stress disorder (CPTSD)—the result of chronic, ongoing, cumulative trauma[115]—can affect anyone in law enforcement who repeatedly responds to "officer-involved shootings, vehicle pursuits, volatile domestic situations, and witness[es] the aftermath of rapes, accidents, suicides, and homicides."[116]

To reduce the likelihood that officers most frequently exposed to traumatic events will develop CPTSD, agencies should ask officers during annual wellness check-ins about their exposure to trauma and its effects on their mental health and job performance. Officers should also be asked if they desire a change of assignment for wellness reasons. This is different than a mandatory assignment rotation policy, which personnel typically oppose and which might conflict with collective bargaining agreements.

3. Assign returning officers to limited duty.

The transition from residential treatment to the "real world" can be daunting as the officer reintegrates with family, returns to work, responds to negative stimuli, applies new coping skills, completes an intensive outpatient program, and fulfills the requirements of an aftercare plan.[117] Police agencies can help with this transition by temporarily assigning officers to limited duty, thereby easing them back into the responsibilities of the workplace as they navigate a host of life changes. Assigning them to limited duty also curtails their ability to work overtime, which frees up their schedule to focus on their aftercare plan.[118]

4. Identify the wellness implications of policy proposals.

"Almost every decision a chief or sheriff makes has a wellness component connected to it," says Vernon Herron, Director of Officer Safety and Wellness with the **Baltimore Police Department**. Leaders are sometimes blind to these connections, and in their haste to address one problem they unwittingly create another.

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114. Ellen Kirschman, "Cops and PTSD: When the Victim Is a Child," June 14, 2023, https://www.psychologytoday.com/us/blog/cop-doc/202306/cops-and-ptsd-when-the-victim-is-a-child.

115. Cleveland Clinic, "CPTSD (Complex PTSD)," last modified April 5, 2023, https://my.clevelandclinic.org/health/diseases/24881-cptsd-complex-ptsd; CPTSD Foundation, "What is CPTSD?" accessed February 12, 2025, https://cptsdfoundation.org/.

116. Katherine Ramsland, "Cops and Cumulative PTSD," last modified October 28, 2021, https://www.psychologytoday.com/us/blog/shadow-boxing/202110/cops-and-cumulative-ptsd.

117. Similarly, PERF recommends that agencies develop reintegration plans for officers involved in critical incidents. For more information, see PERF, *Managing Officer-Involved Critical Incidents*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2025), https://www.policeforum.org/assets/ManagingOICIs.pdf.

118. It is noteworthy how frequently treatment center staff identified overtime as an issue related to the health and wellness of police officers. They discussed it in the context of officers living beyond their means and working an excessive amount of overtime to make ends meet; they cited it as an impediment to a healthy lifestyle; and they called it a distraction from officers processing their thoughts and emotions, which can surface as an issue when they retire. According to the leadership team at ***FRW***, retired officers enter treatment "when they stop working all the hours of overtime and things get quiet. They can't find a healthy distraction from their thoughts and emotions."

Herron explains by sharing the findings of a psychological autopsy he conducted of an officer's suicide. Under pressure to cut spending and address the problem of officer fatigue associated with personnel shortages, the department abruptly instituted a policy that reduced officers' ability to earn overtime. "This officer was going through a divorce, he had child support obligations, and his finances were a mess," Herron says. "He was relying on overtime to make ends meet, but he lost that income without any warning."

Herron is not suggesting chiefs provide officers with unfettered overtime. However, he implores them to consider the implications of all proposed policies and practices on officer safety and wellness before implementing them. In this case, Herron believes the department should have incrementally instituted the policy to give officers time to "wean themselves off the overtime" and meet with a financial planner to create a budget and eliminate unnecessary expenses. "It shouldn't have been done cold turkey," he insists.

Herron recommends that police chiefs put their wellness directors on speed-dial. "Chiefs need that perspective," Herron says. "They need someone who is going to be honest with them and give them an opportunity to think about things they may not have considered."

5. Develop a relationship with one or more treatment centers.

Developing a relationship with one or more of the vetted and approved treatment centers is strongly encouraged. There are numerous benefits to doing so. First, the centers are passionate about the health and wellness of police officers and desire more opportunities to form partnerships with law enforcement agencies. Second, they have a wealth of expertise and resources to help agencies develop organizational cultures of health and wellness. Third, they can provide guidance to agencies as officer safety and wellness issues arise, such as an officer suicide, line-of-duty death, or traumatic incident to which officers responded. Fourth, when an officer needs residential treatment, it is helpful to have an established relationship with a provider to facilitate pre-screening, intervention, transportation, intake, communication with family members, and other logistics.

6. Support treatment.

One of the most important things a police chief can do is support treatment for an officer who needs it. Chris Catren of ***FRW*** shares how two police chiefs responded in completely different ways when they learned one of their officers was struggling with alcoholism.

One chief "spent 45 minutes on the phone trying to persuade the officer not to go into treatment," Catren reports.

> "Another chief did what we wish every leader would do: He told the officer, who was delaying going to treatment because of concerns about his house and dog, 'You're going to treatment today. And if you don't have anyone to mow your yard, take out the trash, and look after your dog, I'll do it.'"

In these words and actions, the first chief breathed life into stigma, betraying as lip service anything else he might have said about the importance of his officers' mental health. Meanwhile, the second chief deflated stigma, communicating to the entire department that he would personally care for an officer's home and pet if necessary for the officer to attend treatment and get well.

The long-term effects of these different responses are likely profound for organizational health and wellness. As Ken Beyer of ***Harbor of Grace*** states, "It makes a big difference to have command staff check up on officers in treatment and for the rest of the department to see peers returning from recovery aren't stigmatized."[119]

7. Provide officers administrative leave.

Trends in police officer recruitment, hiring, and retention point to a younger, less experienced workforce.[120] Fewer years of service are associated with less available medical and vacation leave, and Millennials' and Gen Z's desire for equitable work-life balance means officers are unlikely to have enough leave to remain in pay status during residential treatment.[121] Because employee wellness is essential to officer retention, agencies are encouraged to provide administrative leave to officers who need time off for their mental health.

The **Monroe County (NY) Sheriff's Office** models this practice. When a deputy is struggling and needs to seek treatment, Dr. Kim Butler says she notifies the deputy's chain of command of the need to use "wellness days" or sick time. Confidentiality is essential, so she only tells command staff of a deputy's need to take time off work for treatment. According to Butler, whether the deputy uses wellness days or sick time, it is important the department support the deputy in "seek[ing] the treatment they are accepting."

The State of Texas has gone even further by adopting legislation to ensure officers are able to take time off in the wake of a traumatic incident. Enacted in 2022, the statute requires each law enforcement agency to "develop and adopt a policy allowing the use of mental health leave by the peace officers employed by the agency who experience a traumatic event in the scope of that employment."[122] **Dallas County's** policy grants a peace officer the use of mental health leave "when the peace officer:

1. Responds directly to a major disaster, which may include weather-related events involving multiple casualties, explosions with multiple casualties, or search and recovery missions involving multiple casualties;
1. Responds directly to an incident involving multiple casualties (such as a shooting or traffic accident);
2. Experiences the line of duty death or suicide of a department member;
3. Responds directly to an incident involving the death of a child resulting from violence or neglect; or
4. Witnesses an officer-involved shooting."[123]

119. Pattison-Gordon, "How Baltimore Convinced Officers to Seek Help" (see note 94).

120. PERF, *Responding to the Staffing Crisis: Innovations in Recruitment and Retention*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2023), https://www.policeforum.org/assets/RecruitmentRetention.pdf.

121. PERF, *Responding to the Staffing Crisis* (see note 120).

122. Tex. Gov't Code § 614.015 (2022), https://statutes.capitol.texas.gov/Docs/GV/htm/GV.614.htm#614.015.

123. Dallas County, "Policy Revision - Mental Health Leave for Peace Officers - Chapter 82, Section 797," October 5, 2021, https://www.dallascounty.org/Assets/uploads/docs/human-resources/whats-new/Briefing-CourtOrder-MentalHealthLeaveforPeaceOfficers-100521.pdf.

In providing this leave, the policy of the **New Braunfels (Texas) Police Department** states that "the City will not reduce an eligible employee's vacation or sick accruals, compensatory time earned, or other paid leave balance for mental health leave taken in accordance with this policy."[124]

To pay for administrative leave (and other officer safety and wellness expenses), agencies should consider adding a line item to the annual budget specifically for this purpose. This signals to all personnel that department leadership prioritizes employees' mental health. A second option is to discuss with union leadership the creation of an emergency leave bank to which personnel can donate leave to their colleagues. A third option to explore is the allocation of police foundation dollars for officers to attend treatment. Police foundations are known to donate to officers who are seriously injured in an incident or lose their homes in a fire, but officers with mental injuries are typically overlooked. This is an opportunity for the foundations to expand their impact. As Chris Catren, Director of Strategic Relations with ***FRW***, says, "If an officer broke an arm, we'd get it fixed. Why should we treat a mental or emotional injury differently?"

8. Allow officers to attend therapy appointments

Officers will have numerous outpatient treatment obligations when they are discharged from residential treatment. Agencies should make reasonable accommodations for personnel to attend these appointments, including temporary changes to duty status, assignment, and shift hours—the same accommodations agencies make when officers need to attend physical therapy and other medical appointments for line-of-duty physical injuries.

> *I've been told we don't have money. I told them there's always money for horses, armor, [and other equipment]. If you don't have people, you won't need any of that equipment.*
>
> — Dr. Kim Butler, Monroe County (NY) Sheriff's Office

124. City of New Braunfels, "Peace Officer Mental Health Leave," December 28, 2021, https://newbraunfels.gov/DocumentCenter/View/22915/Mental-Health-Leave-Policy-.

Conclusion

The mental health crisis afflicting the United States[125] is no surprise to police officers, according to Police1's "What Cops Want in 2024" survey:

> "The persistent stress and demands associated with policing have been linked to burnout, reduced job satisfaction[,] and worsening mental health issues . . . American law enforcement officers are tired, working too many hours, and lacking time for proper nutrition and exercise. Equally concerning, officers are left emotionally raw by cumulative trauma and lack of rest after critical incidents."[126]

These findings should be "a wake-up call for police leaders"[127] to make mental wellness a top priority for one of the nation's most vulnerable populations for mental distress: police officers. Former NYPD Police Commissioner James P. O'Neill displayed the kind of bold leadership needed to confront the mental health crisis in policing when, in 2019, he partnered with PERF to host a national meeting of more than 300 participants to discuss *What Every Agency Should Do To Prevent Suicide Among Its Officers*.[128] In the Critical Issues In Policing Series report that followed, O'Neill wrote that "law enforcement leaders can never shrink from" the daunting challenges of policing, including the discomfort of speaking about suicide. "We must overcome the stigma of discussing mental health," he said. "Seeking help is never a sign of weakness. It's a sign of strength."[129]

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125. CDC, "Protecting the Nation's Mental Health," last modified August 8, 2024, https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html.

126. Joshua Lee, "Crisis Point: A Wake-Up Call for Police Leaders on Officers' Health and Wellness," Police1, last modified August 30, 2024, https://www.police1.com/what-cops-want/crisis-point-a-wake-up-call-for-police-leaders-on-officers-mental-health-and-wellness.

127. Lee, "Crisis Point" (see note 126).

128. PERF, "An Occupational Risk" (see note 20).

129. PERF, "An Occupational Risk" (see note 20).

The need to prioritize officer health and wellness is not unlike other crises to which the law enforcement profession has responded. When chiefs and sheriffs realized criminals were outgunning officers, they traded in their agencies' revolvers, 9mm handguns, and shotguns for higher caliber semiautomatic pistols and long-range rifles. When policing faced a crisis of trust, chiefs and sheriffs implemented body-worn camera programs and adopted duty-to-intervene policies and training. And when the public challenged police to engage people in mental health crisis with less force, chiefs and sheriffs partnered with behavioral health professionals to divert low-risk 911 calls for service, respond to 911 calls in tandem with clinicians, and adopt de-escalation policies, practices, and training such as PERF's Integrating Communications, Assessment and Tactics (ICAT) program.[130]

Chiefs and sheriffs can respond to the current crisis by investing in officers' mental, emotional, and physical health in a variety of ways:

- Discuss openly the mental health challenges associated with policing to normalize these conversations, reduce associated stigma, and encourage officers to access available resources. Brad Waudby, a detective from New Jersey who attended treatment at ***Warriors Heart*** (see client profile on p. 50), believes this is essential to changing culture: "If people see the chief talking about [mental health challenges] and normalize it to everyone else, you're going to see a lot more people talking about."
- Provide mental health training to officers throughout their careers, beginning in the academy.
- Allocate sufficient resources (i.e., budget and personnel) to building and sustaining a culture of officer wellness.
- Ensure access to confidential counseling services, wellness programs, and fitness resources.
- Empower a credible human resources professional, wellness director, or peer officer to coordinate employee wellness programs and services.
- Engage with mental health professionals to ensure evidence-based best practices are adopted and routinely assessed for compliance.
- Collaborate with police officers and other stakeholders to develop agency policies and practices that directly affect officer mental health (e.g., critical incident debriefings, peer support, and administrative leave/wellness days).
- Include family members in the provision of wellness services.

It is important that chiefs and sheriffs form relationships with the residential treatment centers featured in this report and others like them not only for purposes of officer wellness but also as part of a comprehensive recruitment and retention plan. These relationships support recruitment; police officer candidates are increasingly asking agencies about their policies, practices, resources, and culture regarding officer health and wellness. Being able to point to a well-developed relationship with one or more culturally competent residential treatment centers speaks to an agency's commitment to mental wellness and may sway a candidate's decision on where they choose to work. Strong relationships with the designated treatment centers also support officer retention—after all, most officers who enter treatment return to work, and when they do return, they are happier, healthier, and more productive employees.

130. PERF, "Integrating Communications, Assessment, and Tactics," accessed February 4, 2025, https://www.policeforum.org/icat-training-guide.

Although there are other facilities that specialize in treating first responders, the **National FOP Division of Wellness Services** has vetted and approved the six featured in this report to ensure police officers receive the best care possible when (not if) stress, anxiety, trauma, substance misuse, and poor coping skills require a level of treatment an outpatient setting cannot provide. Because of the comprehensive vetting and approval process, chiefs and sheriffs can be confident the treatment centers will deliver what officers desire most: anonymity, ease of access, cultural competency, and quality care.

The site visits, interviews, and other research PERF conducted for this project have yielded a report that describes each of the six treatment centers and explains what it is like to be a patient from admission to discharge. It also highlights 10 law enforcement officers who courageously share their mental health struggles and journeys of recovery so that their colleagues may benefit from what they have learned. The report concludes with eight recommendations for how law enforcement leaders can promote an organizational culture of officer safety and wellness and support police officers when they return from residential treatment.

I didn't know such places existed should be a statement of the past. Although stigma is still a significant barrier to treatment, there are signs that the tightly woven culture of silence—the one that says police officers will lose their job if they ask for help—is starting to unravel. In its place, today's police leaders can boldly weave a new culture of openness and honesty, where trauma and its effects are normalized (*it's okay not to be okay*) and seeking professional help is expected (*but it's not okay to stay that way*).

Appendix A. Sample Aftercare/ Reintegration Plan

- AA meetings (Pink Cloud App, Big Book App)
- SMART recovery meetings (First Responder)
- Harbor of Grace individual outpatient plan (IOP)
- Celebrate Recovery meetings
- Individual therapy
- Virtual first responder peer support meetings on Wednesdays at 6:30 p.m. with sponsor
- Medication management with psychiatrist
- Antabuse
- Vivitrol
- Exercise
- Focusing on spirituality including prayer (morning and evening) and attending church
- Remember my core values: altruism, tradition, be of service, faith, bravery, and humility. Align myself with these values daily.
- Continuing to build connections with others
- Use resources available to me such as family members in recovery.
- Only paying for gas at the pump rather than going inside.
- REST strategy (relax, evaluate, set an intention, and take action) for distressing events
- Music
- Motivational messages
- Vocalizing difficult emotions ("I feel" statements)
- Asking myself what is the worst that could happen to manage anxiety symptoms
- Use Walmart grocery pick up rather than going inside
- Challenging automatic negative thoughts; being aware that my thoughts affect my mood and thus my behaviors; think happy thoughts and increase positive self-talk
- Rebuilding trust with support system (BRAVING: boundaries, reliability, accountability, vault, integrity, non-judgment, and generosity)
- Personal support system: sponsor, sober friend
- Special instructions: client is to call and confirm all appointments upon return home.

Appendix B. Sample Aftercare/ Reintegration Plan

John Doe; Date

First Responder Wellness

Reintegration and Continuing Care Plan

Purpose

Identify biological, psychological, social, and spiritual care goals following discharge from First Responder Wellness. This document will lead you through considerations for the 9 dimensions of wellness. In developing goals, SMART criteria should be used whenever possible.

Primary Reintegration Concerns

It's natural to have concerns that could challenge your commitments, goals and overall well-being. What barriers stand between you and your overall goals for wellness?

1. Failure to utilize positive coping skills to deal with traumatic work experiences and triggers.
2. Failure to stand up to peer pressure at celebrations, etc.
3. If my wife was to relapse it could be challenging to my sobriety. I would need to rely heavily on my support group and remember my reasons for sobriety. I would also need to seriously discuss the situation with my wife and set boundaries if she was continuing to drink.

"Board of Directors"

Please list individuals who you can call upon when you need support and guidance, can help motivate you toward your goals, or help challenge negative thinking. These people should be those you can trust to help keep you on the path toward continued wellness.

Name	Area of life they can help you	Phone Number
Jane Doe	Remind me of the importance of family	(949) 555-1212
Jamie Smith	Sobriety and mental health	(949) 555-1212
John Smith	Sobriety and sober experience	(949) 555-1212

Core Values

Personal values help guide your beliefs, choices and behaviors. Below, identify 3–5 core values. Write your own personal definition of each value. Describe how these values are integrated in your beliefs and behaviors.

1. I am loyal - I care for others even when those that I love make mistakes.
2. I have integrity - I stay true to my values.
3. I persevere and have grit - If I know the task is worthwhile, I complete it even when it is difficult. I achieve my goals. I understand that the best things in life are hard to attain.
4. I remain curious - I will try new things and explore alternative ideas. I will look for creative solutions in life as I face challenges.
5. I will be bold- I will be ok with not following the crowd. I will speak up when appropriate. I will aspire to achieve goals that some may think are out of my reach.

Mental/Emotional Wellness Considerations

- Do you have an after-care therapist? I have contacted one
- Therapist name - Jane Smith Phone - (949) 555-1212
- Do you have an appointment scheduled? August 1, 2024, 4 p.m.

Mental Wellness Goals

Goals in this section should include actions, practices and routines that make a meaningful contribution to maintaining or enhancing your mental wellness. These goals could also include things to avoid that can be detrimental to your emotional well-being. Create 3-5 goals for your mental wellness.

1. Attend 2 therapy appointments p/month. Adjust per therapist's recommendations.
2. Work out 3 days per week.
3. Practice some form of mindfulness (yoga, breathworks, guided meditation) 3 days per week.
4. Attend support groups that align with my values and offer assistance in my recovery.

Call to Action

- When triggered or frustrated I will practice positive coping skills. I will practice these coping skills with minor problems to increase their efficacy when big issues occur.
- Journal and read motivating/emotional supportive books to dive deeper into mental health issues and learn more about how I can help myself

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your mental wellness goals?

- Attend therapy as scheduled.

Physical Wellness Considerations

- Do you have a fitness routine that you can continue when you leave First Responder Wellness? - Yes
- Do you have a diet or nutrition plan? Yes, drink less soda and eat fewer processed foods
- Do you need medical attention, major or minor (dentist, general practitioner, chiropractor etc.)? Yes, back issues which also affects my neck, right arm and right hand. Appointment: Chiropractor 8/11, 1 p.m.

Physical Wellness Goals

Physical health goals relate to areas including medical, physical fitness, diet and sleep hygiene. Create 3–5 goals for your physical wellness.

1. Workout 3 days a week.
2. Body will attempt to earn Jiu Jitsu belt(s).
3. Work out every day I'm at work.
4. Drink minimal soda.
5. Cook meals from scratch using unprocessed foods.

Call to Action

What is one thing you can do today to make progress (even just 1%) and move closer to one of your physical wellness goals?

- Stop drinking soda.
- Work out 3 times this week.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your physical wellness goals?

- Cook and eat meals from unprocessed foods

Spiritual Wellness Considerations

- Do you have a recovery support group (e.g., AA, FR Fellowship, SMART, etc.) you are or will be a member of when you return home? - Not sure if I will join AA but I will give it a try. I also plan to start a Zoom check-in meeting with members from First Responder Wellness.
- What is the name of the group? AA.
- What is the address for the group? 1234 Main Street, Newport Beach, CA 92660.
- What day/time will you attend? Sunday, 18:30.
- Do I have a recovery sponsor? No.
- What regular spiritual practices will you continue after discharge? I will practice meditation, journaling, breathwork, yoga and I will pray with my boys and wife at night before bed.
- Where can you continue these practices? The gym, the country club, and in my boy's bedroom.

Spiritual Wellness Goals

Spiritual goals are any intentions that you have related to discovering your purpose and living a meaningful life. Setting a spiritual goal helps you connect to your spiritual side and gain clarity on the purpose of your life. Create 3–5 goals for your spiritual wellness.

1. Find more peace in meditation through regular practice.
2. Listen to sound therapy post gym sessions.

3. Pray with my wife and boys at bedtime whenever I am off duty.
4. Practice breathwork post workout.
5. Continue to use the FRW app to journal before bed each night.

Call to Action

What is one thing you can do today to make progress (even just 1%) and move closer to one of your spiritual wellness goals?

- Journal.
- Participate and focus on guided meditation this week.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your spiritual wellness goals?

- Talk to and practice meaningful prayer with my boys and wife

Primary Relationship Wellness Considerations

Primary relationships include your significant other, children, and anyone else living in your home.

Primary Relationship Wellness Goals

Goals may include making amends, improving or enhancing relationships, and defining healthy boundaries. Create 3–5 goals for your primary relationship wellness.

1. Seek out and find a therapist to assist us with our marriage.
2. While off work spend quality time with my children - practicing a sport of their choosing.
3. With my family, practice some form of guided meditation before school or at bed.
4. Calendar time/dates with wife to work on rebuilding our relationship.
5. Figure out family trips and trips for just my wife and I. Spend time with family to ensure we are planning our trips including the budget, activities, and the hotels together so everyone has a say and can buy in and be excited for the trip.
6. Giving both space for individual recoveries

Call to Action

What is the thing you can do today to make progress (even just 1%) and move closer to one of your primary relationship wellness goals?

- Pray with the children and spouse during bedtime.
- Seek help in finding a marriage therapist.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your primary relationship wellness goals?

- Start doing something in the morning with the boys before summer camps to engage them and have quality time.

Secondary Relationship Wellness Considerations

Do you have a social network (outside of work or family) that is supportive of your recovery, and you can rely on? Yes

Set up time to go out to lunch, coffee, or other engagements once you are discharged from the program. Who could you meet up with?

- My brother and my cousin.

When will you meet with them?

- Unsure because of schedule and vacation as soon as I return.

Do you have a social relationship that you will have to disengage from upon your discharge?

- Yes, Boys Night Out Group, except possibly for quarterly dinners where drinking is not the sole focus.

Are there any significant work stressors (legal or job security) that need to be addressed when (or before) leaving FRW? No.

Secondary Relationship Wellness Goals

Secondary and social relationships include friends, coworkers, FRW alumni, and recovery group cohorts. Goals may include making amends, improving or enhancing relationships, and defining healthy boundaries. Create 3–5 goals for your secondary relationship wellness.

1. Identify and schedule sober activities with friends.
2. Create zoom check-in group for FRW friends. Have everyone pick a topic they think would be good to discuss and space them out over time so there is a broad topic at each meeting. Set up a schedule for each member to run the meeting so there is buy-in.
3. Figure out more appropriate ways to hang out with friends that are heavy drinkers.
4. Figure out a way to tell my story to different audiences.
5. Be a better friend, stay in touch, be reliable and meet regularly

Call to Action

What is the thing you can do today to make progress (even just 1%) and move closer to one of your secondary relationship wellness goals?

- Contact a friend and discuss this topic.

What is one thing you can do this week to make progress (even just 1%) and move closer to one of your secondary relationship wellness goals?

- Start working on ways to tell my story to different audiences.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your secondary relationship wellness goals?

- Create, run, and attend check-in zoom meetings with my FRW friends.

Financial Wellness Considerations

- Do you have any significant debt that needs to be addressed? No
- Do you have a budget created for when you are discharged? No
- Do you know how much you regularly spend and on what? Yes
- Are there any stressors that may be impacting your financial health? No
- Do you have an emergency needs fund? Yes
- Are you planning for retirement? Yes
- Do you have what you need? Yes

Financial Wellness Goals

Financial freedom can help to decrease stress in other areas of life. Creating a financial plan will ensure that you are prepared in case of the unexpected. Financial health goals may include improving debt to income ratio, creating a budget, creating a plan to decrease debt, and consis-

tent contributions to savings. Create 3–5 goals for your financial wellness.

1. Update budget on Money app.
2. Preplan funds for vacations and utilize points as appropriate.
3. Pay off house.
4. Buy vacation property.
5. Buy revenue generating assets.

Call to Action

What is the thing you can do today to make progress (even just 1%) and move closer to one of your financial wellness goals?

- Look at costs associated with upcoming vacations.

What is one thing you can do this week to make progress (even just 1%) and move closer to one of your financial wellness goals?

- Adjust money budgeting app.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your financial wellness goals?

- Discuss and implement ideas with wife, and kids as appropriate, on budget.

Occupational Wellness Considerations

- Do you plan to go back to work? Yes
- If yes, do you have a reintegration plan? Yes—work with supervisor with a progressive return to regular duty plan.
- Describe your plan? Work out my story as previously discussed and share as appropriate.
- Do you plan on retirement soon? No

Occupational Wellness Goals

Planning your next career move will help you in balancing your wellness. Whether you decide to go back to work, retire, or completely change your career trajectory, it is helpful to have a plan. Create 3–5 goals for occupational wellness.

1. Create story and share as appropriate.
2. Complete white paper on preventative mental health training for the department and take steps in implementing it.
3. Be mentally ready and practice positive coping skills with minor stressors so that when major ones occur, I am ready.
4. Discuss stepping down from or changing some of the projects I lead to create work/life balance
5. Be excited! Find joy in the job again!!

Call to Action

What is the thing you can do today to make progress (even just 1%) and move closer to one of your occupational wellness goals?

- Practice positive coping skills.
- Talk to wife about my projects.

What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your occupational wellness goals?

- Think about positive changes I have made in myself and look into how I can implement them into my career.

Intellectual Wellness Considerations

- Do you desire any additional training that can enhance your work? Yes.
- Have you been thinking about going back to school? Yes.
- Will it help you in your current career? Maybe.
- Will it help you toward a new career? Yes.
- Are there any classes you are interested in taking just to learn something new? Yes.
- What sort of things are you interested in that you would like to know more about? PHD or PsyD in Psychology.
- Is there a class for it nearby? Not sure yet.
- How much does it cost? A lot.
- Where do they meet? Hybrid/Online.
- What days/times do they meet? Not sure yet.

Intellectual Wellness Goals

Whether it is to enhance your current career, make a change or learn something that interests you keeping your mind stimulated is a great way of breaking up the "mundane" and feeling fulfilled. Create 3–5 goals for intellectual wellness.

1. Discuss with wife possibility and commitment involved in taking the next Battalion Chief test.
2. Look into PsyD and PHD in psychology and best place to attend to fit my desire to help first responders. Include cost, time to complete degree, and any specializations that would serve me in helping first responders.
3. Discuss psychology degree and work with wife and include how it would fit into our budget with monthly/annual cost breakdown.
4. Look into also becoming a certified alcohol and drug counselor to further assist first responders.
5. Look into possibilities for after degree and certificates are achieved and the future of how I could provide care and list avenues or possible new concepts for companies that could help with my goal

Call to Action

What is the thing you can do today to make progress (even just 1%) and move closer to one of your intellectual wellness goals?

- Research degrees and best schools that will fit my goal of helping first responders Plan out BC test prep training schedule.
- What is one thing you can do after discharge to make progress (even just 1%) and move closer to one of your intellectual wellness goals? Discuss with wife these plans.

"Pain vs. Pleasure"

Consider what your life would be like in 10–20 years from now if you do not achieve your goals and there has been little to no progress toward your goals. What might your life look like? What might you be feeling? What might you be doing? What would your relationship look like? Write as detailed as you can what life may be like in 10–20 years with no progress towards your goals.

If I did not achieve my goals regarding Mental Wellness much of my time here would have felt like a waste. I would be upset that I traded that time away from my kids to be here and that I couldn't figure out how to implement such impactful goals. If I did not achieve my goals regarding physical health, I would be less fit for my demanding job. I would probably suffer with self-esteem issues, and I would be upset that I did not have the willpower or ability to complete the task I challenged myself with. If I did not achieve my goals in regard to spiritual wellness, I would worry that my self-care was not a priority. I could imagine that I would be on a path of feeling unworthy to take time for. I would also be worried about what it looks like when major stressors occur in my life. I could imagine problems in my marriage and difficulties raising my kids. If I did not achieve my primary relationship goals, I would worry that my marital problems could lead to divorce and that my boys would suffer immensely because I did not possess the will to make my goals happen. If I did not achieve my secondary relationship goals, I would be lonely and with minimal outlet to discuss my current state I would worry that stress and anxiety could lead me back to old habits and those habits could cause the rest of my life to crumble around me. If I did not achieve my financial goals, we would be moderately frustrated. If I did not achieve my Intellectual goals, I would miss out on a great opportunity to serve others that are in need and I would have to wait for a later date to attempt to promote.

Consider what your life would be like in 10–20 years if you have achieved your goals and are continuing to develop positive changes. What might your life look like? What might you be feeling. What might you be doing? What would your relationships look like? Write as detailed as you can what life may be like in 10–20 years with goals completed and continued growth.

In 10-20 years if I have achieved all of my goals, I should be semi-retired with the kids in college or in careers and my wife retired by my side. We could spend time at our in addition to the areas our kids have settled. I would also feel free to roam and explore the world. I would feel peace and I could truly take in the good and bad moments in life and not be numb. I could still help first responders in need of care, but I could do it more at my pace and via telehealth. I could work with others to develop preventative care that makes an impact on those that serve and in turn their families too. I would have honest, alert relationships with my friends and family members that were meaningful. I would smile frequently and hug people instead of shaking hands. I would be happy, and my happiness would be contagious.

With an idea of the life you desire to have after achieving continued progress toward your goals, use it as your "compass." When making decisions, choose whichever moves you closer to the life you desire, and not away from it.

Fun Factors

What are some fun activities that have brought you joy in the past that you would like to return to, or you would like to try? They may be activities you do alone, and with others. List activities you can start doing or continue doing for fun upon discharge:

1. Golf (alone, with friend and with my boys and wife).
2. Rugby (coaching my kids).
3. Jiu Jitsu.
4. Traveling (with whole family, friends or just the wife).
5. Pursuing aspirations (promotions and degrees).
6. Going to live shows, concerts etc.
7. Help my boys get into making music.
8. Start a business with my family

Appendix C. Sample Schedule – Harbor of Grace

Week 4: Relapse Prevention

Time	Monday	Tuesday			Wednesday	Thursday			Friday		Saturday
7:30–8:45	Gym (women)	Gym (women)			Gym (women)	Gym (women)			Gym (women)		Gym (women)
9:00–9:15	Morning reflection	Morning reflection			Morning reflection	Morning reflection			Morning reflection		Phone calls (30 minutes
9:15–9:30	Graduation with Tim										
9:30–9:45	Break										Break
9:45–10:00		Break			Break	Break			Break		
10:00–11:30	Small group	Small group			Small group	Small group			Small group		Group with Scott
11:30–12:45	Lunch	Lunch			Lunch	Lunch			Lunch		Lunch
1:00–1:10	Relapse prevention with George	Communion	Beading with Sue & Kelly		Lecture with John Wanner	Catholic Com-munion	Health lifestyles in recovery w/ Shannon	Struggle Well Warrior group with Eileen	Group with Scott		Peer meeting
1:10–1:30											
1:30–2:00											
2:00–2:15											Break
2:15–2:30	Break	Break			Break	Break					
2:30–2:45	Peer meeting: “Crossing the threshold”	Fitness with Shannon	CA-led big book study	Patients with Keith	Peer meeting	CA-led big book study	Patients with Marianna		Break	Peer meeting	Yoga with Kelly
2:45–3:00											
3:00–3:30											

Time	Monday		Tuesday			Wednesday		Thursday		Friday		Saturday
3:30–3:45	Break		Break			Break		Break		Break		(Yoga with Kelly)
3:45–4:00	Walk / gym/ quiet reflection	Movie: The Same Kind of Different as Me	Walk / gym / quiet reflection	Movie: The Same Kind of Different as Me		Walk / gym / quiet reflection	Movie: Gorski discusses relapse	Walk / gym / quiet reflection		Walk / gym / quiet reflection	Movie: Father Martin chalk talk on relapse	
4:00–4:15												Break
4:15–4:30												Dinner
4:30–4:45	Break		Break			Break		Break		Break		
4:45–6:00	Dinner		Dinner			Dinner		Dinner		Dinner		
6:00–6:15												
6:15–6:30	Movie: Brene Brown – Call to Courage		New patient orientation	Movie: Brene Brown – Call to Courage and The Neuro-chemistry of Relapse and Recovery	New patient orientation	Best 3 tips on worry, anxiety, and turning down the stress response	New patient orientation	Movie: The Pursuit of Happyness	New patient orientation	Movie: The Pursuit of Happyness	New patient orientation	
6:30–7:00												
7:00–7:15												Departing patients share their story
7:15–7:30	Break		Break			Break		Break		Break		
7:30–8:00	12-step meeting		Patients meet with CA	12-step meeting	Patients meet with Robbie	Drumming with Cierra		12-step meeting	Patients meet with Robbie	HoG home group	Patients meet with Bobby	
8:00–8:30												Break
8:30	Med pass		Med pass			Med pass		Med pass		Med pass		
9:00–10:00	Relaxation / homework		Relaxation / homework			Relaxation / homework		Relaxation / homework		Relaxation / homework		Relaxation / homework
10:00	Lights out		Lights out			Lights out		Lights out		Lights out		Lights out

The Police Executive Research Forum

The Police Executive Research Forum (PERF) is an independent research organization that focuses on critical issues in policing. Since its founding in 1976, PERF has identified best practices on fundamental issues such as reducing police use of force; developing community policing and problem-oriented policing; using technologies to deliver police services to the community; and developing and assessing crime reduction strategies. Over the past decade, PERF has led efforts to reduce police use of force through its *Guiding Principles on Use of Force*[131] and Integrating Communications, Assessment, and Tactics (ICAT) training program.[132]

PERF strives to advance professionalism in policing and to improve the delivery of police services through the exercise of strong national leadership; public debate of police and criminal justice issues; and research and policy development. The nature of PERF's work can be seen in the reports PERF has published over the years. Most of these reports are available without charge online.[133] All the titles in the *Critical Issues in Policing* series can be found on the back cover of this report and on the PERF website.[134] Recent reports include *Managing Officer-Involved*

131. PERF, *Guiding Principles on Use of Force*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2016), https://www.policeforum.org/assets/guidingprinciples1.pdf.

132. PERF, "ICAT: Integrating Communications, Assessment, and Tactics," accessed February 13, 2025, https://www.policeforum.org/icat.

133. PERF, "PERF Reports," accessed February 13, 2025, http://www.policeforum.org/free-online-documents.

134. PERF, "Critical Issues in Policing Series," accessed February 13, 2025, https://www.policeforum.org/critical-issues-series.

Critical Incidents: Guidelines to Achieve Consistency, Transparency, and Fairness,[135] *The Carjacking Crisis: Identifying Causes and Response Strategies*,[136] and *Embracing Civilianization: Integrating Professional Staff to Advance Modern Policing*.[137]

In addition to conducting research and publishing reports on our findings, PERF conducts management studies of individual law enforcement agencies; educates hundreds of police officials each year in the Senior Management Institute for Police,[138] a three-week executive development program; and provides executive search services to governments looking to conduct national searches for their next police chief.

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PERF is governed by a member-elected President and Board of Directors and a Board-appointed Executive Director.

135. PERF, *Managing Officer-Involved Critical Incidents*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2025), https://www.policeforum.org/assets/ManagingOICIs.pdf.

136. PERF, *The Carjacking Crisis*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2024), https://www.policeforum.org/assets/Carjacking.pdf.

137. PERF, *Embracing Civilianization*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2024), https://www.policeforum.org/assets/Civilianization.pdf.

138. https://www.policeforum.org/smip

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For more information on the Foundation, visit https://www.motorolasolutions.com/foundation.

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Managing Officer-Involved Critical Incidents: Guidelines to Achieve Consistency, Transparency, and Fairness

The Carjacking Crisis: Identifying Causes and Response Strategies

Embracing Civilianization: Integrating Professional Staff to Advance Modern Policing

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POLICE EXECUTIVE RESEARCH FORUM

Police Executive Research Forum
1120 Connecticut Avenue, NW, Suite 930
Washington, DC 20036
202-466-7820
www.PoliceForum.org

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