From My Perspective . . .

Police Officer to Police and Public Safety Psychologist: A Valuable Journey

Joel Fay, PsyD

My professional career did not start as a psychologist, but rather as a police officer. In 1975, I joined the U.S. Army to serve as a military police officer, and I served 3 years before joining the Criminal Investigation Division (CID), where I worked undercover narcotics investigations, criminal investigations, and crime scene analysis. We were the early version of *CSI*, although our techniques and understanding paled in comparison to what is done today.

In 1981, I joined the Los Angeles Police Department (LAPD) and worked there for almost 5 years. Although my responsibilities involved mostly patrol duties, I also worked in a crime suppression unit and as a training officer, and I was one of the first Drug Recognition Experts in California, qualifying as an expert in scores of criminal cases.

In 1985, I left the LAPD for a brief foray into a family business. By 1987, I decided to return to police work. I joined the San Rafael Police Department (SRPD), where I served over 23 years before retiring in February 2011. My work included patrol, K-9, SWAT, sniper team member, Hostage Negotiation Team, Peer Support Coordinator, Training Officer, and 11 years as a Mental Health Liaison Officer in a program I initiated and developed. As the liaison officer, I worked with seriously mentally ill people, getting them out of the criminal justice system and into treatment.

Among the noticeable differences between the LAPD and SRPD was that in Los Angeles, you almost never arrested the same person twice. In San Rafael, you not only arrested the same person repeatedly, but also grew to know them on a first-name basis—and you knew their families and their history. As I developed relationships with the people I arrested, I would find time to talk with them. I was seeing patterns of problematic behavior and tried to offer suggestions for change, but often I didn’t know what to say or how to say it.

In the early 1990s, I arrested a 10-year-old girl who had committed a burglary. While she wasn’t a very sophisticated criminal, she was very clear about what she was doing and why. She “wanted the stuff the other people had.” I spent a long time with her, talking about her family. Her mother was in prison, and her father was a drug addict. My time with her had a profound effect on me, and I recognized that while I cared, I didn’t know what to say to help.

I decided to go to graduate school at what is now known as Argosy University. I attended classes during the day while working nights. I wrote many a paper at 3 a.m., when the streets were quiet.

As my expertise in psychology grew, I began to work with first responders as a peer support member and could see the value of having a culturally competent therapist working with emergency responders. Along the way, I met David Epston, a social worker from New Zealand who helped create narrative therapy. This is a therapeutic approach that looks at problems through the lens of the stories we tell about ourselves and encourages people to separate from the problem. It made sense to me. An example is asking someone, “How long have you been depressed?” versus “How long has depression been affecting your life?” Which question feels more empowering? Which question allows you to take a stance against depression? Narrative therapy improved my communications with the people I met on the street and with the first responders I encountered in my peer and clinical work.

I was also fortunate to meet and develop a mentoring relationship-turned-partnership and friendship with Al Benner, PhD. Dr. Benner was one of the original Cop Docs and ran the San Francisco Police Department’s Stress Unit. He was an early advocate of peer support for law enforcement, and we spent many hours collaborating on various projects and articles. Dr. Benner’s support and encouragement taught me the value of a mentor, and I continue to be one myself by providing supervision to interns and helping other officers on their path to becoming clinicians.

One of our most significant achievements was the creation of the West Coast Post-trauma Retreat (WCPR), a residential program that treats emergency responders for Post-Traumatic Stress Disorder (PTSD). Years later, I became the president and then Clinical Director for WCPR, a position I still hold. WCPR is now one of the programs offered by the First Responder Support Network. I also have a private practice, consult with police agencies, and teach police departments how to work more effectively with mentally ill people. I am one of about 60 psychologists in the United States to have earned a board certification in Police and Public Safety Psychology. My work life is fulfilling and my practice is busy, but I still find time to ride my bike as often as I can. No complaints!

What did I learn from these events, and what advice can I offer?

If possible, find an internship that will prepare you for the type of clinical work you want to do (geriatric psychology, working with small children, forensic, etc.). The internship is where you will begin to create your professional image. I would add that if you can’t find one that meets your needs, don’t panic—get the hours done, get licensed, and then work on your real goals.

It is important to have a niche. While there are many fine therapists in the community, when people think about trauma, they think about referring the client to me. When I get a referral for a person with obsessive compulsive disorder or someone going through a nasty divorce, I think of two different therapists in the community who are known for their work in these areas.

Have a diverse practice. Sitting in an office for 40 hours a week would drive me nuts. Being involved in many activities makes the days and weeks pass by quickly and keeps the profession fun. Have a consulting group, be on a committee of your local professional association, or volunteer some time at a homeless shelter. These are all things that will remind you of why you became a therapist in the first place.

One of the things I appreciate about this profession is the ability to keep recreating yourself. If you are tired of working with kids, switch to something different. There may be some lag in your practice as you make the changes, but it is doable.

I started graduate school when I was 37 and was concerned that I was starting too late. But, I found that the time I spent living life, making mistakes, correcting them, and moving on all contributed to making me a better therapist. Have a wonderful time learning about your chosen profession, and enjoy the journey.

Following over 30 years as a police officer, Dr. Fay began private practice working with emergency responders. He teaches Crisis Intervention Training for agencies throughout California, has coauthored many articles about emergency service stress, and is a coauthor of *Counseling Cops: What Clinicians Need to Know.* His many awards include the 2007 Humanitarian Award, presented by the California Psychological Association, and the 2012 award for Outstanding Contributions to the Practice of Police & Public Safety Psychology, presented by the American Psychological Association.