Fostering Resilient Police Officers and their Families:

A Field Practicum Report

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Abstract

This paper is an incorporation of self-reflection, current literature, research, and theory based on my Master of Social Work field practicum experience with the Royal Canadian Mounted Police F Division Peer to Peer Program in the Workplace Relations Unit. Over a six-month period, my role as a MSW student was to provide consultation with RCMP officers and recommendations to senior managers about organizational best practice techniques, for mental health support to ill/injured police officers and their families. I facilitated and aided in enhancing best practice approaches for Regular Members and their families while recovering from a duty related incident. I worked directly with the Peer to Peer Coordinator where I met with families, participated in team building activities, attended meetings and professional development training with senior leaders. My natural ability to connect with others, build positive networks and working relationships within communities has been an asset to the success of my practicum experience, and partnerships with local community partners. I have successfully strengthened partnerships among several internal units along with external community programs that enhance the support for all categories of employees and their families of the RCMP, that include regular, civilian members and public servants, at both the community and organizational level. This report discusses my experience as a University of Regina Master of Social Work student with a macro agency, the RCMP F Division Workplace Relations Peer to Peer program. An overview of the agency and the Peer to Peer program are included in this report. Theories are applied at both micro and macro levels through an ecosystems approach and social support model. And lastly, both narrative and clinical approaches as well as a discussion of social work ethics, and skills, that were utilized to provide mental health support to injured police officers and their families will be discussed.

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To my many colleagues and peers at 15 Wing Moose Jaw and across the country (coast to coast), thank you for your support, guidance, and patience throughout this process.

Dedication

I would like to acknowledge my two amazing children, Ethan and Tayden Hill who have been my motivation in attaining a master's level education. You have unselfishly sacrificed so much to help me achieve my dreams and pursue a better life for us. My hope for you both is to strive toward achieving your goals and dreams and never let someone tell you it cannot be done. Always believe in yourselves.

To my parents Herbert and Maryanne Calkin: thank you for always believing in me and guiding me toward my inner strength and confidence. To my siblings: Kristin, Megan and Ian, thank you for helping me attain this degree. Your support to myself, Ethan and Tayden has been incredible.

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To my late Grandmother (Dulcie de Vos): you taught me that a positive attitude can get you through adversity and that strength comes from handing difficulty with poise and composure.

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Introduction

Over the process of attaining a Master of Social Work Degree, my intentions were to further advance my current skill set as a social worker and to efficiently provide an enhanced service to those requiring social work support. The process of learning and professional development is a lifelong journey and expanding my knowledge base within the field of social work, in both theory and practice is a long term professional asset.

Based on my past life experience and social location as a teenage mother and client of the welfare system, I indirectly learned how to navigate government systems and acquire resources. These [survival] skills have served me with purpose as a social worker, as I have transferred the skills into being a resourceful, creative, empathic advocate to empower clients to overcome challenges and be resilient.

My passions as a social worker are resiliency and post traumatic growth. For years I have pondered, how do people build and strengthen resiliency? Throughout this paper, I will discuss the themes that emerged from the meetings with RCMP members and their families. I will suggest recommendations, based on the social model of disability framework, how the Workplace Relations Unit can improve services to encourage resilient police officers and their families

The field practicum was completed over a six-month period January – June 2016 at RCMP F Division Headquarters in Regina Saskatchewan. My interest in working with police organizations is rooted through my current employment as a service partner with the Canadian Armed Forces (CAF), coupled with my passion for navigating systems and helping people overcome obstacles. My combined life and professional experience from client to social worker helped to prepare me for this opportunity.

Throughout my employment experience as a social worker, I have worked at a micro level with families and individual clients who self-refer for counseling and crisis support service. During my experience with the RCMP, I gained the opportunity to explore social work at a macro level within a consulting role. I gained new perspectives of organizational development and mental health awareness from an organizational context.

The learning goals of this practicum were to:

- Bring a social work service and perspective into the RCMP Workplace Relations Unit;

- Work as a multidisciplinary partner within the Peer to Peer program in a consulting capacity;

- Gain feedback from members who have been off duty sick (on extended sick leave due to a workplace injury); and

- Make internal recommendations to the higher chain of command (middle managers) for best practice techniques for supporting ill and injured RCMP members and their families.

In order to fulfill my goal, I adopted the role of a consultant. I am very grateful for having had this opportunity to work with the RCMP over the past six months.

Throughout this paper, I will self-reflect upon new skills, practices, perspectives and challenges that I have experienced throughout this process, and also acknowledge the growth and enhancement of my current skill set. These combined experiences have allowed me to grow as an effective social worker.

About the Organization

Throughout my career as a social worker and like many of my colleagues in the field, social workers and police agencies often intersect and work together in various capacities. They work as interventionists, most commonly within child protection cases and general community mental health emergencies. Through this practicum, I have initiated an opportunity for social work to be involved as a multidisciplinary partner, to work as a consultant within a police agency and to provide internal feedback to encourage and enhance resiliency among the unit. To my knowledge, this is the first time a social worker has worked as an interdisciplinary partner internally within the RCMP in the capacity to support police officers and their families. Social work is a helping profession that is rooted in providing support to vulnerable persons through anti-oppressive practices and non-pathologizing frameworks that support and empower clients.

According to Fay (2013) social workers or other helping professionals, "who work with police officers and their families [are] like a sociologist or ethnologist who is entering a closed culture with high levels of [skepticism] for outsiders" (p. 9). To gain insight into the culture of the police environment and meet people where they are at, it is important to understand the history of the organization.

The RCMP became Canada's national police force in 1920 when the former North West Mounted Police (1873) merged with the Dominion Police (1868) (Bonikowsky, 2013). Ever since, the RCMP has historically been a Canadian icon. Dating back to the 1800s when they were formally known as the North West Mounted Police and Dominion Police, the dynamics of rural/isolated work has been a challenge. Police work in general takes a skilled person to endure the physical and mental demands of cadet training at depot, shift-work, duty-related family separation, postings, and seeing society repeatedly at its worst. Overtime, the accumulation of stress can have an impact.

Mental Health Strategy

In May 2014, the RCMP launched its five-year Mental Health Strategy. The primary objectives of the strategy are to reduce stigma, provide education and awareness around mental health in the workplace, and teach early intervention tactics for managing stress. Since 2014, the RCMP have taken steps through entering into a memorandum of understanding with Health Canada for employee assistance, utilizing treatment through Operational Stress Injury (OSI) clinics for employees and family members, granting regular members 8 hours toward wellness activities, providing critical incident stress management training, and establishing a Peer to Peer support program, (Royal Canadian Mounted Police, 2014)

In addition to the previously mentioned supports, the RCMP has begun to offer the Road to Mental Readiness (R2MR) training for all employees with a goal of all staff receiving training by 2017. Currently, the Mental Health Strategy is still in the beginning phase; however, the steps listed above have begun being implemented at local levels throughout the country (Royal Canadian Mounted Police, 2014).

Workplace Relations Unit: Peer to Peer Program

The Workplace Relations Unit was established under the mental health strategy within the Human Resources Department. The Workplace Relations Unit offers several programs that include: Peer to Peer, Duty to Accommodate, National Early Intervention System, Return to Work, Fitness & Lifestyle, Chaplin, and Informal Dispute Resolution. The unit is comprised of both civilian and uniformed members who make up an interdisciplinary team and is managed by the Employee Management Relations Officer. My involvement within the RCMP Mental Health Strategy was working in the Peer to Peer program. I met with members and their families, had conversations about gaps in service, and gained feedback that I could provide back to middle managers about areas that needed improvement internally. My role within this team was working

directly with the Peer to Peer Coordinator, where I offered a social work perspective, and

advocated for the needs of the RCMP families based on the insights I gained through meetings

with a police officer and their family member. Throughout my placement I learned that the Peer

to Peer system:

> …provides all categories of RCMP employees with access to internal Peer to Peer
>
> Coordinators. Whether it's a work related or personal issue, the Coordinator provide
>
> information on the services offered through Health Canada's Employee Assistance
>
> Services, and serve as a point of contact in access resources within the RCMP that could
>
> help. (Royal Canadian Mounted Police, 2016, para.11)

The internal services that Peer to Peer advisors are trained to refer others to include: RCMP

health services, Chaplin, employee assistance service, informal conflict management, fitness and

lifestyle, grievance, harassment, office of professional integrity, staff relations and public service

representatives.

The Workplace Relations Unit offers many programs that are designed to promote and

enhance employee health and wellness. I was enthralled to have the opportunity to attend the

Peer to Peer training session that was offered during my placement. The training took place over

a three-day period which helped to contextualize my experience as I learned about the programs

and services that are currently being offered. The training was being offered to other RCMP

regular members, civilian members and public servants so they could become advisors.

Participants of this training become a part of a volunteer peer advisor network that are trained to

reach out to other police officers and employees following a critical incident and connect them

with resources as early as possible.

The Work Place Relations Unit as a whole is still relatively new to the organization and is

still growing and evolving. The feedback gained from meetings with police officers and their

families was invaluable to work toward best practice approaches in supporting employees who

are experiencing illness, injuries and medical discharges due to their work.

Ideology

As mentioned earlier, the RCMP is currently working toward the implementation of its national five-year Mental Health Strategy. They are addressing some of the unique concerns police officers face which includes work/life balance, and duty related stressors through the use of the Road to Mental Readiness program (R2MR) and mental health continuum tool. The overall goal of the mental health strategy (and by using tools such as the mental health continuum) is that police officers will be equipped with internal coping mechanisms and strategies that foster their resiliency when facing workplace stressors. Henderson (2012) describes "resiliency [as] the ability to overcome challenges of all kinds- trauma, tragedy, personal crises, plain 'ol life problems- and bounce back stronger, wiser and more personally powerful" (p.1). The organization has increased resources for members and families through the establishment of the Workplace Relations Unit, along with ongoing research into best practices for early detection and treatment of physical and psychological injuries. The strategy has been designed to aid in early detection, intervention and support for those who have experienced workplace stressors and or injuries in the line of duty. Through investing in an employee's health and wellness (both physically and psychologically), the overall goal is to ensure employee resiliency and ample recovery time from significant events. Throughout the implementation of the mental health strategy, the RCMP has begun teaching the Road to Mental Readiness course (R2MR).

> Originally developed by the Department of National Defence, R2MR is an evidence-based course coordinated by the Mental Health Commission of Canada. The premise behind R2MR training is that employees who understand normal reactions to stress and how to manage their reactions to it, are more resilient in the workplace. (Royal Canadian Mounted Police, 2016, para. 5)

The mental health continuum is a tool that is taught in the R2MR course that teaches individuals and peers how to detect early warning signs of distress. Establishing and encouraging work/life balance as a strategy to overcome stress, along with being aware of the unique work place hazards in policing, are both important toward fostering a healthy work environment.

Perspectives of Police Culture

Throughout the past six months, I have begun to understand the unique perspectives and challenges that police officers face. Given the historical context of the police profession, police officers are trained to help others. Dr. Kevin Gilmartin, is a former United States police officer and current psychologist and explains in his book *Emotional Survival Guide for Police Officers'*, that "police training is designed to prepare officers to work the streets, to handle calls safely, and to practice good officer safety and street survival skills" (2002, p. 71). They may be taught how to assist and care for others, but not necessarily themselves or their peers.

Police officers are trained to respond, take action in crisis situations and restore peace in society. During training, they are tested both mentally and physically within a short time frame. Gilimartin (2002) explains "[police officers] adapt on the fly and learn to trust their instincts so they can go home to their family at the end of their shift" (p. 71).

Gilmartin (2002) describes that "the military also prepares for total immersion into a culture of potential risk…however, the risk is generally short term in an external environment [i.e.: overseas deployments and has a start and end date], whereas, with police officers this cultural immersion is longer term [within their home country and on a daily basis]" (p.71).

The environment of police work is based on a unique sub-culture and skill set where employees are sent into risky situations on a daily/routine basis. "Most law enforcement officers see their occupational choice as a long term professional career commitment" (Gilmartin, 2002, p. 71). Therefore, when an officer experiences an injury or illness that is encountered through

their work which leaves them unable to continue, they sometimes question their identity and they need to rebuild their sense of who they are and who they were before becoming a police officer. Police work is a culture that values control, so when a member feels they are not in control of their own emotions and need to seek help from another helping professional, it can be a scary and challenging process (Fay, 2013).

Gilmartin (2002) further indicates that "recruits are often taught that the job takes a toll, but not a lot of strategies are shared in terms of prevention and emotional restoration."(p.4). This is why strengthening resiliency is an important part of the process and why the Peer to Peer program is such a critical component; it aids in the early detection and intervention.

Fay (2013) explains that policing is a difficult and complex job requiring an amalgam of skills suitable for a team of lawyers, priests, counsellors, enforcers and judges. Officers make quick decisions under a great deal of stress and then analyze those decisions for months in both criminal and civil courts. (p. 9)

Police work is a demanding profession. When a police officer experiences a workplace illness or injury, he/she can feel overwhelmed. It is crucial for the individual to develop a practice to help restore his/her health, and foster resiliency for post traumatic growth. This is done through promoting a culture that is open to early intervention techniques and methods such as counseling or debriefings, and knowing the internal resources that one can access to activate supports early. This fosters a resilient workforce that successfully bounces back from adversity.

One key approach to restoring and strengthening resilience among the members is fostering and establishing a healthy work/life balance. In my experience, some of the factors I observed that contribute to a resilient police force and family of police officers include establishing work/life balance, exploring workplace hazards from a mental health perspective,

knowing resources and how to navigate them, having a family/peer support network, and ensuring self-care.

As a social worker, it is important to be cognizant of the unique stressors and challenges the subculture of police officers and their families face. Having insight into the type of work polices officers do and how they do it are important components in supporting them when they need support (Fay, 2013).

Work/life Balance

The profession of police work is demanding both physically and mentally. Without protective actions such as self-care practices, the likelihood of experiencing work related stressors and injuries are greater.

Gilmartin (2002) explores the importance of investing emotionally to survive the rollercoaster of police work. He advocates that police officers need to continually invest in themselves and their families to counter balance the traumas that they encounter in their field of employment. He suggests that lack of investment can contribute to becoming cynical, and emotionally underinvested at work and home. To counter balance the demands of police life and personal life, it is recommended that police officers, and others in similar professions, develop a strategy that provides more control over their lives. Gilmartin (2002) offers this insight into police officers journey [following cadet training]

> [T]he job takes on more and more of the officer's time and becomes more than just a job it
>
> becomes the central and defining aspect of the officer's life. Without insight into what
>
> changes are taking place, the significant people [in the officer's life i.e.: spouse] can find
>
> themselves pushed aside, searching for a way to adapt to these changes or risk losing the
>
> relationship. Marriages are strained- some break. Children are too often alienated from
>
> parental emotional support. The spouse or parent dimension of the new officer's life can

become secondary to the cop dimension. The new officer can become emotionally distant, hardened, or physically absent from the lives of the people sharing the journey through the police career from the home front. (p. 4)

Developing a balance between work and personal life is critical to policing longevity and is beneficial to the individual, the family and the organization. "Work-life balance practices must fit employees' needs and provide them with more control, flexibility and resources to meet the demands of multiple roles if they are to result in decreased stress and better physical and mental health" (Lero, Richardson & Korabik, 2009, p. 43).

Currently, personal and family mental health and work/life balance is not part of the curriculum with new police recruits. If recruits began learning about early identification, and how to balance the work/life stressors that accompany police work, their resiliency would improve. This would strengthen their capacity to cope and manage set-backs that they encountered from their police work once they graduated and were working in the field.

Workplace Hazards

Generally speaking, when a new employee enters a new workplace they are required to participate in workplace training such as first-aid, workplace hazardous material information systems, and other occupational health and safety courses. These certification courses are designed for employers to ensure a healthy and safe workplace. An important point to recognize is that the emphasis of these courses pertains to physical health and safety, with little focus about mental or psychological health. Although a physically safe workplace is important, there should be emphasis on investing in a physiologically healthy workplace as well. Often occupational health and safety practices identify and train employees to be aware of events and situations that can cause physical injury. There is a lack of awareness on the risk of psychological, emotional, moral or mental injury.

As indicated earlier, one exciting course of action is that the RCMP has begun providing Road to Mental Readiness (R2MR) training for all employees. As part of the RCMP Mental Health Strategy, they have partnered with the Mental Health Commission of Canada (Royal Canadian Mounted Police, 2016). Through the strategy, the RCMP has launched education and awareness initiatives surrounding psychological injuries. Increasingly, senior members are acknowledging psychological injures as an official workplace injury. The R2MR course teaches about resiliency, early identification and intervention of mental health changes, stress management techniques and strategies and how to activate resources. I am aware of the R2MR program through my current work with military families. Based on my current work experience with military families, I have learned that the R2MR course initially was developed by social work officers with the Canadian Armed Forces, who adapted it from the United States military version, Battlemind. It is revolutionary in the sense that the R2MR training program adapted occupational health and safety practices that now accentuate psychological/ psychosocial risk. This is a great training mechanism for employees who encounter traumatic events through their work.

Mental Health Continuum: Injury Prevention

The mental health continuum model is a brilliant tool to aid in detection and self-awareness for people who have experienced significant stressful events, but it is also helpful to teach about general stress awareness. The mental health continuum is a self- awareness tool that is taught in the R2MR training. Rather than focusing on signs or symptoms, the key concept of this tool is to teach RCMP police officers and other employees how to identify observable changes in behaviors among one-self or peers. This process promotes earlier detection, intervention and treatment. This approach aids in starting the conversation of mental health with a police officer because it uses a colour coded system that indicates specific behaviors that are often attributed to

common responses to stress. This tool is currently being implemented within the RCMP as the

Mental Health Strategy unfolds. In many ways, this could be viewed as a starting point in

exploring and early detection the psychological/psychosocial risk of injury in police work.

As a member of this interdisciplinary team with the RCMP, I participated in a consultation

capacity and spent my time connecting with police officers, providing education with internal

tools (mental health continuum), early detection about compassion fatigue for families in

caregiving roles and educating police officers and their families about Operational Stress Injuries

(OSIs). The Royal Mental Health Care (2016) describes an OSI as "any persistent psychological

difficulty resulting from operational duties performed" (p. 13). Based on my experience with

military families, I have learned that common OSIs include PTSD, brain injury, anxiety and

depression. As mentioned earlier, throughout my employment experience as a service partner

working with military families I have learned about the R2MR program and am familiar with the

family version, which is a course designed to teach about resiliency building techniques. One of

the tools taught through the course is the mental health continuum which helps to facilitate

discussions about general mental health concerns and recognizing when to seek support. Thus,

one challenge I faced in this process was the adaptation of the mental health continuum tool into

a policing context. I have used the mental health continuum tool as a resource within my

employment experience and the model has been adapted for the RCMP environment. There were

slight differences between versions of the mental health continuums. I was familiar using the

family version through my employment with military families. The family version focuses on

sign/symptoms/behaviors that may be observed in one's family life. The RCMP version differed

slightly as the focus was based more on general self- awareness on employees. Therefore, I

needed to adapt and acclimatize to the version used within policing environment.

Benefits to the Organization by Fostering a Resilient Police Force

The International Federation (IFSW) of social workers (2012)

supports the World Health Organization (WHO) definition of health enshrined in the

WHO Constitution as 'a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity.' This definition should be read in conjunction

with the second clause which states: 'The enjoyment of the highest attainable standard of

health is one of the fundamental rights of every human being without distinction of race,

religion, political belief, economic or social condition.' (para. 16)

According to the Mental Health Commission of Canada (2006) "mental health is defined

beyond the parameters of physical health, and incorporates mental, spiritual, emotional, and

social aspects of wellness" (p. 1). Developing a workplace that fosters a holistic approach to

health, aids through investing in the employees. Doing so will improve recovery time and reduce

time lost at work due to illness/injury. Family members of the ill or injured employee often bear

the impact of their loved one's recovery. Spouses and/or other family members, often need to

take time off work to provide support and care for their loved one, which can cause other social

impacts such as job/financial loss, and/or the stress of navigating systems (i.e. healthcare). As a

result, the family members who acquire the caregiving role may overexert themselves

emotionally and physically by providing care to their loved one. This role can become

overwhelming, thus self-care practices becomes critical for the family members and caregivers

as well.

Through investing in and increasing resources for families, the recovery time of the

injured person decreases and overall health improves. According to Veterans Affairs Canada

(2016) the top 10 medical conditions of retired RCMP officers include: hearing loss, tinnitus

(buzz or ring in ears), PTSD, lumbar disc disease, cervical disc, anxiety disorders, chronic

shoulder, chronic strains and sprains, and osteoarthritis. Within the 10 common conditions, PTSD and anxiety are the two common mental health conditions that are linked to service related injuries. It is essential that senior officers/managers take precautions to provide a safe environment for their members and are aware of the "invisible" injuries that may present within someone in the workplace.

Theory

Not every situation warrants the same approach to an issue. It is important that a practitioner is adaptable because there are various points of view. Being adaptable allows a practitioner to meet people in their current situation, rather than the person conforming to a specific approach. The profession of social work has developed its own unique approaches and has integrated theoretical frameworks from other professions such as sociology, psychology, and economics. These methods are important for interdisciplinary practice as social work offers multiple approaches. Social workers are often employed in meso systems within a management or human resource capacity. It is important that social workers learn about organizational theories that blend and fit within social work paradigms and perspectives because, at some point in our careers, social workers become leaders and managers of others.

During my practicum in a macro setting, I learned through observation, experience and practice methods to draw upon both social work theories and organizational theories. Social workers are a valuable resource during the planning and implementation of program development and consulting. Social workers are equipped with a unique skill set that emphasizes on being flexible, adaptive and solution-oriented. By employing social workers in a consulting role, organizations can gain a collaborative solution focused perspective toward change, growth and empowerment.

Organizational Theory

According to Shafritz, Ott, and Suk-Jang (2011) "there is no such thing as a theory of organizations; many theories attempt to explain and predict how organizations and the people in them will behave in varying organizational structures, cultures, and circumstances" (p. 1). Thus, learning about the structure of the police force, the culture and experience proved to be helpful for myself when working with a subculture that was new to me. Weber's theory of bureaucracy

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(Shafritz et al., 2011) aided in my ability to gain insight into the experiences of police officers. The theory provided me with a baseline understanding of the political and organizational structure that employees work in. It was equally important for me to learn about the structure and hierarchy of the police force and the organizational goals so I could understand the policies, procedures and cultural norms of the clientele I was serving.

Max Weber (1946), a sociologist (as cited in Shafritz et al., 2011) states that "there is the principle of fixed and official jurisdictional areas, which are generally ordered by rules, that is, by laws or administrative regulations" (p.77). Understanding the hierarchy of the organizations aids social workers in establishing boundaries and navigating through the system; particularly when advocating on behalf of clients to larger systems. Post-modern schools of thought still utilize this perspective, particularly within government structures and programs. The RCMP organizational structure is a bureaucratic institution and organized through a hierarchy. Weber (1946), founded [this formal type] of organization and explains "that bureaucracy involves a clear-cut division of integrated activities which are regarded as duties" (as cited in Shafritz et al.2011, p.77). Therefore, the RCMP is a formal organization that is structured as a bureaucracy with clear cut divisions of duty.

The RCMP is Canada's national police force, and is organized under the authority of the

RCMP Act. In accordance with the Act, it is headed by the Commissioner, who, under the

direction of the Minister of Public Safety Canada, has the control and management of the Force and all matters connected therewith. The RCMP enforces laws made by, or under the authority of the Canadian Parliament. Administration of justice within the provinces, including enforcement of the Criminal Code, is a part of the power and duty delegated to the provincial governments. (Royal Canadian Mounted Police, 2016, para. 1-2)

"The RCMP force is divided into 15 Divisions, plus a National Headquarters in Ottawa" (RCMP, 2016, para. 4). "Each division is managed by a Commanding Officer and is alphabetically designated" (RCMP, 2016, para.4). Saskatchewan belongs to F Division, which covers the province of Saskatchewan and is located in Regina Saskatchewan (RCMP, 2016).

Mental health is beginning to become a top priority in workplaces and social workers tend to be community leaders in this capacity. In order to meet the needs of both senior managers and RCMP members and their families, an ecosystems approach and social support model were utilized in this practicum. These approaches together:

- Provide direction in working within a new organizational context;

- Gain knowledge about multiple sub-systems that aid a social worker to efficiently navigate the political system;

- Improve understanding the multiple points of view from micro, meso and macro levels;

- Aid in the development of solutions for the organization that will influence individuals.

I based my role as a mental health consultant on the social model of disability and ecosystems approach. Additionally, I used general knowledge of organizational structure and management as my foundation. As a practitioner, it is helpful to learn about how internal practices work, in order to help the people who exist within a specific system. This will empower people to become resilient because they learn how to navigate the system they belong to and discover the resources that will aid in their recovery.

Social Model of Disability Approach

There are many theoretical approaches within the social work profession that guide how practitioners work with persons with illness/injuries. I used the social model of disability as my theoretical approach my practicum. This approach encourages new insights when working with people who have physical or psychological injuries (visible or invisible). The social model of

disability approach operates well due to its flexibility and agility. "The social model arose in response to the critique of the medical model of disability" (Lang, 2001, p.3). This framework is helpful as a practitioner, especially when entering into a new cultural work environment that is unfamiliar, in my experience the RCMP.

Lang's (2001) report *The Development and Critique of the Social Model of Disability* discusses that:

the social model shifts away from the consideration of the deficits of the functional, psychological cognitive abilities of the impaired individual, to the ability of society to systemically oppress and discriminate against disabled people, and the negative social attitudes encountered by disabled people through their everyday lives. Disability is therefore situated in the wider, external environment, and is not explicable as a consequence of an individual's physical and/or cognitive deficiencies. (p.3)

Ensuring a social support network within one's external environment and workplace, helps provide essential support for a police officer who is recovering from a duty related injury. Thus, the social model of disability approach helps to externalize the illness/injury and therefore helps reduce stigma.Chenoweth (as cited in Hong-Chui, & Wilson, 2006) proposes that "the social model [of disability approach] can be a useful and practical way forward" (p.117). In the context of supporting ill and injured police officers, "the model enables a practice that aims to empower a person through offering an alternative framework- one which does not focus on individual deficits or blame. It can seek to involve them in collective action for change" (Chenoweth, 2006, p.117).

During my practicum, I used this approach to collectively learn from police officers and their families, about their personal experiences and use that knowledge to raise their concerns and insights to the Workplace Relations Unit.

Additionally, Chenoweth (as cited in Hong-Chui & Wilson, 2006) suggests that:

> social workers may be involved in advocacy on behalf of disabled people with
> employers, or involved in campaigns to lobby for equal rights for jobs. Practice approaches
> addressing these issues can be more readily conceptualized through the social model
> approach. (p.117)

The social model of disability was also helpful during my interactions with families and the organization as we collectively explored ways to strengthen support networks for police officers and their families.

Cullen, Lemming, Link, & Wozniak (1985) conducted a study on the impacts of social support on police stress, and learned that:

> supports [networks] do play a role in helping to [protect individuals] from potentially
> stressful circumstances, [as a result] the social support model is a more promising approach
> than the stressor outcome model that has traditionally informed research on law
> enforcement officers. (p. 515)

In addition, Miley, O'Melia and Dubois (2007) suggest,

> people [often] overlook the significant support they receive from social ties as their
> relationships with family members, friend, colleagues and their associations with churches
> schools or clubs. Support networks play an essential role in social functioning and are a
> potential resource in the social service delivery network. (p. 360)

A positive social support network is beneficial for many reasons. It aids in fostering a sense of belonging for the individual to reduce the risk of isolation which is often accompanied with symptoms of operational stress injuries and assists the individual in enhancing their internal coping mechanisms.

Working from a social model perspective, helps to guide a social worker in assisting individuals and families overcome barriers and the residual impact that operational stress injuries can have in one's social life. This concept will be explored in the discussion about the themes that emerged with the families that I met with.

Process

The feedback sessions that I facilitated with families were collaborative, with the overall goal of discovering solutions and collectively take action. As a social worker, I am cognizant of the nature and impact the injuries have had on the individual and the family. Through this process, members and families were given the opportunity to share the challenges and triumphs of their experience through brainstorming solutions toward action. This process was empowering and allowed families an opportunity to unpack their narratives and make meaning of their experiences by extending help to others; which was a theme that families said in each meeting. Their internal desire to continue to help, although they have been through unbelievable crisis themselves, has not faded.

The social model approach combines nicely with an ecosystems perspective; together they explore, identify and address external factors that contributed to the injury which in turn work to externalize the issue from the individual. Thus, the ecosystems approach supports the individual to adapt and bounce back, fostering in resiliency and growth from adversity.

Ecosystems Theory

The ecosystems perspective explains how social work incorporates concepts from the science of ecology to help explain human environments, social environments, behaviors, and human diversity (Miley et al., 2007). This perspective believes that problems are caused by on-going everyday interactions between persons and their environment. As illustrated by Germain

and Gitterman (as cited in Payne, 2005) the life model of social work practice suggests "people

are interdependent with each other and their environment" (p.150). Additionally,

> the aim of practice in the life model is to improve the fit between people and their
>
> environment, by alleviating life stressors, increasing peoples personal and social resources
>
> to enable them to use more and better coping strategies and influencing environmental
>
> forces so that they can respond to people's needs. Practice must be sensitive to diversity,
>
> ethical, and empowering and carried out through a partnership between worker and client
>
> that reduces power differences. (Payne, 2005, p.152)

Through the ecological framework, I met with police officers and their family members,

listened to their life stories, and assessed in ways to make recommendations at the organizational

level. Collaboratively, we were striving toward improving the relationship between the

individual and their environmental stressors. In addition, I used a strengths approach to

encourage resourcefulness, acknowledge strengths and current coping strategies that empower

one's capacity to manage external stressors.

When applying an ecosystems approach, it is equally important for a social worker to

acclimatize within the culture they are providing practice. Within a policing context, it is

important to have an overall knowledge of working with people with illness/injuries, to be open

to learning about the culture, be cognizant of anti-oppressive discourse that reduce stigma around

acquired illness and injuries, and the impact illness/injuries have within the policing

environment.

All systems (and sub-systems) exist within a main ecosystem that contains mutually

dependable and collaborative systems that affect and influence each other. In other words, the

sub-systems impact the main-system, and the main-system has an impact on the sub-systems.

Theories about how human systems interact i.e.: (biological, psychological, social, cultural,

economic and political) help to explain how humans can adapt and be influenced by their

environment and social structures. This notion suggests that people can thrive following

adversity through adapting to their environment (Miley et al 2007).

Ecosystems theory supports how I view challenges; that humans have an innate ability to

be resilient through adapting to their environment and thriving during challenging times. In

contrast, those who have trouble adapting to challenging experiences may have difficulties and

can regress rather than progress with behavior and environment.

Collaboration of Ecosystems and Social Model of Disability

The social model of disability approach and ecosystems approach view experiences

humans face as being external to the person, and that they have responded to their environment

in some capacity. As noted by Miley, et al. (2007) "no human system thrives in isolation. The

successes or failures of individuals, families groups, organizations, neighborhoods, and

communities result from their unique interactions with their environments." (p.37)

The ecosystem theory explores how an individual responds to stressful events in their

environment; whereas, the social model explores how a positive social support network aids in

empowering and supporting an individual following adversity. Used together these approaches

promote resiliency and post traumatic growth through fostering empowerment and strengths. The

ecosystems theory and the social model of disability provided me with a basis for the consulting

work that I conducted within the organization. Having a theoretical foundational understanding

of the impact an injury can have on the individual and their subsystems, (i.e.: family, workplace,

recreation) is important in supporting police officers and their families. Hence, it is equally

important to understand the theoretical components of organizational management in terms of

the politics, structure of an organization, and through learning about the theories of cultural

change. These theoretical perspectives aided me in working within a macro setting.

By meeting with members and their families, I gained insight into the strengths and challenges they experienced as they navigated services during their recovery process. Through the ecosystems approach, several subsystems were identified that are important to an individual. This is beneficial knowledge because when the systems are working together, the member will have a more positive recovery experience, without the added challenge of compiling and acquiring resources.

Strategies and Skills

The University of California (n.d) explored seven components of wellness, that suggest when an individual's social, emotional, spiritual, environmental, occupational, intellectual and physical health are in sync a person is at optimum health (para. 2-8). Hence, the key aim for social workers is to assist enhancing the social functioning of individuals within their environment. Accordingly, a holistic focus is beneficial toward improving health and wellbeing and achieving overall health.

Within my practicum with the Workplace Relations Unit, I met with police officers who are currently off duty sick (ODS), and in the process of recovering from a duty related incident and their family members. ODS is an internal term that refers to people who are on sick leave. Duty related incident is an internal term that describes workplace injuries that occur as a result of police work. In my experience as a social work mental health consultant; it was helpful for the organization as I helped gain impartial insight from ill/injured members and their families. This approach helps to reduce the risk of biased feedback from community members, and identify general emerging themes that I shared with the Workplace Relations Unit. This process allowed an opportunity for police officers and their families to openly and honestly express their experiences. I then used the opportunity to advocate and share recommendations in a collaborative and solution oriented way to the Workplace Relations Unit in an effort to build on the already existing programs.

Mental Health Consulting

Social workers are effective as mental health consultants because of the diverse perspectives that formulate the guiding principles of the profession. As we enter an era with more anti-stigma campaigns and mental health awareness, it is becoming increasingly important

for organizations to have awareness on how to support their employees who have been injured due to the nature of their work.

During my practicum I worked in the capacity as a mental health consultant to support the RCMP Workplace Relations Unit with their mental health strategy and explore supporting ill/injured police officers and their families.

The Random House Dictionary defines consulting as "being employed in giving professional advice, either to the public or to those practicing in the profession and a consultant as a person who consults someone or something...a person who gives professional or expert advice" (Flexnor, 1988, p. 289).

Yankey & Willen (2011) describe consulting as "an interaction between two or more people in which the consultant's special competence in a particular area is used to help the consultee with a current work problem" (Schulman, as cited in Yankey & Willen, 2011, p. 410). In this context, I combined my skills sets as a social worker, mental health practitioner, along with my current employment experience working with military families. This allowed me to offer new insights to the Workplace Relations Unit regarding support for police officers who have experienced duty related injuries and their families.

Mental health consultants assist by providing advice and support to an organization to influence change, education, identify gaps and design and implement change for positive outcomes (Beck & Kalfef, 2016).

During my placement, my emphasis was on enhancing the support to members and their families who experienced a workplace injury and utilizing anti-stigma discourse. I also utilized approaches from social work such as narrative questioning and a client centered approach. I incorporated life and work experiences, social work skills, anti-oppressive discourse, strengths based and a resiliency/ post traumatic growth/ perspectives into the work place environment.

Under the direction of the Work Place Relations Unit as an interdisciplinary partner and support to the Peer to Peer program, I assisted in the analysis and feedback of internal resource service delivery and awareness between macro and micro systems. This position has been important in contributing to planning and making forward progress toward supporting RCMP members and their families in collaboration with the gradual implementation of the Mental Health Strategy.

Organizational Consulting

An important first step of consulting is to determine who the client is within the system. Using a client centered approach; I first identified my client within the system I was working in: the RCMP Workplace Relations Unit. From there, I was tasked to meet with RCMP members and their families to gain insight into some of the challenges and triumphs they faced following workplace injuries. This was a shift in perspective for me, because in my employment experience, my clients have been at an individual and family level. Within my capacity as a consultant, I met with stakeholders, gained feedback and provided family discussion themes and recommendations at an organizational level.

I wanted to use social work interviewing techniques in a different capacity from counseling. Thus, I blended narrative interviewing with a client centered approach. Although I was not practicing social work in a clinical capacity, my experience as a clinician aided me through the process as I was cognizant of particular approaches in working with people who have experienced trauma.

The social work placement in the unit has been important toward planning and implementing best practice approaches for RCMP members who are injured on the job. During my practicum, I had the incredible opportunity to meet with RCMP members and a family member who have had involvement with the Work Place Relations Unit in some capacity.

Through structured narrative interviewing questioning tactics, I gained insight into some service gaps, challenges and triumphs that RCMP members and their families faced, and collaboratively we brainstormed solutions toward change. The skills that I learned through the duration of my practicum included: analytical processing, critical thinking, strategic planning, networking, community development, consulting, and macro development.

Primary Practicum Activities

For the practicum, I combined my current social work experience in a military ecosystem, with consulting at a macro level for organizational change that benefits both the senior officers and members. I came into the placement to share insights based on my social work background, in order to support the unit to explore ways to enhance the support to ill and injured RCMP members and their families. Members and families were referred to me internally through a service partner within the Workplace Relations Unit; I met with them with the Peer to Peer Coordinator. The Peer to Peer Program is a referral system that is coordinated by an experienced and trained police officer. The ideology of the system is to provide referral support and guidance to members following a critical incident and connect them with resources that can enhance their recovery process before a mental health condition becomes chronic. The key is early intervention. This system allows for officers to be connected with another officer who understands police culture and lifestyle and is fully aware of the internal programs, services and how to navigate them.

Individual and family consultations were offered to RCMP members, their families and/or support person. The meetings were designed to provide members with an opportunity to discuss and share personal experience/stories and illustrate the successes/challenges that they and their families faced while recovering from a duty related incident. The consultations allowed people to be part of an empowering collaborative process, to give feedback and explore ways to improve

current support services and to strengthen the resiliency for both members and their families who have experienced a duty related injury. My role was as a collaborative service partner (MSW student and mental health consultant) who provided recommendations on how to improve current services that coincide with the Mental Health Strategy at the local/divisional level. Based on the feedback gained, I was able to share internal feedback within the Work Place Relations Unit.

We explored the successes and challenges that members and families faced at the time of the incident and throughout the recovery process. We discussed the impact an injury (ies) have had on the day to day life of the individual and family members, and explored the challenges that were faced at the micro, meso, and macro levels and brainstormed solutions. Throughout this process, four key themes emerged that each family spoke to that include: (1) social support, (2) supervisory support, (3) family support and (4) community support. Following the meetings, I prepared internal feedback for the Work Place Relations Unit with recommendations for enhancing services that linked to each of these themes using the social model of disability approach as my theoretical framework. For this process I used a client centered approach and narrative questioning techniques. I used the two practices together to foster a strength-based tone for the duration of the meetings. The RCMP members and their families shared very personal stories, thus a narrative framework allowed me with space to honour and hear their stories. I applied a client centered approach to frame the questions that I asked and borrowed techniques from narrative practice.

Carl Rogers client centered approach…emphasizes the special qualities of warmth, acceptance, empathy, caring, concern and genuineness as essential attributes of helping relationships. In such relationships, when the worker listens carefully to the clients

concerns and communicates both verbally and nonverbally an attitude of acceptance, the

client feels validated and safe, thereby setting the foundation of the worker client

alliance. (Boyd &Webb, 2001, p.52)

When I met with the families, I explained my role as a social work student. I spent

approximately 10-15 minutes building rapport with the family. I approached by asking about

what part of the country they are from, how long they have been in the RCMP, how many times

they moved, and the names of their kids (when applicable). Building rapport and trust with

clients is such a crucial component for any form of meeting within a social work role. It sets the

tone for the entire relationship between social worker and consumer. Hearing the stories that

families shared with me was a profound and humbling experience.

The questions that I asked families were based on narrative interviewing techniques and

perspective. Michael White and David Epstein's narrative approach is a "non-pathologizing

approach to community work and counseling" (Narrative Therapy Centre of Toronto, n.d.).

Narrative practice is gaining popularity in the field of social work, particularly in working with

persons who have experienced trauma. This approach operates through a collaborative process

between the social worker and client. Through externalizing the [identified] problem, the social

worker creates space between the person and the problem (Augusta-Scott, 2013). For example:

through the process of externalizing the behaviors (i.e. avoidance) associated with work related

injuries such as Operational Stress Injuries (OSI), the narrative approach advocates that OSI does

not define the person and that it exists externally to the individual. I then explained this insight

about the externalization of injuries such as OSI, to both the police officer's family and the unit,

that avoidance is not a reflection of the individual avoiding work, rather the observable behavior

could be associated with a medical condition such as OSI. This process allows the opportunity

for the social worker to explore new outcomes and work with the police officer toward creating a

new narrative that links the past to the future and expands on the person's values, strengths and principles (Augusta Scott, 2013). During the meetings I facilitated at my practicum, I used techniques from the narrative approach in order to structure the questions that were asked to police officers and their families. "…through a process of narrative questioning, people are invited to build rich descriptions of their lives, identifying key resources and skills, the social histories of how these developed, and how these can lead them toward their desired future" (Hughes, 2013, p.145). This process was tailored to extract strengths, skills and resources both internal and external from the police officer and their family members.

I tailored my approach from the narrative perspective to focus on fostering a nurturing environment for story sharing and illustrating strengths within individuals and the organization. The questions that were presented to the members and families conveyed understanding regarding the police officer's experience while recovering from a medical condition, coupled with insight from their spouse who is in a caregiving role. Both the member and the spouse shared their journey based on the problem they experienced, the constructed outcomes, and connecting their past to future. Although my placement was not clinical in nature, I think some of the families would have benefited from participating in full narrative therapy because many have a burning desire to share their stories and make meaning and sense of them. Perhaps having room to do so by a skilled clinician could help them recover and adapt quicker.

The ecosystems theory believes that humans adapt to their environment following some forms of changes to an individual's ecosystem. Additionally, expressing narratives through story sharing can be an empowering process as it allows people the space to make meaning of their experiences. This is an important method for people who have experienced trauma as it sets the groundwork for resiliency. Resiliency is a concept that was illustrated with many of the families along with post traumatic growth. As previously mentioned, resiliency is understood as an

individual's ability to bounce back from adversity. Post traumatic growth is a relatively new concept that explores the growth that individuals experience as a result of trauma; they bounce back stronger than they were before.

The concept of resiliency and post traumatic growth were illustrated in the meetings and some families exemplified those traits. They have found and made meaning of their experiences and discovered new ways to thrive in light of the challenges of injuries. Through processes of adaptation to trauma, families illustrated that they could externalize the problem (such as post-traumatic stress disorder).

Kirschman (2015) suggests that "building resiliency requires modifying the relationship among the family, the officer and the department, moving away from triangulation and toward collaboration" (p. 173). Through a collaborative process, I worked within a team to develop a framework to conduct feedback sessions to provide the unit with information based on the suggestions that arose from the families whom I met with. Assisting to improve management, administration and delivery of the Peer to Peer program was one of my learning goals for the practicum along with having discussions about practices to support members and families with duty related psychosocial injuries. Together we explored the impact certain events had on families, how they worked through them, and what gaps they uncovered and experienced during their journey.

Feedback Meeting Themes & Recommendations

Following the feedback meetings, four main themes emerged. The themes relate to the four forms of social support that Cullen et al. (1985) explored. These forms of support aid in an individual's protective factors, which will in turn foster a positive environment, to promote healing and recovery. The four forms of social support include: social, supervisory, family and community. These social support mechanisms aid in recovery progress.

Theme 1: Social Support

Recommendations from the feedback meetings indicated that members would like to see the implementation of a peer support mentor: liaison similar to the role of a Victim Services Coordinator. Families stated they would like to have a support group established to facilitate healing within a group setting because there are limited external resources (i.e. provincial health care services) that facilitate tailored support directly related to healing in the context of police work. People are looking for social support through peers who have a shared experience. This can be beneficial as a mechanism for growth and resiliency but is most effective when done in partnership with a trained clinician in a structured format.

Peer support is beginning to increase in popularity as an approach toward healing from trauma. Money et al. (2011) explored best practices of peer support, in their research study for Defence Center of Excellence, and suggest that "service members and veterans are more willing to share their feelings and concerns with someone who has had similar experiences, such as combat, than someone who has not" (p. 5).

Having a structured approach will aid in recovery and reach people who do not rely solely on clinical support or intervention. This approach could include a collaborative partnership between a social worker or other clinician and peer mentor who would work together to support the members of the group. The clinician can support in a clinical capacity and facilitate the

group, and the peer can provide the additional support in the context of having a similar cultural experience/background within the organization.

Theme 2: Supervisory Support

Continued development of educating senior officers about mental health is important, particularly regarding education about general mental health in the workplace, and how to support members experiencing a mental health crisis. Many members said that their supervisors had intentions to help, but just did not know what to say. Another barrier that was addressed is that the ill/injured members' supervisor maintains contact and authority of the member while they are off duty sick. This is ideal when the member and the supervisor have a positive relationship. In cases where the relationship is not positive, this can exacerbate the stressors associated with the recovery process. When someone is not feeling well the last thing they want to deal with are negative office politics when they need to be focused on their healing journey. More education should be implemented at the supervisory level to teach managers how to positively interact with employees who are off duty sick.

The accumulation of stressful events that can contribute to OSIs or the onset of OSI symptoms are more difficult to address because often the behaviour is misinterpreted as being unruly or insubordinate when in actuality the person may be experiencing a mental health related concern. More education about best practices and protocol is being addressed through the implementation of the mental health strategy.

One collaborative suggestion that arose for supervisory support was encouraging supervisors to spend time getting to know their employees, (particularly new ones) on a personal level and also to learn about the resources their employees can access if a member experiences a crisis. One suggestion was having a checklist available with information and resources about

what to do if someone experiences a crisis with a list of resources that members and supervisors can access.

Theme 3: Family Support

During the meetings, members who had a supportive spouse appeared to be in better spirits, had long term future goals, and a sense of control over their recovery.

Policing is a family occupation; what happens at work spills over to an officer's spouse and children. Conversely what happens at home spills over to work. An officer's home life and the support of a positive significant relationship are key to buffering work stress and maintaining a sense of wellbeing on the job. (Kirschman, 2015, p. 171)

Families suggested that educating about decompression from stressful events should be taught during police officer cadet training, and that families should be provided resources at the time of graduation. Communication/awareness of benefits and resources should be made available to both the member and their family so they are not blind-sided in a crisis. Families also expressed it would be helpful to gain insight into how to access provincial health service along with other benefits. One step that has been taken is the discussion about the development of a resource book that will be provided to families upon graduation at RCMP Academy depot training. The book will include all key internal resources that families and members can access. During my placement I began the initial outline for the book based on feedback from the community. I provided a basic outline for the Workplace Relations unit, who were going to explore further development.

I observed that many of the families that I met with were nuclear whereas the remaining families were blended and all consisted of two parent families. Each couple were part of a heterosexual relationship; thus if research were to be conducted, a same sex family would be enriching along with blended non-nuclear families. Half of the couples I met with were dual

service with both partners being uniformed members and the remaining families were comprised of one uniformed member and a civilian spouse.

Interestingly, the couples who were part of a dual service navigated and acquired resources collaboratively; whereas, the civilian spouses appeared to have greater challenges accessing and navigating the services within the RCMP organization and within the provincial health care system. Knowledge of benefits would certainly be an asset to ensure that if there is a time when the uniformed member is incapable of making their own decisions (i.e.in cases of severe physical or psychological injury), a family member is aware of what and who they can access. Another area of interest for future potential research is the impact OSIs on extended family and education around about them. For police officers whose marital status is single and have extended family (i.e. parents/siblings) residing in other parts of the country, it would be beneficial to gain insight into their experiences of recovery following and injury.

Additionally, it would be interesting to explore the residual impact on the youth and children of an injured RCMP officer and also single parent families.

Theme 4: Community Support

An interesting observation was related to community support for members who experienced physical versus psychological injuries. Members residing in small communities who were physically injured received significant support from the general community; whereas, members who experienced psychosocial injuries received little to no support from the surrounding community. Perhaps this is due to the fact that physical injuries receive immediate attention and intervention; whereas the intervention for mental health injuries may be delayed, tend to accumulate over a period of time, and are not as quickly identified as for example a broken leg requiring a cast.

Having community support and a sense of belonging help a member to feel connected and supported in times of personal crisis. Communities are an empowering source of support. Members who received unexpected assistance from their communities (i.e. childcare, snow removal, meal delivery) expressed feeling humbled, comforted and cared for. This is particularly important for members who do not have family support nearby and live in isolated communities, especially those who have relocated from various parts of the country due to postings.

Overall, based on my observations of members who experienced physical and/or mental health conditions, those who illustrated resilient aptitudes were those who had a supportive family, a positive perspective, maintained connection with peers and supervisors, were engaged in their community and were resourceful in being willing to accept help when necessary.

Discussion

Following the meetings, feedback was used to internally make recommendations to the unit based on the information gained from the stakeholders.

Overall members and families identified that stigma reduction/education regarding mental health was important to address; along with increasing education about benefits for mental and physical injuries and assistance to efficiently navigate the provincial health care system following a personal/family crisis. This aligns nicely with the Mental Health Strategy, as the strategy is focused on improving support in these capacities.

I shared the information I gained with the unit. From there, we began exploring new ways to provide information to reach members and their families. One method we discussed was the idea of developing a resource book (as mentioned earlier under the family section). This will be a resource that contains information about available support to all members from the local and national level. Often people may not initially know who to turn to in a crisis, particularly when there are many service providers and intersecting systems. Having a quick reference guide will

help direct them to the right interdisciplinary partner without having to navigate several systems. This will be extremely helpful for civilian family members who do not have the same corporate insight with the programs and resources as the RCMP member. The Workplace Relations Unit were interested in this idea and going to explore further third party methods to develop the guide.

Unfortunately, 450 practicum hours was not a significant amount of time for this endeavour but I feel as if the ground work has begun. Not many people enter into their profession fearing the worst case scenario; however, in life it is never known when crisis could arise. It is important that education and awareness are generated so people know who to turn to and what they can access. One of the key components of building resiliency is resourcefulness. Overall generating awareness, providing education and being supportive to those experiencing a crisis is pivotal.

Social Work Ethics and Values

My role within the practicum was guided and governed by the Canadian Association of Social Workers (CASW) values and ethics. "Ethical behaviour lies at the core of every profession and *The Code of Ethics* sets forth values and principles that guide social workers' professional conduct" (CASW, 2005, p. 2). Social workers are often faced with making quick decisions, thus having a guideline helps us make ethical decisions that impact the people we work with.

Throughout my practicum, I had discussions with my academic supervisor, professional associate, social work colleagues and peers, and RCMP colleagues about ethical challenges that were faced or perceived. My current professional experience has aided in my independent awareness of social work ethics and values; yet, it was helpful to gain insight and reassurance from my colleagues and academic team when facing some challenges.

The six core operating values and principles of ethical social work practice include: Value 1: Respect for Inherent Dignity and Worth of Persons; Value 2: Pursuit of Social Justice; Value 3: Service to Humanity; Value 4: Integrity of Professional Practice; Value 5: Confidentiality in Professional Practice; Value 6: Competence in Professional Practice. (CASW, 2005 p. 4)

Examples of the ethical considerations that I encountered include: boundaries, confidentiality, self-determination, conflict of interest, dual relationships, compassion, diversity, self-awareness and professional conduct. The CASW 2005 Code of Ethics values the pursuit of social justice. The value of social justice requires social workers to challenge and navigate structural barriers to assist vulnerable persons. This social work value affirms that social workers advocate for fair and equitable resources to public services and benefits.

Boundaries

As a social worker, professional conduct is integral in both professional and personal lives; especially when we live and work in small communities with great likelihood of crossing paths with clients. Boundaries are important to establish for many reasons such as: to create work/life balance to maintain parameters when working within an interdisciplinary team and to be cognizant of the dynamics of power between social worker and client. An individual challenge I experienced was adapting from micro social work practice to macro. My employment experience thus far has been working with individual clients in a counselling, advocacy role where I challenge and navigate systems. This practicum allowed me the opportunity to learn new skills at macro level social work practice in a human resource setting. Identifying and adhering to the boundaries that were a result of my roles as a university student, an employee as a military service partner, and RCMP student/volunteer social work student was one of the greatest lessons that I learned, and this was an experience that I had not considered. This was difficult to achieve as there were moments that I processed information as a counselor, then through my own self-awareness adapted to process information as a macro consultant. Essentially I compartmentalized my abilities based on the context of where I was working. Eventually I reached a place where I felt I was competently representing the organization I was working within.

Another indirect learning opportunity I gained was through identifying and establishing boundaries between my current employment as a civilian service partner with the military and the RCMP. Given that I have ties to both federal organizations I initially assumed that both agencies operated in similar ways. Although there are some similarities, there are also differences. There were many times I met members and families within the RCMP who also had a military connection. This was a challenging boundary to establish, as my automatic response would be to identify with the military context; thus I had to compartmentalize and acclimatize to

maintain focus on the RCMP. This was a challenging boundary for me because families with the

military connection would see me as a representative of both organizations, when my purpose

was related to the RCMP. I had to work hard to keep things separate.

Confidentiality

Confidentiality is listed as value 5 within the CASW. This value is an extremely vital core

skill that social workers must exercise in their practice. Maintaining confidentiality respects the

dignity of their clients and secures personal and identifying information.

Individual and family feedback meetings were administered as a method to gain feedback

to enhance the current support and explore collaborative strategies within the interdisciplinary

team to support ill/injured members and their families. Stakeholders were provided space to self-

determine to participate in the feedback meetings and whether or not they wished to attend

independently or with a caregiver or immediate family member. This was done through

connecting with members, explaining my role and the intent of the meeting and they determined

whether it would be beneficial or not. The process allowed members to identify systemic gaps,

and brainstorm solutions which I provided to the Workplace Relations Unit. This process was

empowering, as it allowed persons who had been ill or injured through their service to the

country to express some brilliant ideas in how to move forward and also identify resources that

worked very well. Through the process of my practicum, any notes were destroyed and

confidentiality has been maintained through RCMP internal processes.

Confidentiality is of extreme importance. Throughout the process, identifying information

was not gathered and essentially themes that emerged were gathered into a general collective.

Upon meeting with members and their families, I explained the limits of confidentiality and

professional duty to report potential harm to self or others, child abuse/neglect, or if required by

a court of law. In this agency, as with many others, confidentiality is extremely important and each worker is bound, through writing, and must maintain it.

Through establishing trust with a client and maintaining their confidentiality, social workers respect the dignity of their clients through not disclosing personal or identifying information. Social workers also need to be cognizant and relay to clients the limitations of confidentiality to foster empowerment, and self-determination.

Conflict of Interest

An ethical challenge arose when I was invited to meet with some people who I knew personally. The ethical guideline 2.3 in the CASW (2005) code of ethics states that I must declare any conflicts of interest:

> social workers avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgement. Social workers inform clients when a real or potential conflict of interest arises, and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client to another professional. (p.11)

The situation I experienced presented a conflict of interest. I addressed the conflict by having conversations with the people to inform them that I was working in the environment and that there was potential we could cross paths. I also consulted with my academic supervisor and my daily supervisor onsite to explain that there was a conflict of interest. I explained CASW policy 2.3 ethical responsibilities in professional relationships that warrant that I declare conflicts of interest. I am confident that the matter was managed appropriately, professionally and ethically.

Diversity

The RCMP is an organization with a sub-culture that is rich with tradition, customs and is considered a historical Canadian icon. Because I am not a member of the RCMP, my understanding of the culture is limited; thus upon commencing work within the organization, I was cognizant of the importance of demonstrating cultural awareness and sensitivity and to learn the cultural components and its functions at micro, meso and macro levels (CASW 2005, p.7). This was achieved through observing, participating in professional development activities and immersing within the environment.

Guideline 1.2.1 requires social workers to Demonstrate Cultural Awareness and Sensitivity. "Social workers strive to understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures" (CASW, 2005, p. 4).

Conclusion

I am not a RCMP member or immediate family member of an RCMP member; however, I have been working with the military for the past seven years and have acquired a unique and transferrable skill set as a social worker that I was able to adapt within this environment and sub-culture.

One of the challenges has been working at the placement two days a week. Due to my own personal life circumstances as a working, single mother it was necessary that I continue with paid employment for the duration of my practicum. During my undergraduate degree, I can recall many conversations about the importance of self-care and self-investment. It was during this process it began to make sense. In order to fulfil working my permanent job, my placement, commuting, writing a paper, single-parenting and fulfilling other day to day duties, I entered into this process with a self-care plan that included carving out and scheduling physical activity three-five times per week, meal planning, journaling and social time so I did not deplete myself while working toward helping others. This process really solidified the concept of self care for me.

Working at my practicum two days a week was a challenge because I felt disconnected at times from the unit. Although I feel I bonded with the members of the team, I would have felt more connected having been onsite full time. We were constantly crossing paths with operational duties and other work related duties that would spring up. The months of March and April were challenging as we needed to constantly adapt our busy schedules to coordinate our needs based on work and personal life demands. I am fully aware how quickly things can change and arise in a fast paced environment and one of my challenges and triumphs was constant adaptation to change. My need to be flexible, innovative and creative has aided in the success of this practicum.

Also, toward the end of my feedback conversations, I gained feedback from my onsite supervisor who helped me fine tune my approach to learning how programs that are adapted from organizations can be implemented differently. In our meetings, I had been discussing an internal tool that I am familiar with through my employment experience. I was operating under the assumption that both organizations used the tool in the same context. However, I learned there were slight differences to the delivery and this was an educational moment for me as well. I appreciated having the feedback because it allowed me room for growth. It allowed me to look at a tool in multiple ways that I had not thought of before and step outside my current mindset and look through a new lens. Following the conversation, I was provided with a more in depth explanation of the RCMP mental health strategy and the steps that are being taken over the next five years. This helped contextualize my role and my experience within the organization. Then shortly thereafter, I participated in the Peer to Peer advisors training that helped gain insights into all of the systems. I learned about the programs that police officers and their families can access to support them if they have experienced a work related injury or personal circumstances as well. Opportunities to attend presentations, interact with police officers, attend conferences, and experience calls from dispatch were helpful which increased my awareness of police work. I also gained awareness into some of the scenarios that police officers engage in, and the impact these events can have on the member's personal life. This impact may occur immediately after an incident or days, weeks or even months later.

Another challenge I identified was adjusting from a community based organization to an administrative macro setting. Having more guidelines to work within was a challenge as the community based organization sector generally allows for more flexibility within policy. I tend to become enthusiastic and passionate about my work and forget that I need to stick to a structured format.

I feel that I have grown as a social worker in the context of administration, management and human resource awareness in terms of supporting employees who are ill/injured from their line of duty. These are skills that as social workers we often utilize as we advance in our careers because administration and management are not traditionally taught through formal social work education. As a social worker, it is important to learn leadership skills, qualities, interpret feedback from supervisors, provide feedback to supervisors and work professionally and eloquently within a team. That being said, it is equally important to challenge discourse, explore new approaches to support people within the framework and parameters of the position.

As practitioners, it is important to be culturally aware of the diverse needs of our clients. Police officers and their families are part of a sub-culture with unique stressors and needs that relate to the form of work. Knowing policy, stakeholders and how to navigate systems are critical roles of social worker at the micro, meso and macro levels of analysis.

Researching and implementing preventative practices is a critical component toward injury prevention; however just as important is having a standard practice in place for when members do and will continue to get injured on the job. Injury prevention models will not stop things from going sideways, therefore, having a plan with all key service partners on board will help to foster and encourage positive recovery practices.

I am extremely humbled by the people I have met throughout the duration of this placement. Police officers and their families who are overcoming challenges and injuries still have a burning desire to help others and have admirable resilient spirits. Coming together as a community, organization and peers we can help nurture them through providing a positive environment that will help facilitate positive outcomes for recovery and return to duty in the workplace. In the end, we all benefit from happier, healthier, and resilient society.

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