2020

Undercover Law Enforcement Operatives' Perceptions of Post Critical Incident Mental Health Services

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Walden University
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Abstract

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MBA, University of Phoenix, 2007

MA, Chapman University, 1990

BS, Southern Illinois University Carbondale, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

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Abstract

Undercover officers experience unique job-related stressors due to the covert nature and sometimes long duration of their tasks. Undercover officers adopt false identities that involve taking on a personality and lifestyle that the officer might find personally objectionable. If this identity is ever compromised, they and family members are in great danger. Officers are faced with the daily possibility of encountering abrupt and unforeseen traumatic events, such as gang retaliation, terrorism, and other events rarely experienced by civilians. Such events that exceed the range of normal experience are *critical incidents*, and they may be so overwhelming that they are beyond the person's ability to cope. Research into the factors influencing the willingness of undercover officers to accept or actively seek services is sparse. This phenomenological study was used to examine the perceptions of undercover officers regarding post critical incident mental health services and whether their attitudes about them have changed over time; 5 undercover officers were interviewed. Participants acknowledged their stigma-induced resistance to help-seeking as well as a slowly improving view of mental health services among police officers and indicated they would both use services if provided and encourage psychologically distressed colleagues to do the same. Results from the study may inform the development of effective services that undercover police officers will accept and use to reduce psychological distress, and to improve job performance, quality of life, and survivability.

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Dedication

This dissertation is dedicated to my parents, Charles and Virginia Spinella, my aunt and uncle, Carl and Jessalye Spinella, and my many friends, mentors, associates, and colleagues who provided me with incentive and encouragement to succeed over the years. To Laurie Bushnell, my first girlfriend from Junior High School who having been lost to me for more than 50 years, re-entered my life as I started this final phase of my education. I appreciate your love, support, and patience that provided me an invaluable assist in crossing the finish line. I am looking forward to spending every minute of the time I have left in this life with you.

Patricia McInerny, you provided guidance and support during some of the most important phases of my life. From you, I learned the importance of personal integrity, loyalty, humor, and the pursuit of knowledge. Most importantly, from you I learned all I needed to know about negotiating adversity. You helped me develop the vision and persistence to complete this long and arduous route to this point in my academic career. You believed in me at times when I did not. I cannot imagine that one could have a better sister. I will see you again in time.

Acknowledgments

I begin by expressing my sincere gratitude to my dissertation committee chair, Jana Price-Sharps, Ed.D. Your guidance and support through the dissertation process is incalculable. I benefited greatly by your knowledge and creativity. I acknowledge your commitment to the student you work with and the dedication you have to your profession. You are a role model with characteristics I will try to emulate. Thank you. Secondly, I would like to acknowledge my second committee member, Jason Roach, Ph.D., and Christopher Bass, Ph.D., my URR. Thank you both for your helpful feedback, encouragement, time, and expertise. I especially acknowledge the dedicated law enforcement professionals who participated in my study. I am impressed by your professionalism and your concern for your fellow police officers. The results of this research are intended to benefit you and your colleagues and I thank you for your contributions.

Lastly, I acknowledge Virginia Steinbach, MFCC who inspired me to enter our profession. Scott Deiner, Ph.D. and Judy Matthews, Ph.D., my first teachers who helped shaped my view of our profession and helped me through the process of embarking on a new career while finishing up my first one. Edward Culberson, Ed.D, who introduced me to teaching up and coming therapists and teachers. Moira Fitzpatrick, Ph.D., you guided me into the business side of our profession. And Cristy, you were patient, supportive, and at times directive. You kept me focused and on task. I owe you much. I thank you all for your substantial contributions to my career.

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Chapter 1: Introduction to the Study

Introduction

The duties of a law enforcement officer include being exposed to extremely stressful, dangerous, and potentially life-threatening situations that have extensive and long-term psychological impacts (Sanai, 1998). A police officer is often involved in the investigation of some of the most dangerous individuals in society: murderers, terrorists, sexual offenders, and others who jeopardize the safety of citizens (Husain, 2014). Undercover police officers frequently engage in such kinds of investigations for prolonged periods of time and may be involved in a number of investigations simultaneously. Police officers are exposed to potentially traumatic circumstances, such as the death of children, gruesome accidents and crime scenes, and acts of terrorism, events rarely experienced by civilians (Husain, 2014). These events are referred to as "critical incidents," defined as events that exceed the range of normal experience that are sudden and unexpected, may involve the sense of losing personal control, the perception that one's life is threatened, and may include the experience of physical or emotional loss (World Health Organization [WHO], 2006). The event or circumstances may be overwhelming to the extent that a person is unable to cope with the resultant psychological distress. However, police officers are not likely to seek help regardless of the how personally overwhelming the impact of critical incidents may be, due to the closed culture of law enforcement and the expectation of members' toughness and self-reliance (Sgambelluri, 1994; Shallcross, 2013). Law enforcement officers are expected to set aside emotional responses and take command of a situation to preserve order. The

ability to remain “cool under pressure” is an essential survival skill, and as Violanti (1992) noted, an officer’s ability to protect themselves from the emotional effects of traumatic events is as important as being able to protect themselves from physical harm.

Resistance to seeking help frequently results in psychological and behavioral problems such as depression, anxiety, substance abuse, suicidality, aggression, and others (Husain, 2014). Additionally, single incident or accumulative traumatic exposure may result in impaired tactical judgment. The psychological distress experienced by undercover police officers is compounded by the ever-present possibility of the officer’ s undercover identity being compromised and can place officers and their family and friends in danger. However, police officers have a profound distrust of outsiders, especially mental health professionals (Twersky-Glasner, 2005), who may assist officers in coping with the emotional and psychological aftermath of a critical incident. The negative impacts of job-related trauma that are not addressed may result in behavioral problems that create safety concerns for coworkers and the general public. The mitigation of issues, such as an officer’s use of excessive force and other acts of aggression, is relevant to social change in light of the volatile and sometimes lethal encounters between police officers and community members, such as those who have been frequently reported by the media in recent years (Girgenti-Malone, Khoder, Vega, & Castillo, 2017).

There is a paucity of research regarding the opinions of police officers about the usefulness of voluntary or mandated post critical incident mental health services and whether factors may facilitate a change in their perceptions. Factors influencing attitude change in general have not received much attention from researchers. However, Krosnick

and Alwin (1989) described two conflicting views regarding age and attitude change: the impressionable years hypothesis and the increasing persistence hypothesis. The former view is that individuals are highly susceptible to attitude change during late adolescence and early childhood, but that trend declines significantly thereafter and remains low for the remainder of life (Krosnick & Alwin, 1989). The latter indicates that that resistance to change increases gradually throughout a lifespan (Krosnick & Alwin, 1989). In the current study, I examined the perceptions of undercover police officers of three specific approaches to critical incident stress debriefing, and how they view post critical incident mental health services in general.

In Chapter 1, I present a description of the study, including its purpose and the problem it addresses. Background information regarding the significant stressors police officers face on a daily basis, stressors that may be more profound in undercover officers, (Anshel, 2000; Violanti & Aron, 1993) will be introduced as will the potential mental health problems resulting from the psychological distress evoked by these traumatic experiences. In the study, I address the possible resistance to help-seeking that is prevalent in the law enforcement community and police officers' views of voluntary or mandated post critical incident mental health services. The research questions and methodology will be discussed as will the theoretical framework for the study, which represents the lens through which research questions are viewed.

Background

Police officers and other first responders are generally considered at greater risk than other occupations of developing full or partial posttraumatic stress disorder (PTSD)

as their duties routinely expose them to traumatic situations and physical danger. The cumulative exposure to traumatic events on the job has been associated with, and is thought to be a predictor of, the development of PTSD (Geronazzo-Alman et al., 2017). The depression, anxiety, and stress experienced by police officers have been linked to alcoholism, burnout, and family problems (American Society of Addiction Medicine [ASAM], 1976; National Institute of Justice [NIJ], 2016). Researchers have suggested that the mental health and medical problems brought on by psychological distress, such as those following critical incidents, have other negative impacts, including declining work performance and reduced job satisfaction, decreased quality of life, and impaired interpersonal skills (Husain, 2014). Husain (2014) indicated that law enforcement is considered a profession at higher risk of developing mental health problems, and according to Burton (1995), police officers are more likely to find themselves estranged from the family and social relationships typical of persons not involved in law enforcement. While police officers are usually the most visible element of the criminal justice system, research regarding police officers' perceptions of the usefulness of post critical incident mental health services is lacking. In this study, I examined police officers' perceptions of three approaches to critical incident stress debriefing (CISD): (a) individual CISD, (b) group CISD, and (c) other mental health services.

Van der Velden et al. (2013) contended that undercover operatives, the lowest profile members of the criminal justice system, are at even greater risk for potential mental health problems than their non-undercover counterparts. Undercover operatives' vulnerabilities to psychological distress-induced imbalances are due to the unique

stressors associated with their secretive and highly specialized work. According to Vasquez and Kelly (1989), the use of undercover operatives has been found to be an effective addition to traditional approaches to criminal investigation. However, an undercover operative may be more vulnerable to psychological stress and emotional imbalance resulting from the unique stressors imposed by the secretive and alienating nature of the job (Love, Vinson, Tolsma, & Kaufman, 2008). The consequences of psychological distress in police officers include department-wide effects, such as high rates of sick leave and insurance claims, early retirements, and lawsuits resulting from stress-induced police misbehavior—all of which have a significant financial impact on an organization. While psychotherapeutic interventions may mitigate many of these impacts, research into approaches that undercover operatives might find supportive appears to be nonexistent.

According to Husain (2014), the most frequently diagnosed psychological problems in police officers in general are depression, anxiety, and stress. These psychological imbalances all have negative impacts, including declining performance, reduced job satisfaction, decreased quality of life, and impaired interpersonal skills. Other problems include alcoholism, burnout, heart problems, suicidal ideation, and family problems (NIJ, 2016), all of which may be remediated by a range of mental health services. However, law enforcement officers may be unaware of these services or unreceptive to them due to resistant attitudes toward mental health issues perpetuated by the profession-wide expectation of independence and rugged individualism (Sgambelluri, 1994; Shallcross, 2013). Characteristics such as independence, toughness, and a “macho”

attitude toward their jobs are inculcated in police officers from the time they begin their careers (Ceballos, 2013). Beginning with the first day in police academy training, police officers learn to be problem solvers and to control their emotions while on the job. These characteristics are essential to an officer's ability to do their job safely and effectively. Police officers' survival depends on them. Deviations from these behavioral expectations are highly discouraged and frequently result in poor performance evaluations and less desirable post-training assignments (Paoline, 2004).

Anshel (2000) questioned why stress, burnout, and early retirements are so common among police officers and found that these issues are attributable to a lack of effective social support. Law enforcement personnel may be exposed to traumatic circumstances several times over the course of their careers, yet these professionals who are usually the first to respond to a crisis are frequently the last to seek help coping with subsequent reactions to traumatic events. This resistance to help-seeking is pervasive and is a result of the stigma attached to mental health counseling (cop culture, 2013) as well as the behavioral expectations that characterize a "cop culture" that links officers together in isolation and secrecy (O'Neill & Singh, 2007).

The behavioral characteristics that may represent the difference between life and death also underlie officers' reluctance to seek mental health services. This resistance is present in junior officers and senior veterans (Wester, Arndt, Sedivy, & Arndt, 2010). Berg, Hem, Lau, and Ekeberg (2006) noted that for a police officer to admit to experiencing psychological distress would require a major change in an officer's mindset; they would have to transition from being a problem solver, to someone who has a

problem. In light of the behavioral expectations of the "cop culture" as defined by Twersky-Glasner (2005), police officers are likely to try to resolve their own issues rather than seeking mental health treatment (Warren, 2015).

Programs to educate officers to confront stigma that may impact how they respond to citizens at large have been successful in improving attitudes (Hansson & Markstrom, 2014), but little is known regarding how this attitude change translates into personal help-seeking behavior. Montano and Barfield (2017) suggested that people with more knowledge about mental health issues have less fear and more positive attitudes about individuals who suffer from them. Therefore, an understanding of the mental health interventions undercover officers are most likely to accept and benefit from may be useful in reducing the resistance of police officers to seeking help for the traumatic aftereffects of critical incidents.

Researchers have suggested that the effects of individual and organizational stress may be mitigated by the implementation of psychoeducational and counseling programs by an organization (Arnetz et al., 2009; Becker et al., 2009; Quick & Quick, 1979). Though many mental health services aimed at improving the overall functioning of police officers in general have been studied, findings have been inconclusive, perhaps due to the influence of police officers' resistance to mental health services (Wester et al., 2010). The relationship between stressful life events and psychological and physical well-being is well documented as the moderating factors of coping skills (Higgins & Endler, 1995). However, despite this growing body of knowledge, there is a surprising lack of research in the area of teaching officers to effectively cope with job-related stress (Anshel, 2000),

such as that associated with traumatic events and circumstances. Little is known about how police officers view the value of mental health services in general, and CISD and other post critical incident interventions specifically, but the role of stigma as it relates to help-seeking behavior among police officers has been formally investigated (Hansson & Markstrom, 2014; Watson & Andrews, 2018).

Police officer attitudes toward mental health services is an important subject for additional research as an officer's perception of the usefulness of those services will likely determine whether they willingly participate in or benefit from them. Factors influencing an officer's willingness to seek mental health services in response to traumatic events have also been under researched. There is a significant gap in the research regarding officers' attitudes and perceptions of post critical incident mental health services and the factors that may facilitate a change in those attitudes. Whether an officer's opinion regarding post critical incident mental health services may change as a result of an increasing trust of mental health providers, the reduction of stigma, positive personal results from these services, or other factors has not been adequately explored. In this study, I examined the perceptions of five undercover police officers regarding three post critical incident interventions: two specific approaches and any mental health service alternatives with which an officer has experience and chose to disclose. An examination of the personal attitudes and factors that may influence an individual's change in the perceptions of post critical incident mental health services of law enforcement personnel is important to understanding what kind of support an officer is likely to accept and use in the interest of reducing psychological distress and the resultant negative impacts.

Problem Statement

Law enforcement is a profession that creates higher risk of developing mental health problems, according to Van der Velden et al. (2013). Husain (2014) expounded on this belief and noted that among the most frequently diagnosed psychological problems are depression, anxiety, and stress—all of which result in declining performance, reduced job satisfaction, decreased quality of life, and impaired interpersonal skills (Girgenti-Malone et al., 2017; Renden et al., 2014). These and other problems, such as alcoholism, burnout, heart problems, suicidal ideation, and family problems (NIJ, 2016), may be remediated by a range of mental health services. However, the psychological health of police officers and ways of teaching the skills to cope with psychological distress remains under researched (Giollabhui, Goold, & Loftus, 2016), as are the beliefs of police officers regarding the usefulness of post critical incident mental health services. This is especially true of undercover police officers due to the covert nature of their activities, though there is overlap with non-undercover officers in the existing research of police symptomology (Kowalczyk & Sharps, 2017). Understanding how undercover officers who frequently experience traumatic circumstances and events for prolonged periods of time while simultaneously having to protect their anonymity, view mental health services is necessary to provide helpful interventions. Montano and Barfield (2017) contended that officers having more experience with citizens with mental illness had more positive attitudes and expected that their further study would conclude that experience and/or specialized training would likely have more positive attitudes regarding mental illness. However, research into what kind of crisis intervention undercover operatives are most

likely to accept or actively seek out for themselves or the factors affecting their opinions, such as age and length of service, remains nonexistent.

Purpose of the Study

The purpose of this qualitative study was to examine how sworn law enforcement officers with undercover experience perceive the usefulness of individual CISD, group CISD, or other mental health services following a critical incident and whether those perceptions change over time. Using a phenomenological method, I used one-on-one interviews of purposefully selected participants to gather data related to their lived experience of post critical incident mental health services to address the research problem and the research questions (Creswell, 2014). This study is intended to advance the understanding of the experiences, beliefs, and feelings of undercover police officers about these services and the value they place upon them (Center for Innovation in Research and Teaching [CIRT], 2019a). The perceptions of undercover operatives may influence the effectiveness of those services in reducing the intensity, duration, and long-term psychological impacts of traumatic events and circumstances. Though a positive opinion of mental health services does not necessarily make them effective, officers who possess a jaundiced view regarding mental health services are likely to engage in the pervasive resistance to seeking help, which is shared by many law enforcement officers as a result of the stigma attached to mental health services. The results of this study may inform law enforcement administrators of the usefulness of mental health services as viewed by the undercover officers who use them for the purposes of increasing job satisfaction, professional performance, and survivability of undercover operatives.

Additionally, the results of this study may aid in the development of trauma support programs and post critical incident management policies consistent with Principles 2 and 3 of Quick and Quick's (1979) theory of preventive stress management (TPSM).

Research Questions

This qualitative study of the experiences of undercover police officers with mental health services following traumatic events and circumstances will be guided by two questions:

RQ1: What are the perceptions of undercover law enforcement officers about the usefulness of post critical incident mental health services?

RQ2: Have the perceptions of undercover law enforcement officers about post critical incident mental health services changed over the course of their career?

Theoretical Framework

TPSM provided the foundation for the examination of the acceptance and perceptions of personal benefits of therapeutic interventions by undercover operatives. TPSM is a merging of public health approaches to stress prevention and an organizational stress process model proposed by Quick and Quick (1979). Proponents of TPSM seek to examine stressors for people in the workplace and identify the potentially deadly consequences of mismanaged stress (Quick & Quick, 1979). Additionally, TPSM provides guidance for managers in the implementation of healthy stress prevention approaches after identifying organizational stressors, role factors, job factors, physical factors, and interpersonal factors that contribute to organizational and individual stress. In their seminal work that resulted in the widely implemented TPSM model, Quick and

Quick (1979) suggested several stress prevention methods that include psychotherapeutic approaches, such as systematic desensitization, psychodynamic therapy, and autogenic training. A comprehensive analysis of the psychological, behavioral, and medical forms of stress resulting from work-related factors can be found in preventive stress management in organizations (Quick, Wright, Adkins, Nelson, & Quick, 2013). Discussions regarding the stress-induced mental health and medical problems affecting undercover police officers, their profound resistance to treatment, and the need for an understanding of their views of post critical incident mental health services are contained in Chapter 2.

A conceptual review of TPSM that was conducted 33 years after its conception (Hargrove, Quick, Nelson, & Quick, 2011) presented the contributions of TPSM to the theoretical understanding of stress mitigation, research, organizational practices, and outcomes. Though the authors make no specific mention of law enforcement personnel, TPSM has made research and organizational practice contributions in the area of stress in military services as well as workplace violence and sexual harassment. Hargrove et al. (2011) acknowledged that research and organizational practices with TPSM have resulted in several positive impacts, but many areas require more research and other limitations need to be addressed. Hargrove et al. (2011) further contended preventive intervention studies are scarce and difficulties in conducting research are encountered where they do occur. This framework is relevant to understanding police officers' attitudes toward critical incident-related interventions. This increased awareness may inform additional research into mental health services that will be experienced as personally beneficial by

undercover police officers and whether their views of those services change over time. If officers believe that mental health services provide valuable support following a critical incident, they may be more likely to use them. Specific implications for psychologists, physicians, educators and trainers, and employees are summarized in *Preventive Stress Management in Organizations* (Quick et al., 2013) and are consistent with the intent of this study.

Nature of the Study

In this qualitative study I used a phenomenological approach and employed semi-structured interviews intended to develop an understanding of the experiences of undercover operatives with post critical incident mental health services. I sought to obtain data regarding the thoughts and feelings of undercover police officers about whether they benefited from those services and if their opinions of them have changed over the course of their careers. The focus of the interview questions was on a priori themes related to personal experience and contextualization. Three methods for delivering post critical incident support were selected: (a) individual CISD, (b) group CISD, and (c) other mental health services.

Participants were purposefully recruited by a police psychologist. The method for data collection was an interview guided by five questions formulated from the following topic areas: (a) usefulness of mental health services, (b) administrative attitudes, (c) administrative policy regarding the voluntary or mandatory status of post critical incident mental health services, (d) job performance and career, and (e) officer expectations and concerns. The results of this study may contribute to the reduction of the reluctance of

undercover police officers to help-seeking that is a result of the stigma attached to mental health services and perpetuated by the behavioral expectations of the "cop culture." Additionally, the information obtained in this study will inform the development of training for mental health professionals, post critical incident counseling protocols, the promulgation of critical incident and trauma support policy. This study was consistent with Quick and Quick's (1997) TPSM and associated research that indicates that psychological distress may be mitigated by the identification of individual and organizational stressors and psychotherapeutic and educational interventions. Participants were provided a link to a website where they will be able to review the overall findings of the study.

Definition of Terms

For the purposes of this study, the following important terms are defined:

Alcoholism: A chronic, progressive, and often fatal disease influenced by genetic, psychosocial, and environmental factors (American Society of Addiction Medicine, 1976). The symptoms of alcoholism include impaired control over drinking, preoccupation with obtaining and using alcohol despite adverse consequences, and distortions in thinking such as the defense mechanism of denial.

Autogenic: Relaxation techniques that involve the patient such as self-hypnosis and meditation or biofeedback for the purpose of tempering blood pressure and various other physiological variables (Merriam-Webster, 2016).

Biofeedback: A mind-body technique that uses specialized equipment to convert physiological impulses into visual and auditory cues for the purpose of teaching a patient

to voluntarily control physiological processes perceived to be involuntary to improve mental, physical, and emotional health (Frank, Khorshid, Kiffer, Moravec, & McKee, 2010).

"Cop culture": Also referred to as the "code of silence" or the "blue wall" among other terms, the police culture is a set of assumptions and beliefs that govern police officers' role, how to perform their tasks, and the nature of their relationships with their fellow professionals and the general public (Violanti & Aron, 1993). This term is frequently evoked in a derogatory way to explain police misbehavior including corruption, abuse of power, and discrimination. However, due to changes in the demographics of law enforcement personnel, such as the inclusion of more females, racial minorities, individuals with higher education, and general changes in policing philosophies, this view may be changing (Paoline, 2004).

Cognitive/emotional dissonance: A condition when an individual holds two contradictory beliefs or when the person chooses to perform an action that is contrary to their beliefs to meet the requirements of a situation (O'Leary, 2018; Rafaeli & Sutton, 1987).

Critical incident: Defined by WHO (2006) as an event that exceeds the normal range of experience that happens suddenly and is unexpected. The event results in a personal loss of control, a belief that one's life is threatened or includes a sense of physical or emotional loss, and the experience is overwhelming to the extent that a person's ability to cope is exceeded.

Critical incident stress debriefing (CISD): One of several crisis-focused intervention strategies used following a significant traumatic event that involves supportive discussion of a traumatic event for the purposes of facilitating recovery from distress and restoring unit performance (Mitchell, 2014).

Psychological distress: A state of suffering characterized by a combination of symptoms that include depression, general anxiety, functional disabilities, somatic symptoms, and behavioral problems (Drapeau et al., 2012).

Stigma: A sign of disgrace or reproach that sets people apart from others (Byrne, 2000) that may be applied to those suffering from mental illness and socially marginalized groups.

Terrorist: An individual who uses violent action or threatens to do so to advance a political or ideological agenda (Cambridge Dictionary, 2018).

Undercover police officer: Individuals who engage in law enforcement investigation activities that involve the use of an assumed name or assumed identity and are employed by federal, state, or local police agencies ("Undercover Operations," 2017). An undercover officer's goal is to make personal contact with people who are the subject of a criminal investigation, which makes their operations and investigations inherently dangerous (City of Portland Police Bureau, 2018).

Assumptions

I assumed that, as undercover police officers, participants may not have been completely forthcoming in their responses to interview questions due to the secretive nature of their professional activities and deep mistrust of mental health professionals

(Shallcross, 2013). However, their voluntary participation in this study and the interview process implied a higher degree of willingness to be candid. The voluntary and confidential interviews were conducted by telephone with the respondent participating from a private place of their choosing. It is anticipated that the degree of control related to privacy and confidentiality that was afforded the participant served to encourage spontaneous, candid, and truthful dialogue. It was assumed and later verified that the officers participating in this study understood that services including individual CISD, group CISD, and other mental health services, exist to provide undercover operatives support in dealing with the stressors inherent in police work, such as experiencing or witnessing traumatic events.

It is anticipated that undercover operatives who participate in post critical incident mental health services will find them to be useful as a professional support system once effective approaches to service delivery can be identified. However, due to resistance borne out of a police culture that promotes self-sufficiency and independence (Sgambelluri, 1994); many officers may harbor negative attitudes or have preconceived notions as to the usefulness of mental health services. Officers who have experienced mental health services to be unhelpful or harmful will likely serve to perpetuate the stigma-induced resistance to help-seeking behavior that is well documented (Shallcross, 2013). Officers who feel they may have benefited from mental health services may be reluctant to admit it for fear of ridicule, though to do so may encourage other officers to approach mental health services with a more positive attitude. The benefits of effective mental health services include improved job performance and job satisfaction, and

decreased depression, anxiety, substance abuse, and other manifestations of psychological distress.

Scope and Delimitations

The scope of this qualitative study included five participants of varying ages and lengths of service that represent a homogenous sample of sworn active and retired police officers with undercover experience. Officers having never functioned in an undercover capacity or having not participated in the CISD process were excluded. Participants identified by a police psychologist were purposefully recruited. The interview, guided by five questions, was used to inquire about an officer's experience with individual CISD, group CISD, and other mental health services and their perceptions regarding the usefulness and potential benefits of these services. This group of participants was chosen because undercover police officers constitute the least visible members of the law enforcement community, yet they are at great risk for mental health problems due to the unique stressors associated with their secretive and highly specialized work. This study was limited to a small number of participants, a limited area in which the study was conducted, and regional differences in the types of critical incidents an officer may be exposed to and the available support systems. Therefore, results of this research have limited transferability outside the bounds of this study.

Limitations

In a 33-year review and evaluation, Hargrove et al. (2011) acknowledged that while research and organizational implementation of practices suggested in TPSM have had many positive results, more research and examination of limitations is needed.

Hargrove et al. (2011) contended that there are few preventive intervention studies, and those that have occurred were met with difficulties. This is true in relation to police officers in general, but it is especially true in the case of undercover police officers. Research into this population is virtually non-existent due in part to the secretive and deceptive nature of their activities. However, there is overlap with non-undercover officers in the existing research of police symptomology (Kowalczyk & Sharps, 2017), though the attitudes of law enforcement personnel regarding the usefulness of post critical incident mental health services and factors resulting in positive or negative attitude change remains unexamined. Police officers represent a closed culture and many are hesitant to provide candid personal or job-related information to mental health professionals (Twersky-Glasner, 2005). The secretive nature of an undercover police officer's activities may result in reluctance to be completely honest in the expression of their opinions and feelings. This limitation is expected to be mitigated by assurances of confidentiality from a police psychologist who identified potential participants and provided them with a printed invitation to participate in this study. An examination of how undercover police officers view post critical incident mental health services is useful in identifying services they are more likely to participate in and receive benefit from. The current study may contribute to a reduction of police officer reluctance to seek help and the lack of trust they have for outsiders (Woody, 2005). Specific implications for psychologists and other professionals involved in CISD are summarized in *Preventive Stress Management in Organizations*, 2nd ed. (Quick et al., 2013) and are consistent with the intent of this study.

This phenomenological study was used to examine a small, closely defined group of participants for whom the research questions were most relevant. Because the current study employed a small number of purposefully recruited participants, a limited area in which the current study was conducted, and the regional differences in the types of critical incidents to which an officer may be exposed, the results of this research have limited transferability outside the bounds of this study. Dependability is an essential element of a study's trustworthiness that establishes the consistency of a study's findings and whether they are repeatable (Forero et al., 2018). For the findings of this study to be consistent with the data collected, a thorough audit trail of all aspects of the study was documented such that researchers not involved in the study could arrive at similar conclusions and interpretations after reviewing the data. Potential errors in methodology, analysis, interpretation, and final reporting were reduced by having an external audit conducted by an outside researcher.

A potential source of bias was my personal beliefs that could have influenced the way data were collected (Smith & Noble, 2014). The interview questions were formulated and presented in a neutral way intended to avoid influencing a participant's response. In order to avoid bias in the analysis of data, an external audit was conducted to identify confirmation bias and ensure that I did not discount data inconsistent with my personal views. Invitations to participate were distributed by a law enforcement administrator, which may have influenced an officer's reason for volunteering. Due to the closed nature of the police community and their basic mistrust of outsiders, an officer may have been reluctant to speak candidly. Confidentiality related to the interview

process and data analysis was emphasized in the invitation to participate and the participants' informed consent and was reiterated verbally before interviews began.

Significance of the Study

An understanding of undercover officers' perceptions of the usefulness of mental health services will inform clinicians and administrators as to whether mental health services are believed to be an important source of personal support to reduce distress, and facilitate a return to normal functioning following a critical incident. The value placed upon these services by undercover police officers may influence the efficacy of post critical incident interventions and officers' attitudes toward participating in them. The findings of this study provide useful information to benefit future research into the factors that influence the ways undercover police officers view mental health services. Officers whose perceptions regarding post critical incident mental health services have changed over the years as a function of experience, training, education, and other factors, may become less reluctant to recommend mental health services to a colleague and more likely to respond proactively to a co-worker who needs help. The promotion of mental health services by senior officers may influence a change in the profession-wide view that help-seeking is a sign of weakness to the extent that officers who need supportive services are more willing to seek them out. Informed officers are important resources for decision-makers who are responsible for the design and implementation of supportive programs and are seeking the most effective post critical incident mental health services and approaches to service delivery. These officers have the best understanding of what services undercover operatives are most likely to use, as well as their concerns regarding

the development of the programs in which those services are provided, and how programs will be administered

Mental health services may reduce psychological distress in undercover officers, thereby reducing the effects of traumatic events and circumstances such as PTSD, behavioral issues such as substance abuse, suicidality, and other negative impacts. Depression in police work has been referred to as a "silent killer," and according to (Bond, 2014), more officers die by suicide than in the line of duty each year. These possible psychological and emotional imbalances may result in impaired tactical judgment and public safety issues, such as officers using excessive force and domestic violence. Therefore, mitigation of these imbalances is relevant to social change. Due to the additional stressors unique to undercover work, operatives are at increased risk for psychological distress and the development of mental health problems (Van der Velden et al., 2013).

An essential measure of the efficacy of any form of post critical incident support services is whether the individual receiving them feels supported. Therefore, it is necessary to understand the beliefs that police officers hold regarding the usefulness of mental health services. This study included a focus on three forms of mental health services for undercover operatives intended to address psychological distress resulting from a critical incident: individual CISD, group CISD, and other mental health services. Clinicians seeking to provide post critical incident mental health services to law enforcement personnel are faced with the significant obstacle of an officer's resistance to asking for help, being willing to accept help if offered, and being receptive to help if it is

mandated. A trusting and receptive therapeutic alliance may be difficult to establish. Police officers constitute a subculture of professionals who are expected to be self-reliant and in control of their feelings. Additionally, members of this "cop culture" are believed to possess a "police personality" that among other characteristics includes bravery, authoritarianism, aggression, and other behaviors that accompany a general distrust of outsiders (Woody, 2005). This distrust extends especially to psychologists who are frequently viewed as a source of information for administrators and present a threat due to the significant impact they may have on an officer's performance evaluations, career advancement, and reputation (Fair, 2009). Consequently, they may be less likely to use the services of a mental health professional.

The above-mentioned issues may be addressed by specific mental health services if those services are demonstrated to be accepted by police and they are receptive to them. Montano and Barfield (2017) explored whether officers with more experience or training would be more likely to have positive attitudes toward individuals with mental illness, but their research yielded no significant relationships. However, research into the perceptions of mental health services of the usefulness of personal post critical incident mental health services in this population is sparse. An undercover operative may be open to using these services if they are accepted and believed to be an important adjunct to their post critical incident support system by their peers. Additionally, as older and more senior officers mature and accumulate training, such training may influence the attitudes of younger police officers.

The six hypotheses that form the basis of TPSM (Hargrove et al., 2011) address the prolonged organizational demands; the intense, frequent and prolonged elicitation of the stress response; and the risk to those in high vulnerability modifiers, as well the importance of prevention interventions to minimize distress—all of which are particularly relevant to this study. Officers who have personally had positive experiences with mental health services, or have knowledge of peers who have, may positively influence those who are ambivalent or unfamiliar with mental health services. The ultimate measure of the success of an undercover assignment is whether the operative survives and returns home to their family (Burton, 1995). Mental health services may improve the odds that this will happen. However, if undercover officers fail to understand the value of these services, it is unlikely they will benefit from them. The results of this study address the gap in knowledge that pertains to the perceptions of this under-researched population regarding the usefulness of mental health services following a critical incident. Additionally, this study is intended to inform law enforcement administrators of the usefulness of mental health services in the perceptions of the officers for the purposes of increasing the comfort and survivability of undercover operatives and the development of trauma support programs and post critical incident management policies consistent with the suggestions contained in TPSM.

Summary

This chapter presented a description of the purpose of this study and the problem it addressed. Background information was provided regarding the many stressors police officers routinely face in the performance of their duties and the resultant psychological

distress and potential mental health problems. The current study was used to examine the perceptions of undercover operatives of the usefulness of three post critical incident interventions: individual CISD, group CISD, and other mental health services. Police officers and other first responders are generally considered to be at greater risk than other occupations of developing full or partial PTSD as their duties routinely expose them to traumatic situations and physical danger. However, these professionals are the least likely to seek help (Shallcross, 2013) due to a "cop culture" that imposes expectations of rugged and individualistic behavior and promotes distrust of outsiders (Twersky-Glasner, 2005). The depression, anxiety, and stress experienced by police officers have been linked to alcoholism, burnout, and family problems (ASAM, 1976; NIJ, 2016). The mental health and medical problems brought on by psychological distress may cause other negative impacts, including declining work performance and reduced job satisfaction, decreased quality of life, and impaired interpersonal skills (Husain, 2014).

While police officers are usually the most visible element of the criminal justice system, research regarding police officers' perceptions of the usefulness of mental health services, including individual CISD, group CISD, and individual mental health services, is lacking. The mistrust of outsiders inherent in the "cop culture" prevents officers from seeking mental health services due to the stigma attached to counseling (Shallcross, 2013; Workman-Stark, 2017); this makes the benefits to be derived from post critical incident intervention unlikely. Some programs, such as Trauma Risk Management (TRiM), that are designed to provide post critical incident support, reduce stigma, and increase help-seeking behavior have been demonstrated to be effective (Watson & Andrews, 2018).

However, research into whether an officer's positive or negative perceptions change over time as a function of age and length of service is non-existent. This qualitative study was conducted to examine the lived experiences of selected forms of CISD by undercover police officers. Officers with a positive attitude regarding those services are more likely to benefit from them. However, negative beliefs may further fuel the resistance of officers toward help-seeking behavior and their mistrust of psychologists who are frequently viewed as a threat to an officer's career (Woody, 2005).

Chapter 2: Literature Review

Introduction

Law enforcement is a profession that creates more risk for the development of mental health problems than other professions (Van der Velden et al., 2013). Husain (2014) indicated that the most frequently diagnosed psychological problems in police officers include depression, anxiety, and stress—the end result of which may include declining performance, reduced job satisfaction, decreased quality of life, and impaired interpersonal skills (Renden et al., 2014; Girgenti-Malone et al., 2017). Additionally, police officers are at risk for other problems, such as alcoholism, burnout, heart problems, suicidal ideation, and family problems (NIJ, 2016), which can lead to increased organizational costs due to absenteeism and early retirement (Toch, 2002). Another significant impact of psychological distress is impaired tactical judgment. Excessive use of force is an issue that is currently drawing attention as recent highly publicized incidents have resulted in protests, riots, and retaliation against police officers (Girgenti-Malone et al., 2017).

These problems may be addressed and remediated by a range of mental health services (APA, 2019). However, police officers are the least likely individuals to ask for help (Shallcross, 2013) mainly because of the "cop culture" that includes the expectation that officers be self-reliant and in control of their feelings (Woody, 2005) and the stigma associated with mental health issues. *Stigma* refers to a sign of disgrace or reproach that sets people apart from others (Byrne, 2000). According to Love et al. (2008), an undercover operative is more at risk for developing psychological stress and emotional

imbalance than non-undercover officers due to the heightened stress imposed by their secretive and alienating activities. The high-risk and long-term activities that characterize undercover operatives' work is exacerbated by the ever-present threat of detection or death and requires that they take on a different name, personality, lifestyle (Sanai, 1998), and other deceptive behaviors. These activities frequently result in the above-mentioned psychological problems defined by Husain (2014), perhaps at a higher level than non-undercover police officers (Van der Velden et al., 2013). However, the psychological health of police officers in general and effective ways of intervening on psychological distress remains under researched (Giollabhui et al., 2016).

There is a gap in the literature relating to how police officers view post critical incident mental health services. This paucity of research is especially true for undercover police officers due to the secretive nature of their jobs. However, there is overlap with non-undercover officers in the existing research of police symptomology (Kowalczyk & Sharps, 2017). As a result of mental health awareness and stigma reduction efforts, some of which have been promoted by celebrity advocates, such as former first lady Rosalynn Carter (The Carter Center, 2019) and Dwayne "The Rock" Johnson (Lehigh Center, 2018), the public's view of mental health services is improving. However, a generally positive view of mental health services in the community does not necessarily generalize to police officers, and if those services are not used, they cannot be effective. If police officers do not perceive a value in these services and therefore avoid them, they are more likely to engage in the adamant resistance to help-seeking behavior prevalent in the law enforcement community.

Chapter 2 contains a review of the literature relevant to and in support of the current research, research questions, and analysis described in Chapter 1. The problem addressed by this study relates to the future development of effective approaches to the remediation of post critical incident psychological distress. Depression, anxiety, and stress in undercover law enforcement officers may be reduced through the development of situationally appropriate coping skills (Anshel, 2000), such as those recommended by Quick and Quick (1979). The success of approaches to dealing with these issues in undercover police officers following a critical incident largely relies on whether the officer perceives mental health services to be useful and important. This chapter discusses the resistance to accepting or seeking mental health services by law enforcement officers due in part to a "cop culture" and the stigma attached to help-seeking behavior, and research that suggests that attitudes toward mental illness may change over time. This qualitative study included an interview consisting of five predetermined questions intended to elicit discussion of the participants' experiences with post critical incident mental health services and their personal perceptions regarding their usefulness. The literature reviewed in this chapter will provide direction and support for the research questions in this study. In this review, I discuss current gaps in the literature, contradictory research findings, and suggestions for future research. The four sections in this chapter address the potential effects of mental health services on psychological distress, the views of police officers regarding those services, and whether those attitudes have changed over the course of their careers.

The first section introduces Quick and Quick's (1997) TPSM and their analysis of individual and organizational stress, description of causative factors, and their comprehensive recommendations regarding stress management. The second section includes an overview of psychological distress that includes depression, anxiety and trauma, and stress that is the result of an undercover operative's activities. The third section discusses the nature of undercover police work and explores the "cop culture" and the peer-influenced resistances and stigma surrounding mental health issues that prevent many undercover police officers from seeking help. The fourth section includes a discussion of CISD and research that describes the efficacy of mental health services and stigma reduction programs and the potential for change in attitudes relating to mental health services. In this study, I examined whether undercover police officers perceive post critical mental health services as being helpful and if those perceptions change over time as an officer gets older and/or gains experience as an undercover operative and more trauma exposure or specialized mental health interventions.

Literature Search Strategy

Literature pertaining to the TPSM, psychological distress, and mental health services was obtained from databases such as ProQuest, PsychINFO, SAGE Journals, Taylor and Francis Online, PsychArticles, Google Scholar, and Emerald Research Register, ResearchGate, as well as dissertations by Karaffa (2009) and Warren (2015). The literature used in support of the current study spanned 1963 through 2019. Keywords included *anxiety, attitude change, burnout, critical incident stress debriefing, depression, mental health services, occupational stress, police culture, posttraumatic stress disorder,*

psychoeducation, psychotherapy, stigma, the theory of preventive stress management, and *undercover police*. Searches of each of these search engines yielded well over 1,000 returns. The research into police officers in general is sparse due to the closed and guarded nature of their culture (Shallcross, 2013), and this is especially true of undercover officers owing to the secret and deceptive nature of their activities. However, according to Kowalczyk and Sharps (2017), there are overlaps between their symptomology and that of police officers not involved in undercover work, and I relied on associated research for this study.

Theoretical Foundation

TPSM provides the foundation for the examination of the acceptance and perceptions of personal benefit of therapeutic interventions by undercover operatives. The groundwork for TPSM was established by graduate students Jim Quick and Jonathan Quick. Jim Quick was a management and psychology major whose focus was organizational stress, and Jonathan studied medicine, public health, and physiological stress. Jonathan sought to adapt the public health element of stress management to organizations (Hargrove, Quick, Nelson, & Quick, 2011). Since 1979, TPSM has made significant contributions to the understanding and empirical investigation of organizational practices related to stress management. Quick et al. (2013) conceived TPSM as a structure for implementing effective stress management methods in organizations and individuals. TPSM is based on five fundamental principles to guide executives and managers as well as researchers who study stress management methods: (a) individual health and organizational health are interdependent, (b) leaders have a

responsibility for individual and organizational health, (c) individual distress and organizational distress are not inevitable, (d) each individual and organization reacts uniquely to stress, and (e) organizations are ever-changing, dynamic entities (Quick et al., 2013).

A conceptual review of TPSM that was conducted 33 years after its conception (Hargrove, Quick, Nelson, & Quick, 2011) presented the contributions of TPSM to the theoretical understanding of stress mitigation, research, organizational practices, and outcomes. Although the authors make no specific mention of law enforcement personnel, TPSM has made research and organizational practice contributions in the area of stress in the military services, as well as workplace violence and sexual harassment. Hargrove et al. (2011) acknowledged that research and organizational practice with TPSM have resulted in several positive impacts, such as improved job performance, reduced absenteeism and early retirements, and higher job satisfaction, but many areas require more research and other limitations need to be addressed. Hargrove et al. (2011) indicated that preventive intervention studies are scarce and researchers attempting to conduct these studies have faced difficulties. This framework is relevant to understanding police officers' attitude toward mental health services, thereby informing additional research into the specific services that will be experienced as useful and personally beneficial by law enforcement personnel and whether positive or negative perceptions change over time as officers accumulate training and experience. If officers experience that mental health services are valuable support systems, they may be more likely to participate in and benefit from these services. On the other hand, negative perceptions

may perpetuate the resistance of police officers to seek help for psychological distress, and their mistrustful views of outsiders (Woody, 2005), such as psychologists who are oftentimes believed to be a conduit of information to a department's chain of command that could potentially harm an officer's career (Fair, 2009). Quick et al. (2013) summarized specific implications for psychologists, physicians, educators and trainers, and employees that are consistent with the intent of this study.

Literature Review

Theory of Preventive Stress Management

Quick et al. (2013) acknowledged that sometimes it is not possible to change a stressful demand or a person's vulnerability to it. They defined distress as including behavioral, psychological, and medical problems, and they enumerated the individual and direct and indirect costs for the organization. Quick et al. (2013) described two stages as a way of explaining the processes of TPSM: organizational prevention and individual prevention. Organizational prevention involves addressing role factors, such as conflicting and confusing expectations; job factors, such as work design and performance evaluations; and the physical working environment. Individual prevention includes factors such as interpersonal conflicts. The goal is to manage the number and magnitude of work demands. Quick (1998) described three approaches to the assessment of job stress that have been developed over several decades: sociological, psychological, and physiological approaches.

Primary prevention at the individual level is aimed at managing the frequency and intensity of the stressors they are exposed to. Quick et al. (2013) contended that when a

response to stress is evoked too frequently or strongly in the workplace, organizational and individual strain cannot be avoided and the result is exhaustion. This is relevant to the traumatic aftermaths of critical incidents that frequently result in myriad psychological problems and behavioral issues, among them substance abuse and aggression, which have potentially dangerous impacts on families (Kirschman, 1997), coworkers, and the public at large (Hargrove et al., 2011). These issues may be mitigated by the implementation of mental health services and educational programs by the organization (Arnetz et al., 2009; Becker et al., 2007; Quick & Quick, 1979), provided officers are willing to participate in them.

Behavioral consequences resulting from stress include substance abuse problems, and aggressive behavior has significant impacts on families and coworkers (Hargrove et al., 2011). Quick (1998) suggested that several metrics are necessary to assess the stress experience of individuals and organizations in four construct categories: (a) demands and stressors; (b) healthy, normal stress response; (c) modifiers of the stress response; and (d) psychological, behavioral, and medical forms of individual stress. The processes of TPSM begin with identifying the circumstances and events that activate the stress response—namely, physiological and psychological demands (Hargrove et al., 2011). Quick and Quick (1979) described four groups of factors that create organizational stress in the workplace: role factors, job factors, physical factors, and interpersonal factors.

Quick and Henderson (2016) noted that people are searching for happiness, meaning, and peace. They noted that several avenues of research into workplace wellness including positive psychology descend from the TPSM framework. The authors

suggested several therapeutic and psychoeducation techniques as well as faith and spirituality practices to address individual well-being. A significant challenge involved in providing mental health services to law enforcement officers, particularly those whose activities rely on secrecy, is the development of trust and a belief that those services are beneficial. Twersky-Glasner (2005) described the characteristic mindset of the "cop culture" that includes assumptions and expectations about how law enforcement officers should perform their tasks and how they interact with others. Additionally, the author noted that the term "police personality" is frequently associated with machismo, cynicism, and authoritarianism. Because the "cop culture" promotes values and beliefs and has decidedly different behavioral expectations than other subcultures, police officers may find themselves alienated from ordinary relationships. This social isolation may result in the development of mental, physical, or behavioral problems (Woody, 2005). The suspiciousness regarding outsiders that is inherent in the "cop culture" may prevent officers from seeking mental health services due to the stigma that is attached to counseling (Shallcross, 2013). Police officers are suspicious of psychologists for a variety of reasons including the belief that they are a conduit of information for administrators (Fair, 2009), and male officers may view help-seeking behavior as a threat to his masculinity (Workman-Stark, 2017).

Psychological Distress

The Bureau of Labor Statistics (2018) indicated that law enforcement has one of the highest rates of injury and illness of all professions. Liberman et al. (2002) suggested that the stress inherent in police work appears to be a significant risk factor for

psychological distress and a strong predictor of posttraumatic stress symptomology. The definition of psychological distress is not globally agreed upon, and Drapeau, Marchand, and Beaulieu-Prevost (2012) contended that some researchers find the term conceptually vague. Ridner (2004) indicated the term is frequently applied to similar combinations of symptoms that include depression, general anxiety, functional disabilities, and behavioral problems. Husain (2014) referenced several studies that revealed associations between police work and psychological distress. Utilizing the validated and highly reliable Depression, Anxiety, and Stress Scale (DASS) created by Lovibond and Lovibond (1995), Husain (2014) examined the levels of depression, anxiety, and stress in a sample of police officers. He found severe levels of depression and stress accompanied by extreme levels of anxiety in his sample. Based on his results, he suggested that the subject police department engage the services of psychologists to help officers maintain an adequate level of mental health (Husain, 2014). It is interesting to note that, while the police officers in general are the highest visibility element of the criminal justice system, covert operatives are the least visible and they remain relatively unexplored by researchers (Giollabhui et al., 2016).

Other responses to psychological distress include alcoholism as defined by ASAM (1976), burnout that includes emotional exhaustion (Kim et al., 2018), heart problems, PTSD, suicide, and family problems that sometimes includes officer-involved domestic violence (OIDV). A police officer's responsibilities include dealing with murderers, terrorists, sexual predators, and others who represent the worst people living in our communities. Considered by many as being among the most stressful of all

occupations (Husain, 2014) an officer's activities may have long-lasting and at times lethal outcomes. A police officer' s typical workday includes facing physical danger, long and irregular work hours, staff shortages, as well as exposure to all forms of disease, the death of innocents (including children), and sometimes being exposed to horrific and traumatic events that are unimaginable to average citizens.

Depression

Depression is an illness that has a range of symptoms that include loss of energy, sleeping problems, fatigue, difficulty in decision making, and suicidality. Bond (2014) stated that depression is an undetected silent killer that can exact a significant toll on the mind and body of even the most resilient of police officers. Suicide is commonly a result of diagnosable depression though research is also establishing a link with anxiety disorders as described by (Honig & White, 1994). Substance abuse is a risk factor for suicide (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). As many officers die each year from suicide as those who are killed in the performance of their duties, but these occurrences are only discussed in hushed tones within their departments. When the issue is discussed, the conversation usually centers on how they died (Bond, 2014). As is the case with depression in non-law enforcement individuals, it is sometimes dismissed as "just feeling down or under the weather." Bond (2014) presented an extensive list of common signs and symptoms of depression, but among the most concerning are impaired decision making, irritability, anger, and rage over sometimes trivial matters, unnecessary risks taking. Collins and Gibbs (2003) reported that the number of police with quantifiable mental illness had doubled in the previous decade which is a finding

corroborated by Chen et al. (2006). Chen et al. (2006) indicated that in addition to depression, job-related stress was strongly associated with anxiety, somatization, posttraumatic stress symptomology, burnout, and substance abuse. The stress is exacerbated by the expectation that officers avoid the public expression of feelings or in any way deviating from the "ideal professional identity" (Chen et al., 2006, p. 931). The stress-induced depression significantly contributes to declining productivity, decreased physical functioning, increased job-related injuries, job dissatisfaction, and early retirement. Due to the negative impact of depression on an officer's quality of life, Chen et al. (2006) advocated for mental health services for officers with mental illness to decrease their suffering and reduce the negative impacts psychological distress.

Anxiety and Trauma

According to the National Institute of Mental Health, 2016), anxiety affects everyone to some degree but the anxiety producing stressors experienced by law enforcement officers far exceed those experienced by civilians (Husain, 2014). Suggesting that anxiety may negatively impact a police officer's job performance, Renden et al. (2014) examined the effects of anxiety on an officer's arrest and self-defense skills. Officers will be observed performing three tasks in response to a threat. Officers responded defensively to an adversary who attacked with either a rubber knife creating a low anxiety condition, or a shock knife that presented a high anxiety condition. The measured tasks included movement times, posture, and movement velocity and acceleration. Performance was found to be worse in the high anxiety condition than in the low anxiety condition. The study suggested that officer's performance under increased

anxiety demonstrated elements of avoidance behavior and therefore a decrease in arrest and self-defense skills performance. For example, an officer may react to a situation faster in order to reduce the amount of time he or she is exposed to a threat. Any decrease in a police officer's job performance may have dangerous and potentially lethal consequences. Renden et al. (2014) report that their findings are consistent with studies that have indicated that police officer's firearm shooting performance decreases in high anxiety conditions.

One such study was conducted by Nieuwenhuys and Oudejans (2010) who examined how anxiety influences an officer's shooting behavior by presenting a sample of officers with identical shooting exercises. The first exercise involved a low anxiety situation that included a non-threatening opponent. The second exercise was conducted under high anxiety circumstances that involved a threatening adversary who occasionally returned fire with soap cartridges. Shooting accuracy, movement times, head and body orientation, and blink behavior was measured. The results indicated that under high anxiety conditions, shooting accuracy decreased. Officers responded faster and made themselves smaller targets thereby being harder to hit, and they blinked more often thereby increasing the time they had their eyes closed. Nieuwenhuys, Savelsbergh, and Oudejans (2012) indicated that anxiety may result in an increased expectation of a threat which leads to a less accurate response in shooting and other activities that require decision making under pressure. Oudejans (2008) recommended training exercises that imposed increasing pressure similar to real-life situations faced daily by officers in order to acclimatize them to shooting under elevated pressure situations. Renden et al. (2014)

suggested that more research is needed to determine whether training similar to that which is provided to officers to inhibit avoidance behavior and increase effective and goal-directed behavior during handgun shooting may have positive effects for arrest and self-defense skills as well.

Axel and Valle (1979), echoed what has been said by many including Violanti et al. (2013); police work has more potential for psychological damage than most other professions. Individuals who are not involved in law enforcement do not typically experience the kind of traumatic events that officers may face many times during their careers. They witness serious injuries or deaths of citizens resulting from shootings, bombings, and other criminal activities, as well as the fatal shootings of perpetrators of crime. Roach, Sharratt, Cartwright, and Roer (2018) noted that homicide investigations are stressful to the extent as to have a negative impact on an officer's decision making, especially when children are involved.

PTSD may be developed by individuals who have been exposed to death or serious injury or the threat of death or serious injury (U.S. Department of Veterans Affairs, 2018). Police officers may be at greater risk for developing PTSD than non-law enforcement individuals due to their frequent contact with traumatic situations (Maguen et al., 2009). This response to trauma is associated with difficulties at home and in the workplace as well as physical and other mental health problems (Maia et al., 2007). PTSD is characterized by the re-living of the traumatic event through intrusive thoughts or memories, nightmares, flashbacks, and psychological reactivity to reminders of the event. An individual suffering from PTSD may have difficulty concentrating, increased

anger, disturbance in sleeping patterns, and may be easily startled as described in the Trauma- and Stressor-Related Disorders category in the *Diagnostic and Statistical Manual of Mental Disorder*s (DSM-5) published by the American Psychiatric Association (2013). As is the case with homicide detectives involved in prolonged or simultaneous investigations (Roach et al., 2018), the activities of undercover police officers may expose them to continuous, trauma-inducing situations for prolonged periods of time that do not afford the officer distance from the stress to process events and emotionally regroup.

The anxiety that accompanies an undercover operative's duties may be compounded when their actions are in direct opposition to his or her personal values. The discomfort resulting from an individual freely participating in an activity or performs a behavior that is contrary to his or her personal values is an internal conflict referred to as "cognitive dissonance" (American Psychological Association [APA], 2018a). According to Joh (2009), one function of an undercover operative is to participate in select authorized crimes to maintain their false identities and to facilitate the opportunity for a suspect to commit a crime, though this professional latitude requires that an officer observe ground rules that are established to avoid entrapment. Sturman (2012) discussed the phenomena of dehumanization which is the mechanism whereby people are able to forgo their inhibitions against doing harm to others. Drawing from cognitive dissonance theory, Smith (2011) offers the example of military personnel reducing the tension of the dichotomy of believing that murder is unacceptable, by shifting their attitudes so they fit the behavior of killing of an enemy who is likely to kill him or her. This is accomplished

by viewing their target as less than human. Additionally, the author referred to the extreme outcomes of tremendous pressures to obey as demonstrated in the Milgram studies (1963) and the acts of extreme cruelty perpetrated in World War II.

Research conducted by Schaible and Gecas (2010) suggested that there is a general association between dissonance and burnout, and Bianchi, Schonfeld, and Laurent (2017) noted that burnout overlaps with depression in its etiology and symptoms. Orosz et al. (2017) indicated that burnout constitutes a depressive variant in and of itself and therefore has similar symptomology. Burnout in police officers can have significant individual, organizational, social, and familial consequences. Additionally, Turgoose, Glover, Barker, and Maddox (2017) demonstrated that in addition to burnout, specialist officers who worked with victims of rape and sexual assault had greater "compassion fatigue" and secondary traumatic stress. Bauernhofer et al. (2018) suggested that burnout intervention programs have a favorable impact especially when a combination of person and organizational oriented approaches are utilized. The authors indicated further that the results of their research into burnout profiles, depression and recovery/resources-stress balance should be replicated and further examined.

Stress

While acute stress, the most common type of stress, may provide some degree of short-term excitement, if it is experienced in large doses for prolonged periods of time it can be problematic. Short term stress can cause psychological distress but it typically does not have enough time to do the kind of distress that characterizes long-term stress such as anger, irritability, anxiety, and depression. Long-term stress may also cause

physical problems such as stomach problems, elevated blood pressure, chest pains, and other symptoms (American Psychological Association [APA], 2018b). According to Marin et al. (2011), stress has an impact on how one perceives a situation and mentally prepares for the next, and chronic stress can result in a "chronic loop" that is difficult to break. The resulting stress and fatigue may have an adverse impact on an officer's job performance responses such as shooting accuracy and memory performance Hope (2016).

The stress producing events faced by law enforcement officers and other first responders are often sudden and unexpected, and well outside of normal experience (Cross & Ashley, 2004). An incident that is so extreme that it disrupts an officer's values as well as their fundamental assumptions about how the world works, such as the beating death of a child (Maggio & Terenzi, 1993) and other critical incidents place first responders at an elevated risk of developing trauma-related adjustment and mental disorders (Arnetz, Nevedal, Lumley, Backman, & Lublin, 2009). Violanti et al. (2016) described five occupational stressors from the Spielberger Police Stress (Spielberger, Westberry, Grier, &Greenfield, 1981) that were the most frequent and highly rated: (a) dealing with family disputes, (b) responding to a felony in progress, (c) fellow officers not doing their job, (d) making critical on-the-spot decisions, and (e) insufficient personnel. These top five police events included, "exposure to battered or dead children, killing someone in the line of duty, fellow officer killed in the line of duty, situations requiring the use of force, and physical attack on one's person (Violanti et al., 2016, p. 655). Additionally, officers are frequently involved in simultaneous or prolonged

investigations that leave no adequate time for reflection. The effects of the continuous exposure to traumatic events have not been extensively researched (Roach, Cartwright, & Sharratt, 2016).

The criminal justice system is fraught with additional stressors. Court appearances create substantial demands on an officer's time both in terms of their personal time and working assignments. "Turf battles" among law enforcement agencies, court decisions that seem lenient, and the perceived release of offenders on bail, or premature probation or parole, and the ineffectiveness of social service agencies are also sources of stress. It is important to note that Violanti and Aron (1993) found that organizational stressors effected distress at almost 6.3 times that of the stressors that are inherent in police work, and that police stress appears to be directly associated with factors such as danger and violence.

Physical, Psychological, and Behavioral Problems

Depression is one of the most frequently diagnosed psychological problems (Husain, 2014). Wang et al. (2010) listed factors including chronic work stress that may adversely impact neuroendocrine systems and result in the development of a depressive disorder. Police officers are at increased risk for high blood pressure and heart problems, increased levels of destructive stress hormones, and suicide (University at Buffalo, 2008). Though there is controversy among researchers regarding the life expectancy of police officers, there is evidence that they are at increased mortality risk and that white male police officers are more likely to die at earlier ages than white males who are not involved in law enforcement (Violanti et al., 2013). Haugen, Evces, and Weiss (2012)

concluded that first responders are generally considered to be at greater risk than other occupations of developing full or partial PTSD because their duties result in them being routinely exposed traumatic situations. Husain (2014) indicated that, the previously-mentioned occupational pressures may negatively impact job performance, quality of life, job satisfaction, interpersonal skills, and result in alcoholism, burnout, and family problems (National Institute of Justice [NIJ], 2016). Many officers find themselves estranged from the family and social relationships that are typical of persons who are not involved in law enforcement Burton (1995).

Cheema (2016) stated that law enforcement officer's families have a higher rate of domestic violence as defined by the U.S. Department of Justice (DOJ; 2018), than other families. A review of the literature pertaining to officer-involved domestic violence (OIDV) conducted by Mennicke and Ropes (2016) revealed that OIDV is a documented crime that happens at a disturbing rate especially when considering that the perpetrators of this crime are the ones responsible for policing it. Sgambelluri (1994) stated that police officers who display power and authoritarian control are most respected and likely to be promoted. Twersky-Glasner (2005) noted that a "police personality," an aspect of which is authoritarian behavior, also functions to maintain an officer's personal safety as well as enhancing his or her professional performance. Unfortunately, some officers may exhibit workplace behaviors such as issuing orders and punishing violations of rules at home. Sgambelluri (1994) refers to this as "authoritarian spillover" and explains that the control, isolation, and sense of entitlement demonstrated by some officers are all characteristics of domestic abusers. However, the loyalty that exists between police officers provides cover

for police abusers thereby encouraging further abuse of victims. Sgambelluri (1994) suggested that police training programs not only teach the skills to make a good officer but may also contribute to domestic violence. Mennicke and Ropes (2016) suggest that police have several reasons for minimizing or suppressing reports of OIDV including the prestige and honor of the badge, a "code of silence," potential liability, and threats to employment.

Another under researched issue that involves psychological distress and may contribute to the conditions the term implies is that of the abuse of police officers by their domestic partners. Though in the in the majority of domestic violence cases, the victim is female, the abuse of men happens more than the public may realize or is reported. It is generally assumed that because men are typically stronger than women, they should be able to easily fend off or escape abuse. This widely held notion may partially account for men being less likely to report abuse due to embarrassment, ridicule, society's trivialization of the issue (Barber, 2008), and because they may not consider an action to actually be abuse (Peate, 2017). While the reporting of domestic violence perpetrated against men is on the rise (Peate, 2017) police officers may be more reticent to report their personal victimization or to seek help due to the behavioral expectations of an officer's coworkers. This is an area where the availability of therapeutic services may be useful but there is little professional guidance regarding the treatment of this specific population and making the reporting process less threatening. Also of concern are those officers fall victim to blackmail by their significant relationships whether or not they have behaved inappropriately. A thorough search for scholarly literature regarding

officers who are held hostage by the fear of losing their job, or experience psychological distress if a partner threatens to call the officer's supervisor with a real or contrived complaint yielded no results.

Substance abuse among law enforcement officers is a frequently overlooked phenomena. In the opinions of Cross and Ashley (2004) these maladaptive coping behaviors that are associated with stress and trauma must be afforded special attention. They concede that not every officer copes with stress by abusing chemicals, and every officer who abuses chemicals does not do so to deal with trauma. However, they argue that research has indicated that nearly a quarter of law enforcement officers are alcohol dependent. Though some researchers believe this estimate falls short, Weir, Stewart, and Morris (2012) assert that members of protective service occupations neither consume alcohol more frequently nor demonstrate an increased likelihood of alcohol abuse or dependency over members of other occupations, but protective service occupations members report a higher rate of binge drinking. Cross and Ashley (2004) and Weir et al. (2012) support the development of services and programs that address the specific needs of police officers.

Undercover Policing, Cop Culture, Stigma, and Reluctance to Seek Therapy

The work of an undercover operative spans a range of activities from those that are relatively risk-free to those that are potentially lethal (Sanai, 1998). According to Joh (2009), undercover policing involves deceptive activities that are necessary to complete its objectives. They often participate in activities that appear to be criminal such as laundering money for the purpose of engaging Latin American drug cartels, introducing

drugs into prison, and have produced counterfeit money (Joh, 2009). When operatives are portrayed in popular media their activities appear to be an exciting adventure where the operative experiences no negative consequences. However, Canter (2013) refers to the work of Joseph Pistone who was portrayed in the film Donnie Brasco. Working undercover for six years, Pistone infiltrated several branches of the mafia. Pistone reports that he still travels under assumed names and in disguise more than 20 years after his work concluded. Canter (2013) noted that, while not every undercover activity is as extreme as Pistone's, his case is reflective of the significant psychological demands on undercover operatives.

Love, Vinson, Tolsma, and Kaufmann (2008) noted that it is widely known that the basic activities of an undercover operative have the potential for distress and potentially traumatic impacts. They reported the onset of clinical symptoms such as over-suspiciousness, tension, isolation, loneliness, relationship problems, burnout, and substance abuse. The authors further noted personality changes such as inflated ego, aggression, hypervigilance, and a reliving of the undercover role after being removed from the job. Even if these changes were noticed by co-workers, they would likely go unreported because of the resistance of the police culture that promotes the tenet that a cop should never "rat out" another cop (Paoline, 2003). Love, Vinson, Tolsma, and Kaufmann (2008) contended that the defense mechanism of denial of symptoms is a coping strategy that results in an officer's reluctance to self-report clinical symptoms. Girodo (1985) suggested that undercover operatives may not consciously fully recognize the possible negative impacts of their professional duties such the possibly deadly

consequences of his or her undercover identity being compromised. Denial serves to allow the officer to reframe problems, concerns, or bad experiences into positives that can reinforce a positive self-image. It is critical that feelings of failure, shame, or embarrassment be avoided at all costs during the performance of an undercover cop's activities Girodo (1985). In the sense that denial may be considered a type of coping strategy and coping has been linked to job satisfaction, Love et al. (2008) suggest that denial may serve to temporarily relieve some clinical symptoms.

Workman-Stark (2017) pointed out that one significant feature of the police culture is a sense of duty, independence, and toughness that may permeate an officer's off-duty life. Sgambelluri (1994) refers to this as "authoritarian spillover" and explains that the control, isolation, and the loyalty that exists between police officers inhibits help-seeking behavior and peer intervention on officers in crisis due to the injunction discouraging "ratting out" fellow police officers (Paoline, 2003). Officers may not seek professional help due to the stigma attached to mental health counseling (Shallcross, 2013) and shared belief that mental health issues are a sign of weakness (Workman-Stark, 2017). Karaffa (2009), in examining attitudes regarding help-seeking behavior among police officers noted that they were not only reluctant to seek mental health services due to public stigma and self-stigma, but they underestimated their peer's willingness to seek help. They believed that their fellow officers were less likely to seek mental health services than they actually were (Karaffa, 2009). Karaffa et al. (2015) noted that police officers may not avail themselves of mental health service even if they agree that they provide necessary assistance. Though Toch (2002) advanced the same idea, there has

been little research into police attitudes regarding mental health services in general, but research into attitudes following a critical incident is non-existent. This study examined whether officers' views regarding mental health services change as a function of maturity, education and training, and the exposure to various programs and services that officers accumulate as their time in service lengthens. This study also provided insight as to an undercover officer's likelihood of recommending mental health services to their peers.

It is challenging to estimate the scope of these issues as they relate to undercover police officers. According to the Bureau of Justice Statistics [BJS] (2018) there were more than 12,000 active local police departments in the United States (including tribal police) in 2013. In 2008, approximately 120,000 full-time law enforcement officers were employed by federal agencies (Reaves, 2012). The Public Policy Institute of California [PPIC] (2019) reported that there were approximately 78,500 sworn law enforcement officers with full arrest powers in California alone. Of those officers roughly 48% were municipal officers, approximately 39% were county sheriff officers, nearly 10% served with the California Highway patrol (CHP), and about 3% were employed by agencies that included university, port and transportation districts and the departments of Parks and Recreation. Due to the secretive nature of undercover policing, there currently appears to be no effective method for estimating the total size of the population of undercover police officers operating in the United States.

Adams and Buck (2010) conducted a study relating to the social stressors and strain among police officers. The authors examined the relationships of social stressors

resulting from interactions with outsiders (civilians and suspects) and insiders (coworker and supervisors) with job turnover, psychological issues, and emotional exhaustion. They examined the coping strategy of surface acting, a term that refers to the faking of emotions that are considered appropriate, as a mediator between these relationships. Though police officers share common stressors with those associated with non-law enforcement organizations such as interference with family and social relationships, excessive workload, and lack of support, police officers also have to contend with hostile offenders and traumatized victims (Garcia, Nesbary, and Gu, 2004). These sources of stress place a demand on police officers to manage their display of emotions by exhibiting the demeanor necessary to meet the requirements of a situation and the expectations of their supervisors. This regulation of emotional expression necessary to meet work requirements was referred to by Adams and Buck (2010) and Grandey (2000) as emotional labor. In the literature relating to emotional labor, surface acting is described as an emotional regulation strategy that requires an individual to use facial expressions, tones of voice, and other methods meant to disguise one's actual feelings. When the emotions that are expressed to meet the requirements of a situation are in conflict with a person's actual feelings, that person may experience what Rafaeli and Sutton (1987) referred to as emotional dissonance, and O'Leary (2018) termed cognitive dissonance.

Adams and Buck (2010) contended that surface acting would mediate the relationship between the social stress with outsiders and insiders and turnover intent, psychological distress and emotional exhaustion. They concluded that the levels of social

stressors related to job performance from insiders and outsiders were similar and both were partially mediated by surface acting. In the case of stressors from insiders, the authors found the results disturbing in that officers often must rely on each other for social support. Though acknowledging that the identification and eliminating the root causes of social stressors can never be completely accomplished, Rafaeli and Sutton (1987) suggested that stress prevention efforts should specifically attend to these types of stressors. The authors recommended approaches to addressing these issues such as training in interpersonal skills, conflict management, and resilience.

Though living with high levels of anxiety that are brought on by job-related activities, political scrutiny, and familial conflict, an officer may not seek professional help due to the stigma that is attached to mental health counseling as described by Shallcross (2013). This mindset is associated with what Twersky-Glasner (2005) described as a "cop culture" which promotes a set of assumptions and beliefs that govern a law enforcement officer' s role and interactions, how to perform their tasks, and what kind of relationships to have with their fellow professionals. The term "police personality" is popularly associated with machismo, cynicism, and authoritarianism and has been evoked to explain all forms of police misbehavior including abuse of power and corruption. Because the "police personality" is one that fosters values and beliefs that are different from those held by non-law enforcement personnel, Woody (2005) contended that law enforcement officers may find themselves estranged from ordinary family and social relationships and that this social alienation may contribute to the development of mental, physical, and behavioral problems. However, the "cop culture" promotes the idea

that reaching out for support from mental health professionals is a show of weakness. Police officers fear appearing less than confident or unable to deal with pressure. They also know that taking problems to an outsider may be viewed as a violation of the trust of other officers and will result in being ostracized (Fair, 2009).

Woody (2005) contended that there is a short supply of empirical research regarding a "cop culture" however, and Paoline (2004) indicated that considerable research has been conducted attempting to identify one. The term has different connotations depending on who is asked. Generally speaking, researchers fall in one of two groups. The first seems to be a broad sweeping view that the "cop culture" is an occupational phenomenon that relates to all law enforcement personnel. The other group is more focused on individual differences and contends that subcultures or segments of subcultures delimit the overall occupational culture. Paoline (2004) examined occupational attitudes to determine whether they were in line with traditional police culture, or were more fragmented. His findings contradicted the view that all officers possess a singular attitudinal mold.

The general public maintains often contradictory stereotypes about the personality characteristics of a police officer. Some citizens view the police as authoritarian, rude, and even psychopathological (Bano & Talib, 2012). On the other hand, law enforcement officers are considered by others as responsible and dedicated professionals. Workman-Stark (2017) pointed out that one significant feature of the police culture is a sense of duty and commitment their profession; a police officer characteristic that descends from the belief that law enforcement is more than a job and the profession has an essential role

in society. Bano and Talib (2012) indicate that the concept of a police personality has not been well researched and that the existing data is inconclusive.

According to Addis and Mahalik (2003), men in general are frequently thought to be people who are reluctant to ask for help. One popular stereotype is that they absolutely will not ask for directions while driving. They are thought to be reluctant to share feelings with friends and family members and will resist asking for help. There is research that supports the that men are averse to seeking help for serious issues such as stressful life circumstances, depression, substance abuse, and medical problems, whereas women are more likely to do so (Addis and Mahalik, 2003). The law enforcement culture promotes independence and the denial of feelings and vulnerability, and many of them adopt a "macho" attitude toward life (Ceballos, 2013; Sgambelluri, 1994). Sgambelluri (1994) suggested that this attitude involves the belief that "real men" do not acknowledge feelings, nor do they ask for help as to do so threatens their authority and self-esteem. Kingshott, Baily, and Wolfe (2004) refer to an officer's "working personality" that advises that one should only trust fellow police officers and should be very skeptical of outsiders. Socialization into the police community involves an increased reliance on maladaptive coping in response to on-the-job stressors that is influenced by the majority (Wester et al., 2010).

A cop's training is rigorous. Its goal is to break down an individual's self-identity and to rebuild the recruit into the desired image of an officer; independent, self-reliant, and able to be tough and aggressive and to minimize weakness. Anything short of rising to these expectations may be punished in their job evaluations and job assignments.

Coupled with job-related stressors, the officer must make difficult decisions such as whether or not to use deadly force. Pressure to rely on often maladaptive coping strategies in order to live up to the behavioral code is often applied by one's peer group or risk alienation. Wester et al. (2010) note that the screening process identifies candidates that are highly resilient, stable, disciplined, and stress tolerant. Therefore, people working with this population must recognize the more adaptive skills officers develop to manage stress and to keep in mind the substantial variation in these individual skills.

Critical Incident Stress Debriefing, Mental Health Services, and Attitude Change

Over the years, the world-wide workplace has experienced never-before-seen changes. Saunter, Murphy, and Hurrell (1990), and Adkins (1999) indicated that these changes present new and ever-changing challenges to the effectiveness of the organization including the physical, psychological, and behavioral well-being of its workers. Adkins (1999) described targeted training, prevention programs, and worksite support programs as important for providing social support to individuals and peers and supervisors to promote psychological health. Arnetz et al. (2009) conducted a study to test police trauma training and its effects on stress and performance during a simulated police work critical incident. After 12 months, they evaluated their 10-week imagery and skills training against established training. Results indicated that officers experienced significantly less negative mood and decreased heart rate reactivity among other physiological improvements. They concluded that imagery and coping skills training that was police-specific was successful in decreasing distress and physiological stress

reactions, thereby improving job performance during realistic and stressful simulations of critical incident scenarios. Their prevention program demonstrated usefulness that is beyond standard police training protocols and that police officers gain significant benefits from training programs that utilize psychological theory and methods to improve job performance and psychological resilience.

Carlier, Lamberts, and Gersons (1997) and others have described law enforcement as one of the most stressful of all occupations. However, as acknowledged by Anshel (2000), many police officers view police work as being among the most satisfying of occupations and that to "protect and serve" is unquestionably the main reason people become police officers. That being the case, Anshel (2000) questioned why stress and burnout, are so common. He attributed these issues to a cop's inability to effectively cope with the well-documented job-related stressors involved in the actual enforcement of the law, abusive or harassing behaviors in the work place (Hart, Wearing, and Headey, 1995), and a lack of effective social support (Violanti, 1992). The relationship between stressful life events and psychological and physical well-being is well documented as the moderating factors of coping skills (Higgins and Endler, 1995). Additionally, Toch (2002) indicated that the stress involved in police work can lead to increased organizational costs due to absenteeism and early retirement. However, despite this growing body of knowledge, there is a surprising lack of research in the area of teaching officers to effectively cope with job-related stress. Consequently, severe acute stress, maladaptive coping, lower job satisfaction, declining work performance, and poor retention rates remain significant reasons for concern (Anshel, 2000). It is important to

note that the lack of research regarding police officers is especially true of those involved in undercover work. Kowalczyk and Sharps (2017) indicated that undercover officers are by their nature difficult to research due to the isolative and secretive nature of their activities, but there are overlaps between their symptomology and that of police officers that are not involved in undercover work.

CISD is a formal, structured, and confidential system of support for response and rescue workers following the experience of a critical incident. Its purpose is to help participants understand the thoughts, feelings, and behaviors that are evoked by a traumatic event ("CISM," 2019) According to Mitchell (2014), the developer CISD, the term "debriefing" and has several meanings (Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005). Mitchell (2014) cautioned that most debriefing modalities are not CISD debriefings and that precise terminology is essential to ensure appropriate practice and research (Mitchell, 2014). He described CISD just one of several techniques falling under the Critical Incident Stress Management system CISM). Developed as a small group supportive process for people who have encountered traumatic events and circumstances that have resulted in strong reactions in the members of the group, Mitchell (2014) also stated that the CISD process is not a substitute for psychotherapy.

The efficacy of CISD has been a debated topic in the psychology literature in recent years as some researchers have concluded that CISD has no effect or actually adversely effects victims of trauma (Jacobs & Jones, 2004). Rose, Bisson, Churchill, Wessely (2002) suggested that there is currently no evidence that supports psychological debriefing is an effective treatment for Post-Traumatic Stress Disorder (PTSD) and

compulsory debriefing of trauma victims should be discontinued. However, while acknowledging that the use of CISD with police officers requires more investigative effort, some literature appears to support the use of group CISD with emergency responders. Deahl (2000) noted that assessing the usefulness of debriefing or other trauma interventions provide significant challenges to researches and that the debate may not be resolved anytime soon. Pack (2012) conducted an exploratory study of Critical Incident Stress Management models that included CISD that were preferred by social workers in New Zealand. Unlike much of the research into CISD, this research was conducted in the participant's work environment. Many facilitators became involved as many staff members were not willing to take on the extra duties. However, those that did found the experience to be a personally and professionally transforming experience.

Evaluating trauma debriefing within the UK prison service staff, Ruck, Bowes, and Tehrani (2013) examined personnel who had experienced prison related trauma that included assault, riots, self-harm and suicides. After providing CISD, the authors observed a significant reduction in the traumatic stress, anxiety, and depression scores on the Impact of Event Scale-Extended questionnaire (Tehrani, Cox, & Cox, 2002) and the Generalised Anxiety and Depression (GAD) scale (Goldberg, 1971). There were no significant differences in scores in the control group that was not debriefed. Leonard and Alison (1999) investigated coping behaviors and expectation outcomes following CISD following shooting incidents. Two groups of 30 Australian police officers participated in the study; one group received CISD and the other did not. The group receiving CISD exhibited a significant reduction in anger levels and an increased use of adaptive coping

skills. It is important to note that the role of CISD in this group's improvement cannot be certain due to a variety of other factors in the lives of the officers but Robinson, Sigman, and Wilson (1997) reported that their research indicated that 63% of respondents stated that they would benefit from CISD following a duty-related critical incident. Leonard and Alison (1999) suggest that a significant proportion of police officers believe that interventions such as CISD should be offered.

Tucky and Scott (2014) suggested that "single session individual debriefing is contraindicated and the effectiveness of psychological debriefing in a group setting is yet unresolved." The authors conducted the first randomized and controlled study of CISD with emergency workers with a shared exposure to an occupational potentially traumatic event (PTE). The desired goals of group CISD are preventing the stress results from a traumatic event, and to facilitate a return to normal functioning. The four outcomes that were assessed pre- and post- intervention included: post-traumatic stress, psychological distress, quality of life, and alcohol use. Volunteer firefighters (n = 67) were randomly assigned to one of three conditions: CISD, screening (no-treatment), or stress management education. Their results indicated that CISD was positively associated with significantly less post-intervention alcohol use relative to screening, and substantial increase in post-intervention quality of life relative to education. However, there were no notable effects on psychological distress or trauma following a traumatic event (Tucky & Scott, 2014)

Healthy psychological and behavioral characteristics are conducive to good law enforcement practices. The effective delivery of mental health services relies on trust and

a level of confidence that enables an individual to freely discuss facts, emotions, and fears in the interest of addressing the above-mentioned issues. If, as Shallcross (2013) suggests, undercover police officers who discount mental health services due to stigma, or the rigid profession-wide behavioral expectations of self-reliance and will not be receptive to those services. A key source of resistance is officer's distrust of outsiders, especially psychologists who are seen as having substantial influence on an officer's job security (Twersky-Glasner, 2005). Important considerations on the part of the mental health professional include the reassurances of confidentiality as promulgated in Ethical Principles of Psychologists and Code of Conduct (American Psychological Association [APA], 2002) and the careful disclosure of circumstances such as child or elder abuse that fall under a clinician's mandatory reporting requirements. In addition to promoting changes in the "cop culture," Kingshott et al. (2004) suggests programs that provide classes in introspective and interpersonal coping skills and encouraging psychological prevention and intervention strategies as suggested in the TPSM of Quick and Quick (1979). According to Quick and Quick (1979) and other researchers including Arnetz et al. (2008) and Becker et al. (2009) suggest that the effects of individual and organizational stress may be mitigated by the implementation of psychoeducational and counseling programs by the organization.

Though many mental health services aimed at improving the overall functioning of police officers in general and the development of the skills to cope with psychological distress have been studied, findings have been inconclusive perhaps due to the confounding influence of the previously mentioned police resistance to help-seeking. A

study by Patterson (2000) regarding the effects of demographic factors on coping responses among police officers indicated that the higher an officer's educational attainment, the more they reported their coping style was emotion focused and the engagement of social support. Additionally, an officer's rank was directly associated with emotion-focused coping styles. Patterson (2000) notes that the study does not allow for the assessment of whether demographic factors had an influence on stress exposure or officer's responses to them and recommends longitudinal studies to learn more about the factors that influence the coping responses of police officers.

Departmental programs that are specifically designed to address the unique needs of an undercover operative and the development of coping strategies may provide support for an officer's mental health, increased survivability, extend professional longevity, improve an officer's quality of life both at work and at home, and may reduce organizational costs. Formal and standardized programs may be promulgated in unambiguous directives such as those set forth by the Chicago Police Department (Chicago Police Department [CPD], 2018). CPD's Employee Resource E06-01 (2018) clearly defines the scope of free and confidential counseling services that are available. General counseling services conducted by clinical professionals and trained peer counselors and family counseling services are available. Referrals to outside fee for service support may be obtained.

Flannery (2015) suggested that critical incidents may be responsible for 5.9 to 22% of first responders experiencing psychological trauma and developing PTSD. He indicated that current treatments have included single and double interventions that

focused mainly on combat veterans and rape victims. He further noted that, while these interventions have been helpful to some victims, they have not been successful with other victims and a single standard of care has not been established. Although the need for such assistance for first responders is well documented, research into interventions for this population is limited (Flannery, 2015). Therefore, the efficacy of various therapeutic interventions that have been demonstrated to be useful for non-police officers and first responders is not universally agreed upon. Thoughts and beliefs are aspects of how an individual makes sense of their world, even if those thoughts and beliefs are not true. As action-oriented and self-contained individuals in an environment where complaining is not a desirable behavior, seeking mental health assistance is not likely to be sought (Flannery, 2015). Consequently, a traumatized police officer may experience a greater need to control his or her surrounds which may lead to inflexible ways of interacting with people that may provoke others to into responding in negative ways that reinforce the officer's negative beliefs (U.S. Department of Veterans Affairs, 2018) including those having to do with help-seeking behavior.

The availability of mental health services may result in a reduced rate of PTSD that has been specifically associated with work-related cumulative exposure to traumatic events (Geronazzo-Alman et al., 2017) as well as depression and anxiety. Though evidence-based treatment for PTSD has not been utilized to its fullest, some research suggests that individuals may be more amenable to it than what is suggested by utilization rates (Becker et al., 2009). In a study of 631 police officers regarding work-related depression, Australian researchers promoting a nation-wide measure of work-

related depression suggested that Australian workers, in general, were at risk of depression when their psychological health is significantly compromised. Rendon et al. (2014) concluded that increased anxiety rendered police officers less effective in their goal-directed processing, which is performing skills as well as possible. Carlan and Nored (2008) noted that majority officers were reluctant to share fears and anxiety with colleagues due to the fear of being stigmatized. They believed that signs of stress were not a measure of suitability for the job. However, those officers that were involved with a supportive climate that included counseling experienced significantly reduced levels and an increased willingness to use counseling. Also, those officers that did participate in counseling self-reported more stress thereby indicating they realized the need for counseling (Carlan & Nored, 2008).

Becker et al. (2009) indicated that effective treatments (EBT) for PTSD such as exposure therapy, a form of cognitive-behavioral therapy (CBT), are not employed to the extent that they could be. However, the authors contended that patients may actually be more willing to participate in evidence-based (EBT) treatments than what is suggested by utilization rates and identified a range of both therapist and patient factors that may explain the underutilization of EBT. The authors indicated that therapists may be reluctant to use EBT due to the lack of training, their comfort level in the utilization of EBT, and their view about EBT interventions or personal preferences for particular therapies. Patient factors include their view of the efficacy of treatment, anticipatory anxiety relating to treatment, willingness to trust the guidance of the therapist, among others. They further noted that if the therapist and the client share anxiety about a given

EBT, they may join in avoiding the challenges presented by a potentially useful treatment regimen (Becker et al., 2009). Becker, Darius and Schaumberg (2007) studied seven psychotherapeutic techniques: (a) exposure therapy, a general form of CBT; (b) antidepressant medication; (c) a mixed CBT intervention that incorporated elements of Cognitive Processing Therapy; (d) Eye Movement Desensitization and Reprocessing therapy (EMDR); (e) psychodynamic therapy; (f) Thought Field Therapy, a form of psychotherapy that does not have much empirical support; and (g) and a made-up therapy that was based on the therapy product, *My Therapy Buddy.* Due to its popularity with therapists, EMDR was included though it was not received well in previous studies (Tarrier, Liversidge, & Gregg, 2006) and there is controversy regarding the approach's mechanism of action and it has less empirical support than other therapies. Becker et al. (2007) modified the description of general CBT to describe Cognitive Processing Therapy (CPT) as described in Resnick, Nishith, Weqaver, Astin, and Feuer (2002) and Resick and Schnicke (1992).

Watson and Andrews (2018) described the use of Trauma Risk Management (TRiM), a process designed to support employees who have experienced trauma, increase help-seeking behavior, and reduce the stigma that includes an officer's fear of a negative impact on his or her career and discouragement by management to seek support. These and other circumstances contribute to an officer's vulnerability to psychological distress. Zolnierczyk-Zreda (2002) examined the effects of a worksite stress management intervention designed to enhance positive coping styles and decreasing negative, emotion-focused, and distraction-oriented coping that was demonstrated to be effective.

For the purposes of intervention, debriefing and mental health facilitators may observe officers for signs of psychological distress. Tehrani (2018) contended that “psychological surveillance” may yield important information that should be considered in the selection, training and support of officers. For example, the online delivery of questionnaires facilitates the collection of valuable data to that end. Violanti (2004) emphasized the importance of measuring changes in the relationships of police officers as well as quality of life issues.

Carlan and Nored (2008) indicated that stress in law enforcement is a result of many elements that range from the police culture to organizational factors. The organizational stressors inherently involved in police work include interacting with dangerous individuals; the constant exposure to potentially lethal situations, and frustration and disappointment in the public as well as the judicial system. The authors suggested that large police departments may present more stress than smaller departments. The authors noted that the growing body of research into police stress has resulted in efforts to make stress prevention programs and mental health services easily accessible to law enforcement personnel. They reasoned that making effective prevention programs are more useful than those that are designed to be offered under post-stress circumstances. Proactive, organization focused approaches may be more successfully implemented than individual approaches that officers may be reluctant to use due to the stigma associated with help-seeking such as fear of an adverse impact on employment, promotions, and assignments. They concluded that those departments that supported counseling programs in the workplace realized a reduction in officer stress and therefore

periodic counseling for officers should be made mandatory for all departments (Carlan & Nored, 2008).

According to (Krosnick & Alwin, 1989), there are two conflicting hypotheses about the association between age and attitude change. *The impressionable years* hypothesis holds that individuals are highly susceptible to attitude change during late adolescence and early childhood. However, that susceptibility declines significantly thereafter and stays low for the remainder of one's life. The *increasing persistence* hypothesis indicates that resistance to change increases gradually throughout their lifespan. Their research yielded results supported the impressionable years hypothesis and refuted the increasing persistence hypothesis (Krosnick & Alwin, 1989).

Tyler and Schuller (1991) proposed a variety of different models to account for people's relative openness to attitude change through the life cycle. They contended that two of the most important models are the impressionable years model, which suggests an especially great openness to change among the young, and the lifelong openness model, which suggests that age is unrelated to openness to attitude change. Two studies were conducted to examine the openness of people of varying ages to attitude change. In both studies, the influences of personal experiences with government agencies on attitudes toward government were examined. The attitudes of older people changed as much or more in response to their personal experiences as did those of younger people. These results support the lifelong openness model of attitude change.

Though Berg et al. (2006) concluded that help-seeking behavior was not generally affected by age, their study did not examine whether or not perceptions changed as a

function of the maturity and change of world view that comes with age, the number of traumatic events an officer is exposed to, and the experiences of training and critical incident debriefings in an officer's career. Montano and Barfield (2017) indicated that individuals with more knowledge about mental illness harbor fewer negative attitudes and less fear about people with mental illnesses. In their study, graduate students demonstrated improved attitudes following session where they received information about mental illness. Montano and Barfield (2017) also noted that officers that had more experience with individuals with mental illness had more positive attitudes. They expected that their further study would conclude that officers with more experience and/or specialized training would likely have more positive attitudes regarding mental illness in the general population. Whether these changes in attitude translate to an officer's thoughts about personal psychological needs remains unknown. The research of (Buckley & Malouff, 2005) yielded results that suggested the effectiveness of vicarious reinforcement elements of cognitive learning theory in changing attitudes toward mental health treatment. Additionally, the results of research conducted by Ehrke, Berthold, and Steffens (2014) indicated improved attitudes in regards to diversity issues pertaining to several out-groups.

Wille, Hofmans, Feys, and De Fruyt (2014) addressed the question of whether or not employee's attitudes about work change over time, and can those long-term changes be viewed through the lens of a personality development perspective. They examined the attitudes such as job satisfaction and work involvement of young professionals and Big Five Personality traits for the initial 15 years of their careers. They questioned whether

trait changes result in changing attitudes; a process the authors referred to as maturation of work attitudes. Their findings indicated positive associations between traits at the beginning of a participant's career, and changes in Big Five traits toward increased functional maturity. Though no significant mean –level changes in work attitudes were demonstrated, the authors attributed this to variability in trait change. In part, the authors acknowledged that the development of traits is a life-long process and that the maturational process both influences and is influenced by experiences on the job. In a continuous measurement of implicit and explicit attitudes regarding social groups that included sexual orientation, race and skin tone, age, disability, and body weight, Charlesworth & Bonaji (2019) determined that all explicit responses changed in the direction of attitude neutrality. Implicit responses showed change in attitude toward all groups except age and disability attitudes with revealed stability, and a movement from neutrality in relation to body-weight attitudes. These changes occurred within a decade.

Critical Incident Stress Debriefing and Mental health services for officers that have experienced traumatic events and circumstance may increase the safety of the general public if an officer's stress and the possibilities of psychological and behavioral issues are reduced. A positive outcome of supporting distressed police officers is relevant to social change in light of the political division and volatility of the times. The safety issues discussed in this study align with the problem statement. The present study is intended to contribute to the understanding of the well-being of police officers, help-seeking behavior, perceptions of the usefulness of mental health services, and whether those perceptions are subject to change over time with advancing age and acquired

experience. The results of the present study may reduce the stigma-induced attitudes regarding “seeing the shrink” by informing administrators, new recruits, and seasoned veterans regarding the positive valence of mental health services. This study may serve to reassure undercover police officers who participate in those services they may find them useful, supportive, and confidential.

Summary and Conclusions

This literature review provides the foundation for the current study relating to the perceptions of undercover police officers of the usefulness of Critical Incident Stress Debriefing and other mental health services following traumatic events and circumstances and whether those attitudes are subject to change as a function of advancing age and/or the experience accumulated with length of service. This review addressed the Theory of Preventive Stress Maintenance (Quick & Quick, 1979), a broad-based approach to the reduction of organizational and personal stress. It appears to be widely accepted that law enforcement is among the most stressful of professions (Violanti, 2004). Undercover officers face significant and unique job-related stress which includes interacting with criminals using deceptive tactics and long undercover assignments, and other activities that have potentially lethal consequences Sanai (1998). In addition to the seminal research into the psychological distress experienced by individuals and the organizations in which they are employed, Quick and Quick (1979) and other researchers including Arnetz et al. (2008) and Becker et al. (2009) suggest that the effects of individual and organizational stress may be mitigated by the implementation of mental health services and educational programs by the organization.

Research regarding the benefits of post critical incident mental health services is non-existent, and is a gap in the literature to be addressed by the current study.

Psychological distress is a state of suffering that is characterized by a *c*ombination of symptoms that include depression, anxiety, stress, functional disabilities, somatic symptoms, and behavioral problems (Drapeau et al., 2012). Additionally, unattended psychological distress evoked by critical incidents may result in mental health and substance abuse issues, behavioral problems, excessive leave, early retirement, and myriad safety issues as enumerated in the TPSM posited by Quick and Quick (1979). Depression, anxiety, PTSD, suicidality, and a host of other manifestations of psychological distress that is prevalent in the law enforcement community (Husain, 2014; Van der Velden et al., 2013).

Police officers are among the group of first responders that are most likely to experience traumatic events and circumstance but tend to be the last to ask for help (Shallcross, 2013). For an officer to seek help for psychological distress he or she would have to view themselves in a different way. They would have to acknowledge that in addition to being a "problem solver," circumstances may require an officer to be a "problem haver" (Berg, Hem, Lau, & Ekeberg, 2006, p.145). This belief is antithetical to the behavioral expectations of the "cop culture" that encourages self-reliance and toughness (Twersky-Glassner, 2005). An officer is likely to try to resolve his or her own issues rather than seek or accept mental health services (Warren, 2015). Help-seeking behavior is viewed as a sign of weakness (Sgambelluri, 1994; Shallcross, 2013) and is responded to with ridicule.

The research of Montano and Barfield (2017) to evaluate factors such as experience and/or training on their attitudes toward mental illness in the community did not yield significant relationships. However, they suggested that people with more knowledge, about mental health issues in their own families and social circles, have less fear and more positive attitudes about other individuals who suffer from them (Montano & Barfield, 2017). Earlier research conducted by Hansson & Markstrom (2014) indicated that programs to educate officers in dealing with persons in the community who suffer mental illnesses and to confront stigma that may impact how officers respond to citizens at large have been successful in improving attitudes.

There are two conflicting hypotheses about the association between age and attitude change (Krosnick & Alwin, 1989). The impressionable years hypothesis states that individuals are highly susceptible to attitude change during late adolescence and early childhood, but that susceptibility begins to drop off thereafter and stays low for the remainder of the life cycle. On the other hand, the increasing persistence hypothesis indicates that resistance to change increases gradually throughout their lifespan. The research of Krosnick and Alwin (1989) yielded results that supported the impressionable years hypothesis and refuted the increasing persistence hypothesis.

Tyler and Schuller (1991) proposed a range of models to account for people's relative openness to attitude change through their lives. They contended that two of the most important models are the impressionable years model, which as previously noted, suggests an especially great openness to change among the young, and the lifelong openness model, which indicates that age is unrelated to openness to attitude change.

Tyler and Schuller (1991) conducted two studies to examine the receptiveness of people of different ages to attitude change. In both studies, the influences of personal experiences with government agencies on attitudes toward government were examined. The attitudes of older people changed in response to their personal experiences as did those of younger people. These results support the lifelong openness model of attitude change.

Berg et al. (2006) concluded that help-seeking behavior did not generally change as an individual gets older. However, their study did not examine whether or not perceptions and world view change over time as a result of maturity, the number, frequency and intensity of traumatic events an officer experiences, the accumulation of training and critical incident debriefings in an officer's career and/or a host of other factors. Research conducted by Montano and Barfield (2017) indicated that individuals having more knowledge about mental illness had fewer negative attitudes about people with mental illness and were less afraid of them. Their study involved graduate students who demonstrated improved attitudes following a mental illness information training session. Additionally, Montano & Barfield (2017) reported that officers with more experience with individuals with mental illness tended to have more positive attitudes toward those individuals. They expected future study would conclude that officers with more experience and/or specialized training would likely have more positive attitudes regarding mental illness in the general population. However, whether these changes in attitude translate to an officer's help-seeking behavior remains unknown. Buckly and Maouff (2005) concluded that the vicarious reinforcement elements of cognitive learning

theory facilitated changing attitudes toward mental health treatment. Additionally, the results of research conducted by Ehrke, Berthold, and Steffens (2014) indicated that training was successful in improving attitudes in regards to diversity issues pertaining to several out-groups.

Wille, Hofmans, Feys, and De Fruyt (2014) questioned whether or not as employees grow older, do their attitudes regarding work change over time, and if long-term changes may be viewed through the lens of personality development models. Using the Big Five Personality traits for the first 15 years of their careers, the researchers examined the attitudes such as job satisfaction and work involvement of young professionals. They examined whether trait changes result in changing attitudes; a process the authors referred to as "maturation of work attitudes." They reported that their findings indicated positive associations between traits at the beginning of a participant's career, and changes in Big Five traits toward increased functional maturity. Though no significant mean –level changes in work attitudes were demonstrated, the authors attributed this to variability in trait change. In part, the authors acknowledged that the development of traits is a life-long process and that the maturational process both influences and is influenced by experiences on the job. Charlesworth & Bonaji (2019) conducted a continuous measurement of implicit and explicit attitudes about social groups that included sexual orientation, race, skin tone, age, disability, and body weight. They determined that all explicit responses changed in the direction of attitude neutrality. Implicit responses showed change in attitude toward all of the aforementioned groups except age and disability. These changes occurred over the course of a decade.

The factors possibly having an influence on an undercover officer's view of CISD and mental health services that where discussed in this study align with the problem statement. The present study contributed to the understanding of an undercover officers' help-seeking behavior, their perceptions of the usefulness of mental health services, and whether those perceptions are subject to change over time with advancing age and acquired experience. The results of the present study may reduce the stigma-induced attitudes regarding officer's seeking the support of mental health professionals by informing administrators, new recruits, and seasoned veterans regarding the positive valence of mental health services. This study may serve to reassure undercover police officers who participate in those services they may find them useful, supportive, and confidential. An undercover operative may be more open to using mental health services if they see that they are accepted and utilized by their peers. Additionally, as older and senior officers mature and accumulate training and experience may influence the attitudes of younger police officers one way or the other.

An understanding of the mental health interventions undercover officers are most likely to accept and endorse among their peers, may be useful in facilitating the development of similar attitudes regarding their personal mental health. Additionally, by interviewing undercover police officers of various ages and lengths of active service regarding their lived experience with critical incidents and subsequent psychological support, factors related to positive or negative changes in attitude about such support may be learned. This awareness may contribute to reducing the resistance of police officers to seeking help for the traumatic after-effects of critical incidents. The results of this study

addressed the gap in research pertaining to the under-researched population of undercover police officers. The results of this study will inform law enforcement administrators of the value placed upon post-incident mental health services by those officers for the purposes of increasing their comfort and survivability and whether those perceptions change with age and/or experience. Additionally, the information obtained in this study will contribute to the development of training for mental health professionals, programs and post critical incident counseling protocols, and the promulgation of critical incident and trauma support policy.

Chapter 3: Research Method

Introduction

Qualitative research methods are used to examine participants' lived experiences and the meaning they give those experiences. The data obtained from such methods are usually not able to be quantified, and in-depth analysis is undertaken without the aid of statistical rules (Hammarber, Kirkman, & Lacey, 2016). Among the most common qualitative approaches are grounded theory, ethnography, case study, and phenomenology (Creswell, 2014). Which approach to use depends on the purpose of a study, the researcher's role, the type of data to be collected, how the data will be analyzed, and the way the results will be presented (CIRT, 2019b). Phenomenology is a qualitative research design (Creswell, 2014) that stems from hermeneutics (the science of interpretation) and existentialism (analysis of individual existence), the main aspect of which is to understand the essence of participant's experience from within a common ground (Padilla-Diaz, 2015). Using semi-structured interviews in this qualitative study, I used a phenomenological approach to examine the perceptions of undercover operatives regarding the usefulness of post critical incident mental health services and whether their perceptions have changed over time. These interviews were conducted with active and retired undercover police officers. The data obtained were analyzed by identifying themes contained within their responses as the efficacy of mental health services that are designed to mitigate the psychological impact of witnessing or experiencing traumatic events are influenced by an officer's amenability or resistance to the services being offered.

Unattended psychological distress evoked by critical incidents may result in mental health and substance abuse issues, behavioral problems, excessive leave, early retirement, and myriad safety issues as described in the TPSM posited by Quick and Quick (1979). Depression, anxiety, PTSD, suicidality, and a host of other manifestations of psychological distress are prevalent in the law enforcement community (Husain, 2014; Van der Velden et al., 2013), as is the stigma-induced resistance to seeking help for mental health issues that may be mitigated by the implementation of mental health programs by the organization (Arnetz et al., 2008; Becker et al., 2009). The research questions regarding how undercover operatives view post critical incident mental health services and whether those perceptions change over time aligned with the problem statement and the relevance of this study. In this chapter, I describe how the study was conducted; the chapter is organized into five sections: (a) research design and rationale, (b) role of the researcher, (c) methodology, and (d) issues of trustworthiness. The research design and rationale section describes the research questions, central concepts of the study, and the rationale for the selection the qualitative, phenomenological approach for this study. The role of the researcher describes this researcher as a participant, the specifics of the relationship between the researcher and participant, research bias, and other ethical issues. The methodology section identifies the population sampling strategy, inclusion criteria, and specifics of recruitment, and the relationship between saturation and sample size. Additionally, the methodology section will address instrumentation, participation, and data collection and analysis. Issues of trustworthiness describe the ethical procedures to be followed in the current study.

Research Design and Rationale

In this qualitative, phenomenological study I used a semi-structured interview approach. This interview method strikes a balance between unstructured and structured interviews. Similar to a structured interview, this approach involves a formal interview in which the topics and questions are predetermined and are usually covered in an order specified in an interview guide. In a semi-structured interview, the researcher follows the interview guide but is able to address topical changes that emerge that may deviate from the guide when appropriate (Robert Wood Johnson Foundation, 2008a). In this study, I examined the lived experiences of undercover operatives regarding mental health services and the value they place on those services following a critical incident and factors that may influence a change in their perceptions. The phenomenological focus of this study allowed me to examine the individual experiences of undercover police officers that shape the way they perceive mental health services. The patterns and themes that emerged during the interview process offered insight into whether officers' view post critical incident support as beneficial and why they feel the way they do. An officer's beliefs regarding the benefits of post-trauma support may have an impact on the effectiveness of mental health services in reducing the intensity, duration, and long-term psychological impacts of traumatic events and circumstances. These issues as they relate to undercover police officers are difficult to examine due to the covert and anonymous nature of their activities (Kowalczyk & Sharps, 2017; Van der Velden et al., 2013). Therefore, there is a significant gap in the literature addressing the kinds of mental health services undercover police officers are most receptive and amenable to.

Quick and Henderson (2016) noted that occupational stress, which is associated with a number of psychological, behavioral, and medical disorders, may be mitigated through preventive stress management as conceived by Quick and Quick (1979). TPSM provides the foundation for the examination of the acceptance and perceptions of personal benefit of therapeutic interventions by undercover operatives. For the purposes of this study, my interviews initially focused on three post critical incident interventions: individual CISD, group CISD, and other mental health services. In this study, I also examined whether an officer's perceptions about post critical incident debriefing services changed over time in accordance with the research questions:

RQ1: What are the perceptions of undercover law enforcement officers about the usefulness of post critical incident mental health services?

RQ2: Have the perceptions of undercover law enforcement officers about post critical incident mental health services changed over the course of their career?

A positive view of mental health services in and of itself does not guarantee successful outcomes. However, officers who view mental health services in a negative light are likely to engage in pervasive resistance shared by many law enforcement officers due to stigma attached to those services (Shallcross, 2013; Workman-Stark, 2017). Both positive and negative opinions may be propagated throughout the ranks of fellow officers, police academy trainers, and administrators responsible for the development of policy, training, and the provision of services. This qualitative interview method allowed participants to offer insight into views regarding the usefulness of the

selected post critical incident mental health services and whether their beliefs have changed over time.

Role of the Researcher

Whereas quantitative research seeks objective realities and may be used to examine how many people engage in specific behaviors, experience certain effects, or maintain various opinions, qualitative research is aimed at understanding how and why these experiences take place (Sutton & Austin, 2015). In a qualitative study, the researcher is the means by which data are collected and is involved in the process of identifying patterns, similarities, and differences between participants. While contact with participants is brief, the researcher is an immediate and present part of the participant's life. This partnership requires the researcher to cultivate trust and openness by avoiding the hierarchical, expert-layman relationship sometimes seen in the therapeutic environment. The best expert in the experience of an individual is that individual (Ackerman, 2017). The role of the researcher requires the identification of personal beliefs, biases, and assumptions at the beginning of the study (Creswell, 2014). The qualitative method makes it essential that the researcher engage in reflexive processes whereupon they become aware of their role in the research process (Sutton & Austin, 2015). Research conducted by Roger et al. (2018) resulted in a discussion of what qualitative researchers do. From their data analysis, six themes emerged, three of which were (a) making/doing good research, (b) qualitative research as a social bridge, and (c) stewards of people's lived experiences. Making/doing good research involves engaging in true dialog and that the researcher has a specific way to hear and make sense of

personal stories in order to understand and document each person's unique lived experience, including those that are under-represented. Qualitative research as a social bridge is the development of trusting relationships with stakeholders to foster connection, empathy, and communication; in other words, becoming a trustworthy partner. Being a steward of people's lived experiences is to hear and understand an individual's story accurately and without judgment, protecting the stories entrusted to the researcher, and taking personal responsibility for the analysis of data (Roger et al., 2018). Part of being a trustworthy partner in research is identifying and controlling for research bias, various forms of which are ubiquitous in research. Bias is difficult to avoid and can occur at any stage of the research process regardless of research design. An understanding of bias in qualitative research is essential as it negatively impacts the validity, reliability, and interpretation of the data (Smith & Noble, 2014).

I am an enthusiastic proponent of psychotherapy and an advocate for law enforcement, both of which presents the potential for confirmation bias. The term *confirmation bias* is typically used to describe looking or interpreting evidence in a way that concurs with personal beliefs, values, expectations, or hypotheses (Nickerson, 1998). Closely related is *overconfidence bias*, which occurs when a researcher overestimates their knowledge and performance, which results in a misguided certainty (King, Avery, & Hebl, 2018). Both forms of bias may be countered by the researcher soliciting feedback and engaging in personal reflection. According to Mortari (2015), learning the fundamental practice of reflection allows people to gain insight into an individual's lived experience. This process, referred to as *reflexivity*, is used to validate qualitative research

processes by examining personal thoughts, feelings, and biases (Mortari, 2015). Additionally, I sought the opinions of academic supervisors and fellow researchers who could challenge opinions and offer dissenting views. Recognizing that total objectivity is not possible, I entered the study with an open mind and made every attempt to become aware of and set aside personal biases (Smith & Noble, 2014) and use the methods mentioned above. Additionally, an interview guide was developed to provide a basic structure for the interview and facilitate the emergence of further topics and participant disclosures (Knight, 2013).

Among the ethical concerns pertinent to this study is that of confidentiality. Officers were made aware of the confidentiality and limits to confidentiality mandates promulgated in Section 4 of the Ethical Principles of Psychologists and Code of Conduct APA, 2002). Participants were given a description of the study and informed consent information was provided in accordance with Section 8 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2002). They were advised about their ability to decline to participate or discontinue their participation, and the potential risks and benefits associated with the current study. Although the risks included with the participation are minimal, the participants might become stressed discussing the use of mental health services due to past critical incidents. A list of referrals was included on the research instructions and informed consent form for use by any participant that experiences distress. The potential benefits of the study include personal insights regarding post critical incident mental health services and influencing the development of supportive services in the future. There was neither compensation nor cost for

participating in this study. The researcher had no personal, professional, supervisory, or instructor relationships with any of the participants. The telephone interviews took 30 to 45 minutes to complete and were recorded electronically for the purposes of transcription, coding, and analysis. Questions concerning the research study were referred to the University's Center for Research Quality or the researcher. The use of snowball sampling included referrals from the researcher's dissertation committee chairperson. Participants were assured that their data will be kept in a secure database that is accessible by only the researcher and available to the researcher's dissertation committee chairperson. The data will be destroyed five years after completion of the study as per APA guidelines.

Institutional Review Board (IRB) contact information was made available for any officer having questions regarding any aspect of this study. Additionally, participants were provided with information for officers who need support or psychological help including their department's Employee Assistance Program (EAP), the National Police Suicide Foundation, a private mental health services provider, the National Suicide Prevention Lifeline (1-800-273-8255), or Safe Call Now (1-206-459-3020), a crisis line for public safety employees. The interview was electronically recorded for subsequent transcription, coding, and the data is only accessible by the researcher and his dissertation committee. Once the data is in the possession of the researcher and assigned a numeric code, the data will be able to be withdrawn after the interview is concluded due to confidentiality. The final results of the current study are accurately represented and will available to participants on a website created by the researcher. Instructions as to how to

access the final results was provided in the informed consent. There were no physical risks associated with the current study and possible emotional risks were minimal. Authorization from the IRB was obtained prior to commencing the present study.

Methodology

Participation Selection Logic

The target population of this study was undercover operatives that were a purposefully recruited, homogenous sample of five undercover police officers who met the inclusion criteria. Identification of potential participants was facilitated by a police psychologist who has knowledge of the professional status of potential participants. The researcher conducted the recruitment process. The inclusion criteria required participants to be sworn, active duty or retired police officers who have been involved in at least one event that is considered a critical incident as defined by WHO (2006) or is recognized as a critical incident by the organization or department in which the officer is employed, and has participated in one or more critical incident stress debriefings. The perceptions of this sample of undercover police officers regarding the following post critical incident interventions were examined: (a) individual CISD, (b) group critical incident debriefing, and (c) other mental health services following a critical incident.

This study addressed the gap in the research pertaining to undercover police officers regarding the value they place on post critical incident mental health services. This group of law enforcement professionals is an integral yet invisible part of the police community. The activities of undercover police officers rely on anonymity and secrecy, and place them in uniquely stressful situations. Consequently, they are at greater risk for

trauma induced mental health problems than their non-undercover counterparts (Anshel, 2000; Violanti & Aron, 1993). Due to a longstanding "cop culture" that discourages help-seeking behavior and views expressions of psychological and emotional distress as a sign of weakness (Workman-Stark, 2017), finding a sizable sample of this population was not possible. This qualitative study provided both depth and detail regarding the lived experience of five active and/or retired undercover police officers invited to participate by the researcher's dissertation committee who is a police psychologist. The number of participants in this phenomenological study was consistent with the sample size recommended by Creswell (2014) but is small enough that data saturation, the point at which more data no longer yields new information or insights, was not be achieved (Creswell, 2014).

Instrumentation

A semi-structured one-on-one interview conducted by telephone was used to examine the perceptions and attitudes regarding individual CISD, group CISD, and other mental health services, of a homogeneous sample of sworn active-duty and retired police officers. This approach offered flexibility as follow-up interview questions were formulated as the interview progressed that elicited more in-depth information about an officer's experience of post critical incident mental health services. These semi-structured, one-time interviews were conducted by telephone and were 30 to 45 minutes in duration. The interviews were recorded electronically for subsequent transcription, coding, and analysis. An interview guide containing five a priori interview questions informed the semi-structured interview. The questions were formulated with Patton's

(2002) six types of interview questions in mind: (a) Behavior or experience, (b) Opinion or belief, (c) Feelings, (d) Knowledge, (e) Sensory, and (f) Background or demographic. Of the questions contained listed in the interview guide for the present study, question types (5) and (6) were not addressed (Winsome & Boyce, 2014). The interview guide presented the basic inquiries related to the research questions as well as possible follow-up probes to encourage additional questions and topics that emerged during the interview. The process involved the creation of a thorough and accurate audit trail of the project from its design to its conclusion in order to ensure the study can be replicated.

As the researcher in this qualitative study, I was the means by which data is collected as opposed to quantitative instruments such as survey questionnaires. I developed an interview guide consisting of five open-ended interview questions to provide the foundation for the interview and a protocol to guide the interview in addressing the research questions. Each question served as a starting point for the discussion of topic areas that were aligned with the research questions. I considered these foundational questions to be appropriate for the study as they request no personally identifying information and the focus was on an undercover officer's experience and perceptions of post critical incident mental health services. The questions were categorized around five topic areas: (a) usefulness of services, (b) administrative attitudes, (c) administrative policy regarding the voluntary or mandatory status of post critical incident mental health services, (d) effects of post critical incident mental health services on job performance and career, and (e) officer expectations and concerns. These five topic areas, around which the interview questions were structured, were intended to

address the range of concerns an undercover police officer might have regarding post critical incident mental health services. The guiding questions comprising this instrument included five open-ended questions pertaining to an officer's opinion of the three selected mental health services such as, "What are your thoughts about whether individual, group, or other form of CISD is a useful service following a critical incident?" Follow-up questions may include inquiries such as, "In what ways do you think these approaches to CISD are helpful (or not). A participant's responses will provide data that will be subject to further exploration. The interview will be recorded electronically and notes will be taken for analysis and the creation of an audit trail. The notes shall be reviewed with the participant at the conclusion of the interview to ensure the researcher has correctly captured his or her answer and intent. The number of questions was limited to ensure that adequate time is provided for the participant to discuss the topic in depth without feeling pressed for time (Knight, 2013). Instruments developed by other researchers will not be used or relied upon (Creswell, 2014, p. 234).

Because participants' responses are subjective, validity is lessened (Williams, 2007), The establishment of face validity of the foundational questions that will guide the interview will be accomplished by having them reviewed by subject matter experts in police psychology and qualitative research, soliciting their feedback, and to ensuring they have no questions regarding the purpose of the study and the intent of the foundational questions prior to the commencement of the study. Content validity is reduced as the interview questions will not address all of the content it should with respect to issues such as the frequency, duration, and intensity of trauma exposure and subsequent debriefings.

Content validity will be addressed by the researcher's dissertation committee. The results of the current study are not transferable as the data obtained will not include undercover officers other than the undercover police officers participating in the current study; circumstances and available trauma support resources vary in different locales, and therefore external validity is nil (Web Center for Social Research Methods, 2006)

Recruitment, Participation, and Data Collection

Participants were purposely recruited through snowball sampling. Officers were identified by dissertation chair that is a police psychologist and subsequently recruited by the researcher. The dissertation chair printed participants with an invitation that contained the researcher's email address and telephone number. Officers who were willing to participate were asked to email the researcher indicating their decision. The researcher emailed the participant a description of the study, an informed consent form, and an invitation to select a date and time for the interview that did not conflict with their schedule. The participant was asked to respond by a return email that contained the words "I consent," and their choice of a convenient date and time for the interview. If the potential participant did not respond, the officer was not contacted again.

The inclusion criteria for five sworn active-duty and retired police officers who have worked in an undercover capacity required that he or she has experienced one or more critical incidents as defined in Chapter 1 of this document:

> An event that exceeds the normal range of experience that happens suddenly and is unexpected. The event results in a personal loss of control, a belief that one's life is threatened or includes a sense of physical or emotional loss, and the

> experience is overwhelming to the extent that a person's ability to cope is exceeded (WHO, 2006).

Law enforcement officers not meeting the inclusion criteria will not be invited to participate or will be excluded if it is later discovered that they do not meet the criteria. Those officers meeting the inclusion criteria will be provided a description of the study and its purpose and an informed consent form.

According to Marshall and Rossman (2011), phenomenological inquiry consists of three in-depth interviews focusing on past experience with the phenomenon being examined, present experience, and a combination of the first two narratives to describe the essence of the participant's experience with the phenomenon. Following the inquiry, the process of phenomenological reduction will be undertaken. In this phase the researcher will identify the essence of the phenomenon being examined and organizes data around themes that detail the broad range of specifics regarding the experience (Marshall & Rossman, 2011). Structural synthesis is the final phase where "all possible meanings and divergent perspectives" (Creswell, 1998, p. 150) are explored to produce a description of the essence of the phenomenon and its underpinnings. Data shall be collected via a single one-on-one telephone or Skype session with each of five sworn active duty or retired undercover police officers. These officers will be recruited through snow ball sampling with the assistance of the dissertation chair who is a police psychologist. The researcher shall create and maintain an audit trail to facilitate future research replication. Using the five foundational questions contained in the interview guide to inform the telephone or Skype interview that addresses the research questions

described in Chapter 1, the researcher will electronically record, transcribe, and analyze the participant's responses. The researcher will not release or make available any data containing personally identifying information.

When the interview concludes, the researcher will read back to the participant his or her responses and notes the researcher has recorded to that point. The participant will be afforded the opportunity to add, detract, or clarify any comments he or she has made. Additionally, the participant will be invited to make comments on the accuracy of the interviewer's written observations. There will be no follow-up interviews. When the study is concluded, and upon Walden University approval, the completed dissertation will be posted on a website to be identified in the initial instructions where participants may review the final draft.

Data Analysis Plan

This qualitative study utilized an interpretive phenomenological analysis (IPA) that will provide examinations of the participant's lived experience. Rather than producing this examination as prescribed by theoretical preconceptions, this thematic analysis is undertaken with the recognition that it is an interpretive approach as humans make sense of their own realities (Smith & Osborn, 2015). IPA is an interpretive process occurring between the researcher and the participant that is influenced mainly by Heidegger's interpretive phenomenology as well as hermeneutics and ideography (Peat, Rodriguez, & Smith, 2019). A priori themes and template of codes that are relevant to the research questions (Fereday & Muir-Cochrane, 2006) about whether or not the perceptions of undercover police officers change over time will be developed. Data

collection will be conducted using a semi-structured, one-on-one, telephone or Skype interview with each of five sworn active and retired undercover police officers. Interviews will be electronically recorded for subsequent transcription, coding, and analysis. Guided by researcher-developed questions and emergent themes, the interviews will focus on the experiences of the post critical incident debriefing services enumerated in the research questions, their initial perceptions of their usefulness, and whether their beliefs have changed for better or worse over time. The researcher will conduct the interview that is expected to last 30-45 minutes. The interviews will be recorded electronically for subsequent transcription, thematic analysis, and open coding assisted by NVivo, a qualitative research data analysis software program. The participant's names will be coded to avoid public disclosure.

Data analysis will consist of the identification of themes in the data obtained from participants in their interviews. The coded individual and collective themes will facilitate interpretive analysis and generalization of how the phenomenon is experienced by undercover police officers (Center for Innovation in Research and Teaching [CIRT], 2019b). Discrepant or negative cases will serve to broaden thematic analysis. Data that does not appear to support the patterns emerging from the data analysis will be reexamined for the purposes of revising, expanding, and confirming the explanations for a majority of cases (Robert Wood Johnson Foundation, 2008b).The results of this research will be compared with existing literature to suggest ways to better adapt post critical incident mental health services to meet the needs of undercover police officers who have experienced traumatic events or circumstances.

Issues of Trustworthiness

This phenomenological study examines a small, closely defined group of participants for whom the research questions are most relevant. The current study employs a small number of purposefully recruited participants. And, because of the limited area from which participants will be recruited, and the regional differences in the types of critical incidents to which an officer may be exposed, the results of this research have limited transferability outside of the bounds of this study (Web Center for Social Research Methods, 2006). Guba and Lincoln (1981) contend that qualitative data are credible when the experiences of a person can be recognized by others having simply read about them. Credibility is perhaps most established when the findings of a study are viewed by its originator and others reading the findings and they are believed to have meaning and applicability in terms of their own experience (Cutcliffe & McKenna, 1999). Dependability is an essential element of a study's trustworthiness as it establishes the consistency of a study's findings and whether they are repeatable ("Dependability," 2019). For the findings of the current study to be consistent with the data collected, a thorough audit trail of all aspects of the study shall be documented such that researchers not involved in the study should arrive at similar conclusions and interpretations after reviewing the data. Potential errors in methodology, analysis, interpretation, and final reporting may be reduced by having an external audit conducted by an outside researcher. In addition to checking and rechecking the data, confirmability may be assured through the process of reflectivity (Mortari, 2015) by which the researcher will be aware of

personal thoughts and feelings. Additionally, the researcher will solicit feedback from colleagues and supervisors.

The establishment of face validity will be accomplished by presenting the five foundational questions to police psychology and qualitative research subject matter experts in order to solicit their feedback and to ensure they have no questions regarding the purpose of the study and intent of the questions prior to the commencement of the study. Content validity is reduced as the interview questions will not initially address all of the content it should with respect to issues such as the personal frequency, duration, and intensity of trauma exposure and the efficacy of the efficacy of subsequent debriefings or participation in other mental health services. Content validity related to the present study and associated a priori questions and themes will be reviewed by subject matter experts determined by the researcher's dissertation committee.

Ethical Procedures

The current study will be conducted in accordance with the standards promulgated in the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) regarding the treatment of human participants and as discussed in the Belmont report (U.S. Department of Health & Human Services, 1979) and the Five Principles for Research Ethics (Smith, 2003). The current study will involve five purposely selected volunteers to be identified by a police psychologist and recruited by the researcher. Research involving human participants must first be granted the approval of the Walden's University's Institutional Review Board (IRB). This authorization shall be granted before the process of data collection begins. Participants shall be reassured of confidentiality as

promulgated in Section 4 of the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002). Participant's identity will be coded for the purposes of confidentiality and data analysis. Potential participants will be given a description of the study and participation instructions and informed consent information shall be provided in accordance with Section 8 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2002). The researcher will conduct the interview from a secure and private home office. The data collected will only be accessible by the researcher and his dissertation committee (Creswell, 2014) and will be withdrawn to protect participant confidentiality. The final results of the current study will be both accurately represented and made available to participants on a website created by the researcher. Instructions as to how to access the final results will be provided in the informed consent. Participants shall be advised about their ability to decline to participate or discontinue their participation and potential risks and benefits of participation (Creswell, 2014), and the limits of confidentiality. The current study will include no participants from vulnerable populations that are known by the researcher and no harm is expected to be experienced in any aspect of the research (Shivayogi, 2013). One possible risk is that a participant who is experiencing unreported or undiagnosed depression or PTSD may experience psychological distress as a result of recounting their traumatic events and circumstances. There are no other known risks of this study. The potential benefits of the study include personal insights regarding post critical incident mental health services as well as influencing provided services in the future. There is neither compensation nor cost for participating in this study and it is anticipated that the interview will take 30 – 45 minutes

to complete. The researcher has no personal or professional relationships nor supervisory or instructor relationships any of the participants who are yet to be recruited.

Protective measures shall be instituted regarding the collection, recording, storage, and analysis of biographical information other materials relevant to the current study. Participants will be assured that their data will be kept in a secure, password protected computer file that will be accessible by only the researcher and the researcher's dissertation chairperson (Federman, Hanna, & Rodriguez, 2002). The data will be destroyed five years after the study is concluded. An informed consent form that affirms that participation is voluntary and confidential as no personally identifiable information will be provided. Individual participants will be identified by a code for data analysis. Additionally, the informed consent form will be accompanied by a document that will provide background information about the study, and the roles and responsibilities of the researcher. IRB contact information will be made available for any officer having questions regarding any aspect of the current study or has a complaint. Additionally, participants will be provided with information for officers who need support or psychological help including their department's Employee Assistance Program (EAP), a private mental health services provider, the National Suicide Prevention Lifeline (1-800-273-8255), or Safe Call Now (1-206-459-3020), a crisis line for public safety employees.

Summary

The current study utilizes qualitative research method to explore the lived experience of undercover police officers of selected post critical incident mental health services. The study shall be conducted in accordance with the Ethical Principles of

Psychologists and Code of Conduct (American Psychological Association [APA], 2002) after being granted authorization to conduct this research by the Walden University's IRB. Using a semi-structured, phenomenological interview approach, the data relevant to the research questions listed in Chapter 1 that is obtained will include how officers perceive the usefulness of these services following a critical incident. Consistent with the TPSM (Quick & Quick, 1979), untreated psychological distress may result in mental health issues, behavioral problems, and a host of other impacts. The positive or negative perceptions of undercover police officers regarding post critical incident mental health services will influence their amenability to those services. The current study will explore whether their beliefs and attitudes are fixed or if they have changed over time. It is believed that if undercover police officers believe that mental health services are supportive, they may be more likely to utilize the services and recommend them to their co-workers.

This chapter described the selection of research design and the reason for that choice. Also discussed was the methodology involved in the selection and recruitment of participants, measures and instrumentation, data collection and analysis, and ethical concerns. The role of the researcher in the present study is to be a trustworthy steward of the participant's disclosures and to conduct an interview that fosters mutual respect and open, reciprocal dialogue. The role also requires the researcher to identify personal beliefs, biases, and assumptions that would have an effect on the data at the beginning of the study (Creswell, 2014). It is essential that the researcher engage in reflexive processes

whereupon he or she becomes aware of his or her role in the research process (Sutton & Austin, 2015).

The researcher conducting this study will use the data obtained from interviews intending to identify patterns, similarities, and difference between participants. The interview will be in part guided by five researcher-developed five a priori questions and initial themes that will facilitate discussion regarding issues that may evoke additional topics and disclosures from the participants. Initial and emergent themes will ultimately be further categorized into broader, superordinate themes. Interviews will be conducted using electronically recorded telephone calls or Skype sessions that will subsequently be transcribed, analyzed, and documented using computer software. Identities and themes shall be coded to protect confidentiality and to facilitate data analysis. There will be no follow-up interviews or debriefings.

The results of this study will address the gap in research pertaining to this under-researched population and is intended to inform law enforcement administrators of the value placed upon post-incident mental health services by undercover officers for the purposes of increasing their comfort and survivability and whether those perceptions change over time. Additionally, the current study may inform senior police officers and law enforcement administrators that may have an influence on the views regarding help-seeking behavior of junior officers, training academy instructors, and administrators who are responsible for the promulgation of policy regarding mental health services (Sgambelluri, 1994; Shallcross, 2013). The final results of the current study will be discussed in Chapter 4, and posted on a website for participants to review. Findings,

conclusions, implications, and recommendations for further research will be discussed in subsequent chapters.

Chapter 4: Results

The purpose of this qualitative study was to examine how sworn law enforcement officers with undercover experience perceive the usefulness of individual CISD, group CISD, or other mental health services following a critical incident and whether their perceptions have changed over time. In this study, I used one-on-one interviews with purposefully selected participants to gather data related to their experiences of post critical incident mental health services to address the research questions.

RQ1: What are the perceptions of undercover law enforcement officers about the usefulness of post critical incident mental health services?

RQ2: Have the perceptions of undercover law enforcement officers about post critical incident mental health services changed over the course of their career?

This study was designed to gain insight and increase understanding of the experiences and beliefs of undercover police officers regarding CISD, the value they place upon CISD, and whether their perceptions have changed over the course of their careers. Officers' perceptions of these services may influence their amenability to personal interventions and whether they would recommend such services to their colleagues and advocate for them with departmental administration. Additionally, an officer's acceptance or resistance to post critical incident mental health services will affect the overall effectiveness of those services in reducing the intensity, duration, and long-term psychological impacts of traumatic events. The research questions were explored through the lens of five undercover police officers. This study is intended to inform law enforcement administrators of the usefulness of mental health services, as

viewed by the undercover officers who use them for the purposes of increasing job satisfaction, professional performance, and survivability of undercover operatives.

Phenomenological interviews were used to explore the lived experiences of undercover officers regarding job-related traumatic events and circumstances and the psychological support that was or was not afforded to them. In this chapter, I present findings obtained from the in-depth phenomenological interviews of the five research participants. The cohort of participants included active and retired undercover police officers of various ranks and times in service. The in-depth semi-structured interviews examined the officers' perceptions of the usefulness of mental health services, administrative attitudes, voluntary or mandatory provision of services, and anticipated effects on job performance and career. The interviews also inquired about their expectations and concerns regarding the future development and implementation of CISD-related policies and services. These qualitative interviews focused on the officers' past and present experiences with post critical incident mental health services to gain an understanding of the essence of their experiences with the phenomenon (Marshall & Rossman, 2011). The semi-structured interview method allowed participants to offer and build upon their candid responses that focused on their views regarding the usefulness of the selected post critical incident mental health services and whether their beliefs have changed over time.

Chapter 4 will be presented in five sections: (a) settings, (b) demographics, (c) data collection and analysis, (e) evidence of trustworthiness, and (f) results. This chapter will conclude with a summary. The first section of the chapter describes the settings

where the research was conducted and the steps taken to ensure privacy. The second section describes the participants' demographics and characteristics. The third section will review data collection and analysis processes and findings. The fourth and final section will provide a summary of the research and answers to the research questions.

Settings

The choice of settings for conducting research study interviews was made with confidentiality and privacy being the top priority. In order to ensure participants felt comfortable, I ensured participants' confidentiality as described in the research invitation and informed consent and instructions. I presented participants the choice between a telephone or Skype interview, and all interviews were conducted on the telephone further masking the participants' identities. Privacy and flexibility were provided as the participants were asked to select dates and times for their interviews that suited their schedules and choice of locations from which they would receive my telephone call in accordance with the research instructions. I conducted the interviews using a telephone located in my private home office for data collection. My office can be closed off from the rest of my home and conversations cannot be overheard. I was alone and uninterrupted in this office while conducting interviews.

Demographics

Inclusion criteria required that participants be active or retired police officers with undercover experience and who have had critical incident exposure. Five officers were invited to participate and provide their experiences and perceptions regarding CISD over the course of their careers. The small sample size was decided in accordance with

Creswell's (2014) recommendation for phenomenological interviews, and data saturation was neither expected nor was it possible (Marshall, Cardon, Poddar, & Fontenot, 2013). The inclusion criteria did not include gender. It was assumed that the participants may not be completely forthcoming in their responses to interview questions due to the secretive nature of their professional activities and their deep mistrust of mental health professionals (Shallcross, 2013). Police officers are frequently unlikely to seek psychological and emotional support regardless of how personally overwhelming the impacts of critical incidents are. This is due to the closed culture of law enforcement and the expectation of toughness and self-reliance among its members (Sgambelluri, 1994; Shallcross, 2013). This resistance to help seeking is pervasive and is a result of the stigma attached to mental health counseling (Shallcross, 2013), as well as the behavioral expectations that characterize a "cop culture" that links officers together in isolation and secrecy (O'Neill & Singh, 2007). For these reasons, participants were difficult to recruit.

Data Collection

One-time telephone interviews taking 30 to 50 minutes to conduct provided ample time for the participants to provide in-depth responses to items from the interview guide that were related to the research questions. Participants were assured of the confidential nature of this study by way of the invitation to participate in this research, instructions, and informed consent form and then again before the interview commenced. Verbal acknowledgment was received at that time. The legal and ethical limits to confidentiality were enumerated on the informed consent form and formally acknowledged by each participant. Officers were advised that any personally identifying information, such as

their department, job titles, or the details surrounding high visibility critical incidents where a responder's identity could be ascertained, would be masked. Additionally, their responses to interview questions were coded and could not be attributed to individuals. Officers participated in the interviews from undisclosed locations of their choosing and the interviewer was unaware of the participant's whereabouts. Additionally, officers were reminded that electronic data and written records would be stored securely for a period of 5 years as required by Walden University and as stated on the informed consent form; at that time, they will be destroyed in accordance with best practices and legal standards.

The semi-structured interviews contained five open-ended questions in accordance with the interview guide. The questions were regarding the following categories: (a) usefulness of mental health services, (b) administrative attitudes, (c) administrative policy regarding the voluntary or mandatory status of post critical incident mental health services, (d) job performance and career, and (e) officer expectations and concerns. The semi-structured nature of the interviews and the conversational way they were conducted enabled participants to elaborate on their answers and provide additional insights. In accordance with the interview guide, I used several "conversation continuers" (Knight, 2013), motivational probes, and other interviewing techniques. This approach resulted in officers expanding on their answers and providing much additional useful information.

The interviews were recorded using an Olympus VN-541PC and Olympus TP-8 Telephone Pick-up Microphone. This combination of electronic devices provided an extra level of security and sound fidelity as the pick-up microphone consisted of only an

ear bud containing a sensitive condenser microphone that was connected directly to the recorder. This further ensured that the participants' disclosures could only be heard by me, even in the unlikely event that my part in the interview process was intruded upon. At the conclusion of each interview, I transferred the WMA sound files from the recorder to a password-protected PC and converted each file to the MP3 sound file format using VLC media player, Version 3.0.8 (Vetinari). I chose the MP3 sound file format due to its superior audio fidelity. I then imported the sound file into Nuance NaturallySpeaking Premium, Version 13.00.000.200, a speech recognition, dictation, and transcription software, to obtain a verbatim written record of my questions and the participants' responses. The NaturallySpeaking output was stored in a Microsoft Word file.

Because the NaturallySpeaking software rarely produces a transcription that is 100% error-free, I compared the written output of each interview and the associated sound files using NCH Software Express Scribe Pro, Version 8.26 transcription software and an Infinity USB Digital Foot Control with Computer Plug-In (in-USB2) that allowed me a full range of transcribing tools. This provided me the capability to conduct a word-for-word comparison and make the appropriate corrections to the written transcript. Incorrect output mainly consisted of spelling errors or words with similar pronunciations. The process of crosschecking the sound file against the written transcription, as well as frequent subsequent reviews, enabled me to ensure that the data obtained in these interviews were precisely documented so that accurate records were available for analysis and the subsequent reporting of my findings. Each file was then encrypted and stored on

a password-protected PC that was only accessible to me, as were my field notes that contained descriptive information as well as my own reactions to the interviews.

Data Analysis

The research outcomes in this chapter are based solely on my analysis of the data obtained from interviews of the research participants. Although other researchers might identify additional themes that either corroborate or counter my own, the themes described below represent my interpretation of the research findings. The semi-structured interviews consisted of questions developed in accordance with an interview guide that was designed to address the research questions of this study. After completion of the interviews, the process of phenomenological reduction aided in the recognition of the essence of the phenomenon of the thoughts and experiences of undercover police officers in relation to CISD and other mental health support options and in the identification of themes that detailed the range of their experiences (Marshall & Rossman, 2011). A structural synthesis as described by Creswell (1998) where "all possible meanings and divergent perspectives" constituted the final phase where the essence of the phenomenon was described (p. 150). The in-depth semi-structured interviews yielded four initial themes: (a) undercover (UC) policing and trauma, (b) past attitudes and perceptions, (c) usefulness of CISD and mental health services, and (d) expectations for future CISD program development and implementation. These themes were further categorized into three broader and more comprehensive superordinate themes that included (a) mental health and self-care, (b) attitudes regarding CISD, other mental health support programs, and the delivery of services, and (c) future policies, programs, and service delivery

systems. The feedback obtained from all interviews related to these themes was consistent and there were no noted discrepant cases.

Table 1

Superordinate Themes

Categories	Themes
Superordinate Theme 1	Mental health and self-care
Superordinate Theme 2	Attitudes regarding CISD, other mental health support programs, and delivery of services
Superordinate Theme 3	Future policies, programs, and service delivery systems

Evidence of Trustworthiness

Credibility was established by selecting the best data collection method with which to address the research questions of this study (Elo et al., 2014). IPA enabled me to examine the personal lived experience of undercover officers of CISD and other mental health services following traumatic events. The interview method of data collection was used to bring to light commonalities between participant's responses to interview questions, emergent themes, and conceptual categories. The interviews were recorded and then meticulously transcribed. The process by which the participant's responses were transformed from audio recording to a written record ensured the accuracy of the data for analysis. The transcriptions were 10 to 15 pages in length and the review process for each required several hours to complete.

I proofread each document several times to ensure that: (a) each interview was completely and accurately documented, (b) the interview items adequately addressed the research questions, (c) the questions were asked in accordance with the Interview Guide,

(d) the questions evoked both similar and divergent experiences and opinions from the participants for comparison, and (e), that adequate attention was focused on negative or deviant cases for the purpose of confirming, contradicting, or otherwise revising the predominant patterns revealed in the data analysis. I imported the transcripts into NVivo 12 Plus, a data analysis computer software program that assisted in the identification and organization of patterns in the participant's feedback from which common terms, phrases, patterns, and trends were extracted and separated into superordinate categories and subcategories for analysis. This provided the foundation for a structural synthesis, the next step in this phenomenological inquiry. The structural synthesis was the means by which I sought to identify all similar and divergent attitudes of the participants. Additionally, I examined my own assumptions and biases throughout the processes of data collection, coding, and sorting of data, in order to obtain and present an accurate representation of the topic (Clark & Veale, 2018).

Dependability and confirmability are essential elements of a study's trustworthiness as they establish the consistency of a study's findings; that is whether or not researchers who are not involved with a particular study would arrive at similar conclusions after reviewing the data (Forero et al., 2018). Consistency was assured by the use of an interview guide that contained five a priori interview questions that informed the semi-structured interview and focused on themes related to the participant' s personal experience and contextualization. The interview guide contained the basic inquiries related to the research questions as well as possible follow-up questions or "conversation continuers" to encourage additional discussion about topics that emerge during the

interview. The interview guide was an essential part of a thorough and accurate audit trail of this research project from its design to its final report in order to ensure that other researchers could replicate it. However, due to this study's small sample size, results of this research have limited transferability outside of the bounds of this study (Web Center for Social Research Methods, 2006). I addressed potential errors in methodology, analysis, interpretation, and final reporting by maintaining records of my research path for future review, reviewing the data several times, and having my study audited by outside subject matter experts. To further assure confirmability, I engaged in the process of reflectivity by examining my own assumptions, preconceptions, beliefs, and values and how they may impact my research decisions (Korstjens & Moser, 2018).

Results

The five officers who participated in this study described their past and present beliefs and attitudes toward post critical-incident debriefings and other mental health services. The participants were either active or retired police officers with undercover experience who have experienced one or more traumatic events and the subsequent support services that were available to them. The one-on-one interviews provided insights into the resistance to seeking help for mental health related issues that is exhibited by many law enforcement officers, as well as their apprehension about post critical incident support services that have been offered or mandated over the course of their careers. Opinions regarding the usefulness of services designed to mitigate the aftereffects of job-related traumatic events and circumstances varied little between participants and their thoughts about future program development and implementation were similar. An often-

repeated theme was the reluctance of police officers to seek help with psychological distress.

One reason that many police officers have negative perceptions about mental health services is their distrust of outsiders such as psychologists who are often viewed as a conduit of information to supervisors (Fair, 2009); Woody, 2005). It is true that certain information is necessary for department administrators to make decisions on important issues such as fitness-for-duty examinations. Consequently, officers frequently view the consequence of making certain personal disclosures as a threat to masculinity (Workman-Stark, 2017), a potential risk that could negatively affect one's career in terms of performance evaluations, advancement and duty assignments, and their reputation in the eyes of their colleagues (Paoline, 2004). These concerns are directly connected to the stigma that is attached to mental health counseling, in that seeking help is a sign of weakness (Shallcross, 2013). This attitude that fuels this resistance is present in junior officers and senior veterans alike (Wester, Arndt, Sedivy, & Arndt, 2010), and is perpetuated by the profession-wide expectation of independence, self-reliance, and rugged individualism (Sgambelluri, 1994; Shallcross, 2013).

These behavioral expectations have been characterized by many researchers as a "cop culture" that links officers together in isolation and secrecy (O'Neill & Singh, 2007). A "macho" attitude toward their jobs is inculcated in police officers from the beginning of their careers (Ceballos, 2013). From day one, police officers learn to be problem solvers and to control their emotions while on the job. However, these characteristics that represent a major reason for an officer's reluctance to seek help for

mental health-related reasons are the same characteristics that are essential to an officer's ability to do his or her job safely and effectively. Their survival depends on them and therefore, police officers are likely to try to resolve their own issues rather than seek mental health treatment (Warren, 2015).

Law enforcement is generally considered to be a profession that is at greater risk than other occupations of developing full or partial PTSD as their duties routinely expose them to traumatic situations and physical danger. Cumulative exposure to traumatic events is thought to be a predictor of the development of PTSD (Geronazzo-Alman et al., 2017). Due to their secretive and highly specialized work, undercover police officers are the lowest profile members of the criminal justice system, and according to Van der Velden et al. (2013), may be at greater risk for mental health problems than their non-undercover counterparts. This small subset of the law enforcement profession may be more vulnerable to psychological distress and imbalance due to the unique stressors imposed by the secretive and alienating nature of the job (Love, Vinson, Tolsma, and Kaufman, 2008). The depression, anxiety, and stress experienced by police officers have been linked to alcoholism, burnout, and family problems (American Society of Addiction Medicine [ASAM], 1976; National Institute of Justice [NIJ], 2016) as well as declining work performance and job satisfaction, and decreased quality of life (Husain, 2014). Interviewees described what they believed were some negative consequences of unresolved psychological distress, the most extreme of which was suicide. They also discussed a range of coping methods that ranged from engaging supportive family members to actively seeking out private professional assistance.

Superordinate Theme 1: Mental Health and Self-Care

The first superordinate theme was based on research questions: (a) What daily concerns do you have regarding your duties and what kinds of critical incidents have you been exposed to? (b) Do you believe that there is a difference between the kinds of trauma experienced by undercover police officers and non-undercover police officers? (c) In your view, one of the impacts of psychological distress on your personal physical and psychological well-being? (d) How do you believe your family is affected by your work? (e) What sources of psychological and emotional support are available to you? One superordinate theme emerged as did four consistent subthemes. The first superordinate theme and associated subthemes are listed in Table 2. The number of participants that provided input to a theme or sub theme is listed for the purpose of reporting how the participants disclosed parallel or disparate views regarding mental health and self-care.

Table 2

Mental Health and Self-Care

Themes	Number of participants who responded
Subordinate theme 1: Mental health and self-care	5
Subtheme 1: Daily concerns and potential for trauma exposure and self-care	5
Subtheme 2: UC and non-UC trauma	5
Subtheme 3: Personal well-being and family impact	4
Subtheme 4: Stigma, resistance, “cop culture”	5

Superordinate theme one focused on police officer's understandings and perceptions of mental health and self-care. Five out of the five research participants disclosed at the beginning of their workdays. Their concerns included having their undercover identity compromised, threats to their families, and the amount of peripheral work associated with their undercover work. Participants agreed that police officers in general were all exposed to stress; they indicated that there were additional sources of trauma for undercover officers, many of which lasted for extended time frames. The participants consistently described the importance of mental health and well-being, both in themselves and their coworkers. All five participants acknowledged the mind sets and behavioral expectations that characterize what many have called the "cop culture" (O'Neill & Singh, 2007; Twersky-Glassner). Participants described different coping styles for dealing with potential or actual traumatic events and circumstances that ranged from an external focus on organizing one's daily activities, to actively seeking out the services of a mental health professional.

Though being offered psychological support in the past, P1 indicated that he had neither "attended or felt the need to go" however he places a high value on emotional and psychological health and places them on the same level of importance as other needs including clothes, food, hygiene supplies, medical care, and so forth." The participant disclosed that when he thinks of a critical incident he thinks of something like responding to a fatality. "In the line of work I did I was fortunate enough to do drugs, I was fortunate enough to do human trafficking and child pornography, I was fortunate to do online solicitation of a minor." He stated further that he "couldn't see myself having to do all

that, arresting people, doing criminal case load" in addition to all of the other requirements of his job. Reflecting upon those duties, he indicated that "managing the kids; knowing what they need and how to get them help, is very difficult. It is difficult to know what to do and how to care for these individuals.

P1 served for four years in uniform as a state trooper and described some of the trauma associated with that job. "Like when you come across a really bad accident and there is a death … You see it and process it. They come and remove the body and then you're done - you don't have to deal with that." However, in undercover work "you're in the trauma right there and then when all this is happening regardless of what kind of work you're doing." "Whether its drugs are human trafficking, fraud, or whatever it is, I think the trauma is longer-lasting. You're in it and you're waiting for it." The participant reflected on his duties in relation to human trafficking and child pornography. "Just imagine seeing those images on a daily basis for the last 3, 4, or 5 years. I think it depends on every individual as to how they process it." Acknowledging the trauma that is inherent in both undercover and general police work, the participant indicated that he believed that undercover work is longer-lasting because "you're living within that trauma."

"You take it home with you, I mean, what if these people are following you? What if they know where you live, or know who you are?" P1 described these potential threats as "a kind of trauma that you continue to live with - and they can be very personal at times." He described the early stage of his significant relationship. "Our biggest argument was when I came home I didn't want to be bothered; I didn't want to be talked

to. I just want to get out of my uniform, I wanted to sit down to watch ESPN for about 15 or 30 minutes without having a conversation and that's how I decompress." He indicated that his partner "never understood, and that's where the arguments came in." The participant reflected on how difficult it was because she did not understand and felt like she was being ignored. According to the participant, his partner experienced this as a daily occurrence.

In explaining to his partner how people deal with different stressors in different ways, the participant stated that he "could be a different person." And, "instead of coming straight home I can go to the bar and start drinking, you know? Or, I could go and do something else, I mean some people work out, some people go drink." This particular participant indicated that his partner had training and experience in the field of education. In time she came to understand his "decompression" process upon returning home, and indicated that they had come to a place of understanding and agreement. He stated that upon returning home, "after about 15 or 20 minutes they would greet each other and move on, and it was all great after that." The participant volunteered that in his opinion the biggest hurdle people in law enforcement have is "not being able to disconnect home from work or work from home."

When speaking of police officer resistances to help-seeking behavior, P1 referred to stigma as "a hurdle it's going to be very hard to clear." He indicated that help-seeking behavior on the part of a police officer would subject him or her to being judged and seen as weak. P1 indicated that this belief was shared by many, and if a person was not believed to be "mentally right to be in this line of work would be out of a job." However,

departments have policies and procedures they have to follow. “That’s it, you know? That’s the way it goes so I think it’s a hurdle to be crossed, but I don’t see it going away anytime soon.” He described the dilemma as not wanting to be judged by somebody and seen as weak. “Your job requires you to be all there. If you can’t be all there you can’t perform your duties, and if you can’t perform the duties and you don’t have a job, and if you don’t have a job you don’t have a paycheck, and if you don’t have a paycheck you can’t put food on the table.”

P2 identified the validity of his undercover identity and whether it was still holding up as his utmost concern. He noted that “if you do undercover long enough, with court proceedings and with discovery, is kind of challenging to keep your undercover identity intact.” This concern was compounded as the participant frequently works several cases simultaneously He disclosed that at the height of his undercover work it was not unusual for him to be assigned to 10 to 12 different undercover operations simultaneously. When the participant was asked the types of critical incidences he had been involved in, he described a high-visibility and widely reported critical incident occurring in the last several years to which he was among one of the first to respond. While recreating on his off-duty time he was called by his supervisor indicating that an alert had been received over the radio and that his unit had been activated.

By the time he got to the site of the incident, “they were in the finishing stages of cleaning the building and we were tasked with holding that crime scene for a few hours until patrol could come and relieve us.” He described the crime scene as a large facility containing many people. His job was to be posted in alternating locations. “Basically you

just got posted either next any door that you could come and go, and then and then a body for a few hours to maintain the integrity of the dead bodies that were still there." P2 was mandated to attend three counseling sessions. When I asked him whether or not he found those sessions useful he responded by saying, "actually, I found it extremely useful - extremely helpful." Additionally, within a short period of time after this incident, the participant was faced with having to cope with the death of a close professional colleague.

In P2's opinion, there is a "big difference" in the differences between the kinds of trauma exposure that undercover officers are exposed to, as opposed to general police officers. Qualifying his remarks, he indicated that "the differences are less noticeable with officers who do a decent amount of patrol work. Patrol work, mainly on the highway or high-speed accidents where you see a lot of carnage; excluding that group of patrol officers, I would say the differences are pretty wide." The participant indicated that once an officer gets out of patrol and becomes a detective or pursues their own niche within the police department "there exposure level of stress is greatly reduced." "Then there are people who do undercover in a small narcotics section, you are down to single-digit detectives for a city as large as we are" and we are located in close proximity to a source city for narcotics. "It is expected that you are going to be running undercover operations constantly, you could be doing three or four street-level buys in a day and that would be considered the norm." He described the stress level as "24/7- even when you come home thinking about it, even with social media there is the potential for a cover to be blown."

The participant indicated that social media is used but not used as much it could be because of the danger.

The participant acknowledged that he had a "predisposed mentality that if an officer attended or sought out some kind of counseling they were weak," and added that a lot of people in his profession share that mentality. He cited being ostracized as being another reason officers might be resistant and noted that it is open "still not common knowledge on how to reach out by yourself." According P2, there doesn't seem to be the means to reach out for assistance without involving anybody in the chain of command. His concern is that "if you're talking to a mental health care professional they're not going to want to work with you, or they're going to wonder what's wrong with you." Following his previously mentioned critical incident, he was mandated to attend three employee assistance counseling sessions with a psychologist, though he was uncertain as to the counselor's educational level or certification. He and others who were involved in the incident were required to complete three sessions before they were considered for duty again. The P2 admitted that he did not like being told he had to attend. And, he did not go to his first appointment, and tried to get out of it altogether.

When asked about what some term as a "police personality," P2 disclosed that when he started the department several years ago "it was the established cop attitude 'suck it up' and there was no if's and's or but's about it." Police officers were expected to handle the problems themselves. P2 cited the possibility of being ostracized as a reason for police officer's reluctance to seek help. He noted that the process of accessing the mental health system is still not common knowledge. "I think they need to do a better job

of giving officers the ability to reach out for assistance by themselves without involving anybody in the chain of command." He explained that the concern experienced by many is that, as a result of an individual talking to a mental health care professional, colleagues may question whether or not they want to work with that person. He offered a degree of optimism by observing that there seems to be a shift delete from the "suck it up," "don't say anything," drown your sorrows in a bottle of Jack or Jim or whatever you have, and instead talk to somebody like a supervisor." However, he added that this attitude is not prevalent at this point, and in the participant's words, "it's not yet, but it's trending that way."

P3 is a high ranking law enforcement officer and former undercover operative with many years on the force. He indicated that while working undercover he developed "a little bit of paranoia." "Because you're undercover, well I was undercover, and I spent so much my time doing surveillance on narcotics traffickers … after a while you begin to take on the same paranoia they do." The participant reflected that, "this was back in the early 90s and there was no self-care. You just went undercover and started adopting a personality." He considered the situation as unhealthy and provided an example from his home. "We didn't have cell phones, so if you wanted to do a deal with somebody after hours, you would give them your phone number. That number was actually the office number back at the narc office and the call would be diverted to your home phone." If he were to get a telephone call at that number, his wife would answer the phone and the language of the caller. If the caller asked for someone with a made up name, she took on the role of a drug dealer's wife but did not negotiate deals.

He added that whenever he was driving he took different routes home, and he frequently drove back the same direction he came to ensure that he was not being tailed. This is a process that's referred to by suspects and police officers alike as "cleaning themselves." The participant indicated that this "just something that ran on the back of my head all the time." Because he and his fellow officers would "be mixing it up with informants and meeting with people that were drug dealers, they would be worried that they would be seen out on the street." P3 indicated that he actually did run into one of his assignments and he was with his family, "and that was my worst nightmare."

The participant his been involved in "probably about 20 officer-involved shootings." Additionally, he described a high visibility incident from several years ago that involved a parent orchestrating the killing of several children. He was the first one to respond and was in charge of the scene, and was the first to enter the building. After describing explicit details, the participant described the perpetrator as an "absolute psycho." He added that it was a bad case I got national attention. "I have had so many critical incidents; a guy who is gone … I had just taken in an investigation [of an officer] killed himself that evening - so I mean, the list goes on and on."

In regards undercover officers, P3 stated that he believed that there's an added element of exposure to critical incidents. "I think the biggest one is differentiating between who you're acting like in your real self, it's important to maintain that separation. A patrol officer wouldn't have to deal with that. Though many of the participants coworkers bore tattoos and took on permanent differences in appearance,

"that was always a step I wasn't comfortable with - marking my body was something permanent. But not all of them separate that."

As a senior officer one of P3's duties is to conduct training. He related the details of a resiliency workshop that he conducted with a mental health professional for a group of officers. In that workshop he described panic attacks, anxiety disorder, depression, and insomnia, as well as Irritable Bowel Syndrome (IBS) and other physical symptoms. In disclosing his personal path, he described what didn't work and then what did. The participant believes that stigma is the biggest obstacle and that a high-ranking officer "has got to be willing to stand up and show their soft underbelly for the greater good." "Unhealthy cops are going to be using force more than they need to, they're going to get rudeness complaints, and are going to use deadly force when they don't need to. So for me, it's beneficial to open up in hopes that my officers will get help, I want healthy cops."

In the P3's opinion, new Police Academy students appear to be more receptive to discussing mental health issues and accepting support. "Officers with less than 2 years on the police force may get it; the older guys won't - it's generational. The participant suggested that regardless of whether participation in post critical incident mental health services is voluntary or mandatory, there is a stigma attached to it. "This is something I always had a hard time with in relation to my staff." As a result of his own journey, P3 is an ardent advocate for mental health services. His high rank in the command structure affords him a unique opportunity to influence the promulgation of policy and the delivery of services.

The participant was resolute and unapologetic in his views regarding the importance of providing effective mental health services for law enforcement officers. Regardless of the view of him that may be held by junior officers, the participant adamantly believes that he should have the backbone to stand up and say, “No … this is for the greater good because I don’t want an officer floating with panic attacks, anxiety, depression, and insomnia. That guy is going to come to work and he’s going to cause problems for the agency. “I want them to reach out for help. I don’t want him or her suffering in silence.” The participant is aware that some may say “look at how wimpy the [rank] was when he dealt with that kind of stuff.” His thinking about that opinion is, “I’m the [rank], if somebody wants to think that I’m a wuss, I don’t give a [expletive].” While the participant believes that people that agree with his view are still in the minority, he believes that it is “way better than 20 years ago.”

P4 indicated that he was retired, but when he was doing his undercover work his main concerns were “not getting hurt and not getting anybody else hurt.” He acknowledged that in his particular subpart of the police profession he is exposed to perhaps greater chances of not only critical incidents but more prolong stressors and anxiety producing situations. The participant described his first critical incident where they “killed a guy in a dope deal; we blew his head off. The shooters got the rest of the day off and the rest of us came back to work the next morning.” He indicated that they were not debriefed one way or the other.

The participant described another event that occurred approximately nine months later. “… the person behind me took three bullets on a dope deal and it went down in a

hotel hallway in the stairway. They did debrief afterwards and it was the first time I had ever seen that." P4 described this incident as being "pretty unique in the history of the department." He disclosed that the incident involved a gunfight between about four or five people in a small stairwell where the officer behind him was critically injured, but somehow survived though shot in the face. The suspect initially received a shot in the heart which was a fatal wound, "but he didn't know it because he was high on meth and he kept firing." They also debriefed the dispatchers in the participant thought it interesting, "I had not thought about them, but of course they are the ones in the basement listening to the officer scream for help on the radio. I'm sure is pretty difficult for them because they can't have an impact." "It dawned on me at that moment, so I had empathy for them and that helps me eventually."

When asked whether he believed there were differences between the trauma exposure of undercover and non-undercover officers, the participant responded, "yes and no." He added that he was shot more times doing patrol duties that in narcotics. He explained that when he was in a patrol car he had to always be on his guard. "When I was undercover I could just slide around; I had long hair and I looked like a dirt bag. Unless I was dealing with somebody in an undercover capacity, I felt pretty safe." I asked the participant what it was like to have to set aside his undercover identity with dealing with family and other people he knows. He indicated that, "it was okay, my hair was long, and I looked like a biker. They knew what I was doing. They thought it was exciting and all that, but it was okay at home."

P4 acknowledged the old style “you’re still cops so suck it up.” Though he would’ve preferred to continue his career, the participant disclosed that he had been retired medically for stress. He indicated that he believed support would’ve helped if he had been open to it. The participant identified stigma that he believes should be addressed “from the get-go.” However, “you know that when you’re in your early 20’s, you think you know everything and your bulletproof.” He expressed the belief that an effort should be made to reach trainees at the ground level. “They need to know that they will have disturbing experiences, but not everyone will be affected in the same way.” He added that if an officer’s affected by an experience, he or she “should be aware of it and know how to deal with it.” He offered the example of chasing someone who just stepped into a pothole and blew out a knee. “What are you going to do, suck it up? You got an injury, let’s fix it.”

Participant number five is a member of a multi-agency task force. He works with federal agencies such as the FBI and the Department of Justice (DOJ) as well as state, county, and municipal law enforcement organizations. While his specialized unit is focused predominantly upon narcotics related offenses, they also assist other agencies in the investigation of violent crimes. The participant’s main area of expertise is investigating narcotics related offenses, and activity has been doing for the majority of his law enforcement career. He stated that his daily work goals are “always thinking ahead about all the cases I have open, what can I do to progress those cases, come to a resolution with those cases, how can I expand those cases, how can we get the most bang out of our buck so to speak, and what impact can I have?” He indicated that

investigations can be very expensive and he “always has many cases going disclosed and “basically, that’s what worries me when I come into work.”

He added that many things occur outside of work as well and that he does not maintain the traditional business hours of 8 to 5. “I get phone calls throughout the night, throughout the weekends, from suspects who think I’m also a narcotics trafficker. So it doesn’t necessarily come to an end when I walk out of the office.” The participant considers himself fortunate in his undercover role to not have been personally involved in an officer involved shooting (OIS), an event he considers a critical incident. However, the participant described and incident where his team utilized an informant which resulted in the operation coming to a close. Unfortunately, “the suspect dictated the outcome of the case” by pulling out a gun and was consequently shot. The participant explained that he was not directly involved with the informant except to the extent that he monitored the body wire that the informant was wearing. He contended that, “that’s about as close as I’ve gotten to a critical incident.”

P5 added that “there are other critical incidents that do not necessarily haunt me, but they are always in the back of my mind like high-profile cases.” He described the case where he arrested a high-ranking member of a foreign government. “That always comes back and haunts me because as somebody like that is set up high in the food chain.” “He would be dealing with me and we would end up arresting that person for a large amount of narcotics.” He indicated that his unit began getting phone calls from what he described as the equivalent to the Attorney General of the United States wanting to know the details of the investigation.

The participant stated that he constantly deals in transactions that are worth a million dollars or more. As a result of those transactions “we end up arresting suspects and confiscating narcotics and there are consequences to those investigations.” “People are going to be held accountable, and when the report comes out there going to know that an undercover officer was involved.” Participant number five disclosed that he always tries to vary the route he takes to go home. “If there’s a vehicle that’s been trailing me, I take a different route. If that vehicle continues to follow me … you have to be aware of your surroundings.” He indicated that he believes that that is more of a psychological stressor than a critical incident.

Participant number five described some stressors that are perhaps not experienced by non-undercover police officers. “My kids, I’ve got a boy who is fourteen and a girl who is twelve. They are at the point where they know what dad does. I carry two phones; one is my personal phone and one is a work phone. They know that when my work phone goes off and I am speaking in [a language other than English] and I walk outside … they know what the deal is.” The participant indicated that he does not tell them much about exactly what’s going on. “I do tell them it’s a bad guy but I don’t tell limits involving a multimillion dollar transaction ... I don’t want them to know … I don’t want them to worry.”

The participant explained that he does not give his family a part in anything. “I do not have a social media account, my wife has social media, and is much as I hate it, she’ll post pictures of me.” He indicated that he is reluctant to tell her not to, but does not want her to feel like she’s being left out and he does not want to feel left out of their

environment; “that would be stressful.” The participant disclosed that he and his family live in an isolated area and that he’s very conscious of vehicles passing by and that he pays close attention to them. “If there’s a vehicle that sometimes parks out there for an extended period of time, I’ll go out there and write down their license plate.” Watching his father do that his boy takes it in stride and may make observations such as, “that car’s been out there for a while, or that’s the third time that vehicles been by.”

The participant indicated that he never felt the need to consult with a mental health professional because he “hopes that what he’s doing is safe.” He indicated that his wife has some concerns about him going undercover, but he has explained to her that “the people in uniform out there that are writing the tickets or handling calls for service, sometimes have a bigger bull’s-eye. A person wants to cause them harm knows they are a cop.” He referred to some instances in his state where officers were shot for just wearing the uniform. The participant admitted that he has always had the fear of people finding out where he lives.

“We do take precautions … Lucky for me I have such a common name they’d have to go down a long list. Even with informants, I don’t tell them where I live; I don’t live in the city because a lot of our cases involve that city. But, there are open cases involving my city as a target and there’s always that concern in the back of my mind that this person who still thinks I’m a crook or a narcotics trafficker is going to see me at [a public event] and want to talk to me.” He indicated that that is normal behavior for a narcotics trafficker and that presents a heightened level of concern when he is out with his family. However, he does not disclose that concern to his family.

I asked whether or not the participant whether or not he has developed attitudes or beliefs about mental health services in the past, and have they changed? He responded, “yes and no.” He indicated that the attitude about help-seeking being a sign “of weakness,” is still prominent. Referring to the job-related stress, the participant indicated that “it’s part of employment just like the military.” However, he stated that he thinks “that his department specifically is trying to get “ahead of the curve. “He indicated that he seen more email traffic regarding free services. I noted that many officers view the “departmental shrink” as a direct line of information to supervisors. I inquired as to whether or not he believed his colleagues would be guarded about asking for help, or suspicious and very self-conscious about what they say if they were mandated to participate.

The participant indicated that if an officer is involved in a critical incident like an officer involved shooting and you’re the officer directly involved, there is a departmental protocol were an officer receives a fitness for duty evaluation. “The officer will not be returned to duty until found fit to do so. This process involves having a clearance through a psychologist and so, “even though it’s confidential, it does make its way back to the department no matter how much is said.” P5 acknowledged that the administration needs certain information, but an officer may be guarded about what he or she discloses because some information can have ramifications on a career. He volunteered his opinion that when service or mandated that they be conducted off-site. Additionally they should be “scheduled on days when it’s not involving anybody else from the city so it’s still

somewhat confidential. Under these circumstances, the participant believes an officer might be “more compelled open up and express his or her true feelings.

Superordinate Theme 2: Attitudes regarding Critical Incident Stress Debriefing, Other Mental Health Support Programs, and the Delivery of Services

The second superordinate theme arose from the following questions: (a) Have you ever participated in CISD or other mental health service following a work-related traumatic event or circumstance, and did you find it useful? (b) What do you believe are the past and present attitudes and acceptance of existing services among administrators and rank-and-file? (c) Has your opinion of CISD or other form of psychological support changed over the course of your career? (d) Would you refer a colleague to such services? (e) What impact do you expect participation in post critical incident mental health services would have on your job performance and career? This superordinate theme yielded four sub-themes that were consistent with supportive of this superordinate theme. Table 3 contains a description of this superordinate theme and the resultant sub themes.

Table 3

Attitudes Regarding Critical Incident Stress Debriefing, Other Mental Health Support Programs, and the Delivery of Services

Themes	Number of participants who responded
Superordinate Theme 2: Attitudes regarding CISD, other mental health support programs, and the delivery of services	5
Subtheme 1: Availability of mental health support services	5
Subtheme 2: Past and present personal attitude and administrator and the rank-and-file acceptance of post critical incident mental health services	5
Subtheme 3: Usefulness of services and service preference	5
Subtheme 4: Anticipated impact of programs on performance and career	3

These superordinate themes was a result of questioning as to whether or not the five participating undercover police officers had ever participated in a CISD or other mental health support service, and were their experiences consistent with their beliefs and expectations. One responded indicated that he had not though he did not seem to imply that he was not open to the idea, and he offered ideas regarding what sort of services might be helpful. All participants described the availability of post critical incident support services, their opinions regarding their usefulness, and commented on current programs and provided feedback on those they believed could be improved. Clear descriptions, including some provided by a high-ranking police administrator, were provided by all participants regarding past and present administrator and rank-and-file

attitudes regarding mental health services. Though not all participants offered direct feedback regarding the anticipated impact of mental health services on performance and career, they all provided clear statements of what they believed would be the impact of having no services available.

The participants expressed that the attitudes of law enforcement personnel from administrators to Police Academy trainees have been slow to change. Additionally, the question of what constitutes an effective support system is a matter of sometimes contentious debate among police administrators, service providers, and researchers Deahl (2000). In the wake of an increasing number of widely reported sensational crimes high visibility critical incidents, conflicts and political issues within the community, and increased police officer deaths and suicides, the participants acknowledged the need for effective support systems. The interviewees were forthcoming about their previous experiences with CISD, what they believed worked and what did not, and their opinions about what thinking should go into future program development and the delivery of services. Three of five participants expressed their beliefs that mental health had a significant impact on career performance and personal lives.

Describing himself as a “really grounded person,” P1 indicated that he hasn’t used or needed mental health services. “I usually do my job, I get back home, and have family time. I leave work at work. Home is home and work is work and I think that’s the biggest obstacle officers have, they’re not able to disconnect their work from home.” However, the participant stated that he would be inclined to refer a coworker if they had been through something that seemed emotionally overwhelming; “if I saw something that was

way beyond, out of perspective, where they needed help, yeah definitely I would get them involved with victim services and get them help." He added that a person "needs to be in the right frame of mind to be doing this kind of job."

P1 described his paramilitary style training in the Academy as being stress-induced "it's how you deal with things and stuff like that." "So, every form of training I was exposed to was all stress-induced. Their hope is either working out will weed out the people that don't belong here and then keep the ones who do belong here because they know how to manage stress and how they react to it." "In my agency I may be the only officer in a particular County and I often "don't have the luxury of another officer a street away, or a block away, or a subdivision away for backup - we have to fend for ourselves." the participant indicated that the training he has experienced since the Academy is stress-induced such as tactical shooting exercises using simulated rounds. "Sim rounds are rounds that get expelled from the weapon, but of course are plastic and they have color in them and they're made of soap. But guess what, it hurts! "I'm glad it's like that because it helps us react better in the real world."

However, P1 described his department as being "big enough and well-funded where we have psychologists on hand, and we have victim services." He stated that he would refer to victim services first. He then indicated that he would refer a coworker to individual services and was specific about this recommendation. He related his belief that if what the person needed exceeded that which victim services could provide, after meeting with the individual the counselor could decide whether that person needed additional support such as group therapy. The participant believes that if an individual

does not want to deal with issues with the department's staff, they will refer you to an outside resource. P1 had high praise for his department's Victim Services. "As far as I know, they have Masters Degrees and above and some of them are certified psychologists; some of them are certified to provide this type of support individuals." "I think they are well-versed in what they do because they know they're not just dealing with the communications officer. They know they're working with undercover personnel and investigators at work with major crimes where they see bodies on a daily basis, anything from adults to children."

P2 stated that when he started with the department almost 10 years ago, there was an established "cop culture" that was characterized by the expectation for officers to "suck it up" when it came to dealing with adverse events and circumstances. He further disclosed that employee assistance programs were unheard of and wore in fact considered "a dirty word." P2 acknowledged his own "predisposed mentality" that associated help seeking behavior with weakness. Following his first responder involvement in a high visibility critical incident, he felt the departments mandated sessions with a psychologist were "extremely useful and helpful." The participant reported that he initially didn't like being told he had to attend and "I actually didn't go to my first appointment; I tried to get out of it."

This participant's department currently provides post critical incident mental health services that appear to offer some flexibility in how those services are delivered. Some of the other personnel who were involved in the previously mentioned critical incident were mandated to attend as a group, he and his undercover peers were allowed to

attend individual sessions. Despite his initial resistance, P2 had a change in his thinking about being told that he had to attend counseling, “I don’t think it should be a choice, I think it should be mandated.” In the participant’s opinion, the increasing rates of suicide and other officer involved deaths, the “cop culture” is trending towards a realization that one’s personal mental health is essential. He thinks of the impact of mental health support programs will “have a positive impact on job performance because of the increase in morale.” The Participant added a more personal disclosure, “I have a much different view. It would be like a 180. I’ve gone from thinking that I’m weak - I’m even stronger now mentally because I gave it an honest shot and I was able to work through some tragedy. I’ve noticed a very big increase in the enjoyment of my life in the management of stress.”

P3 indicated that when he began his career in the early 90s. “There was no self-care; you just went undercover started adopting a personality - the person you’re acting like.” There were no post critical incident mental health services; “nothing … no psych interview, no debriefings.” “We didn’t do any of that stuff back then; it was a foreign concept.” Having been a mental health advocate for many years, the participant disclosed that “fifteen years ago when I was talking about this I almost got left out of my own department. Now in a group setting of about twenty high ranking officers in my county, I may have one detractor. Remember, because they’re older, they’re in their 50s, they’re also worried that because of their high rank, they’re supposed to be stronger … They can’t talk about that sort of thing. The higher you get, people erroneously think you have to fake it, and I think just the opposite.”

This participant is intimately familiar with current mental health service options available to police officers, as well as the debates involving policy makers, clinicians, and researchers, around what constitutes an effective service. In completing a rank promotion project on stress management he learned that the research into these issues is sporadic. As a result of his own research, the participant offered his personal belief that the individual comments he got from officers, dispatchers, and CSI techs, indicate that such services are helpful. P3 was a ranking officer for fifteen years and has held his current position "for a couple of years." He indicated that in his experience, if the chain of command says it is okay to reach out for help, officers were more likely to reach out for help. He further suggested that if the chain of command was neutral on the subject, it was less likely that officers would reach out for help.

P4 indicated that he'd been involved in two incidents, both involving shooting fatalities that occurred within nine or ten months of each other. In the first incident where officers "killed a guy in a dope deal, did not "really get debriefed one way or the other." The shooters got the rest of the day off, and the rest of us came back to work the next morning." Following the second incident where the officer who was shot was in close proximity to the participant, there was a debriefing and it was "the first time he'd ever seen that." He added that the dispatchers were also debriefed; he had never thought about them before. The participant expressed empathy and acknowledged the sources of trauma for the "ones in the basement" listening to the activities of police officers in the field, while not being able to directly impact the outcome of an event that threatens the life of

police officers. In the participant's opinion, this intervention was helpful to those involved.

Referring back to the first incident that was not debriefed, P4 indicated that he'd been sent to the department' s psychologist who "faxed something back to the training unit saying that I was okay for duty, but he mentioned some other things that I'd brought up - and it was on a fax machine." The participant acknowledged that he did not get much benefit from that meeting but thought the "group therapy" he participated in after the second incident was very helpful. He stated that he believed that department administrators should support and perhaps even provide for an officer's participation in CISD. He added that he believed the post critical incident mental health services should be mandated, and people should be referred there automatically after an incident. When I asked the participant whether or not he believed that voluntary services would be accepted and utilized, he said "I would hope so, but in my experience … you know, I think probably not, I didn't." He was supportive of the development of services, especially those dealing with PTSD. P4 believes the impact resulting from participation in this kind of programming would be "very beneficial" on one's job performance and career.

According to P5, the "sign of weakness" mindset regarding help seeking behavior is still predominant. "It's part of employment just like the military." That being said, the participant believes that departments, his department specifically, "is trying to get ahead of the curve." He has noticed more emails being circulated describing resources and free services or services that are paid for by insurance. He indicated that his department

makes use of a “companion officer” who was available to officers who have been involved in traumatic events.

“We had companion officers come out, we had people who would have been through … you know … they’ve been down this road. So they kind of prepped us … ‘Okay, here’s the next step so you don’t get caught off guard,’ they might be present during interviews, which I thought was real beneficial” in dealing with the anxiety. “Again I have not been down this road so I didn’t know what they had, so I thought that was pretty good and it’s all voluntary.” “People cannot donate their time to be there for you.” P5 believes that his department has a “great program, but it hasn’t been around for a long time.” He reiterated his beliefs about police officer resistance to help seeking behavior and connected them to an aspect of his department’s programs that he feels is important. “It’s all confidential too … It’s supposed to be confidential when you have these meetings.

He acknowledged that many police officers are reluctant to disclose personal information to a psychologist; particularly a psychologist who is conducting a fitness for duty exam. Knowing that a certain amount of information must be relayed back to the administration, police officers may be guarded about the information they disclose as “it may have real ramifications on a career.” The participant believes that administrators should actively support mental health services. “I’m all for it I think they should. In the long run, I don’t think a department is going to want someone, or the stigma of someone who is not fit for duty. God forbid that someone is going to go out do something negative that’s going to bring negativity toward the department … or put their coworkers at risk.”

Superordinate Theme 3: Future Policies, Program Development, and Service Delivery Systems

This third superordinate theme emerged from the following research questions: (a) Do you believe that law enforcement administrators should make CISD and other mental health services a priority, and should those services be provided on-site or contracted to service providers in the community? (b) What types of programs should be offered and what specialized training should the providers have? (c) Should participation be mandatory or voluntary? (d) What are some important issues for law enforcement administrators, researchers, and service providers, to consider as they develop and promulgate future policies, programs, and means of service delivery? Four subthemes emerged from this superordinate theme. The third superordinate theme and associated subthemes are listed in Table 4 as are the number of participants that responded to questions related to a theme or sub-theme.

Table 4

Superordinate Theme 3: Future Policies, Programs, and Service Delivery Systems

Themes	Number of participants who responded
Superordinate theme 3:	5
Subtheme 1: Policies and administration	5
Subtheme 2: Mandatory or voluntary participation	5
Subtheme 3: Types of services and provider training	5
Subtheme 4: Considerations for the future planning of policies, programs, and service delivery systems, and making the best use	5

of CISD and other mental health

The focus of superordinate theme three is the future development of post critical incident mental health programs that are intended to meet the needs of undercover officers who have been involved in traumatic events and circumstances. At a time in which police officers have experienced an increased rate of involvement in high visibility and violent critical incidents and police officer deaths including suicide, the participants provided feedback on what they believed were important aspects of program planning and implementation. While acknowledging the long-standing pattern of resistance of police officers to seeking mental health support, all of the participants indicated that the availability of these services is essential. Most offered their opinions about how the stigma of seeking help or being mandated to participate in certain programs might be reduced, they each express their beliefs that the behavioral expectations of the "cop culture" may not change for quite some time. The participant's opinions as to how stigma might best be dealt with, all suggested that change "begin at the top," and that mental health and self-care education be integrated into the early phases of training and addressed periodically in career-long, reoccurring education requirements.

Though having never participated in mental health services or ever feeling the need to do so, P1 recognizes the essential need for their availability. He described his department's victim services and explained that they receive additional services from NGOs from around the city to supply whatever needs victims may have. He indicated that he would have no reservations about referring a coworker to mental health services if they been through something that seemed to him to be emotionally overwhelming.

Additionally, he described the possible negative outcomes when "you're not all there because of a certain situation" including the loss of one's livelihood. P1 described his department as "big enough and well-funded where we have psychologists on hand and really have victim services." However, he reiterated a common theme that officers would rather "deal with it themselves." He noted that "stigma is a hurdle it's going to be very hard to clear," but there are "policies and procedures that departments have to follow … that's it."

P1 indicated that he thought making participation mandatory can be problematic. "It kind of you don't want to force that stuff on people, especially one as trauma related kinds of situations that they go through." However, he added that "You have to get it out. When something is bothering you, when something stressful is in you, the only way to get it out is to talk to somebody." The participant stated that he was aware that there are departments that are underfunded that make participation mandatory. For example, if you have a shooting incident and you are restrained from duty, they will take a few days off because they have to investigate. And then they'll come back to talk to the investigators." "Her that should be people talking to somebody in the mental health portion of that, he got to talk to somebody … No matter how macho you are you need to talk to somebody … It reduces a lot of weight from your shoulders."

The participant supports both the delivery of services on site as well as the subcontracting of mental health professionals in the community. He stated that he believes that as a matter of policy, "the choice should be left to the employee … You can talk to somebody here at work, or we can send you to somewhere on the outside." The

participant described a confidentiality concern when he offered the example of an employee who is “really good friends with the psychologist, but when it comes for them to be treated they don’t feel comfortable talking to that person.” He believes that choice is available within his department. He also indicated that in the future departments may continue with a “peer review” type of situation where they have a couple of people talking about an incident.”

I asked P1 what concerns he might have for the future development and implementation of support programs and the people cast with providing these services. “I think one concern is for them to be open-minded. We may forget the reason we chose to create these sorts of programs. They’ve [program developers] never dealt with law enforcement or been in the law enforcement realm, or even know how law enforcement operates. I think that those programs should be created by 3 or 4 brilliant minds, really educated individuals, but they have to have a clue about how law enforcement works. That’s probably the biggest hurdle.” Additionally, “I think that if you get law enforcement to assist with some of this and see what law enforcement needs, I think better programs will be developed in the future.”

Having been resistant to attending mandated sessions with a psychologist following a major critical incident, P2 did not go to his first appointment and tried to get out of the rest of them. He expressed his displeasure at being told he had to go. Having had a positive experience, the participant stated that he found his sessions “extremely helpful.” I asked the participant if he believed administrators should actively support or even provide for officers in situations such as the one you found yourself in. He indicated

his change in attitude by saying, “Absolutely. I’ll think it should be a choice I think it should be mandated.”

P2 indicated that his department’s counseling mandate is new. “My understanding is that it’s been there for about 15 years, but mandating personnel to go was unheard of. And I believe that if you’re involved in a select number of critical incidents, however they are defined by the chief’s office, is going to be a mandate now to complete a certain amount of sessions before you can be considered fit for duty.” With a mandated counseling policy in mind, I asked the participant if he believed that those services should be provided on site using mental health professionals with specialized training, or contracted outside away from work with people who are similarly trained. The participant believes that those services should be contracted to outside agencies. “I think it should be off-site and the only correlation between the professional and the department should be the contract that binds them and that’s it.”

In his own case, the participant indicated that they were forced to go off-site. A couple of people in his unit brought up an issue, “I’m going to be able to go while on duty, right? It’s for the department.” “That for me would be my only concern… I was much more comfortable going off-site than having to go through and report to headquarters and doing it there, where people are going to know what I’m there for.” According to P2, a couple of his colleagues know that he’s been to the assistance program and “they keep their distance now. I can tell if they filter what they say around me. However, the participant disclosed that he has “a couple of buddies on the SWAT team that asked me questions about my sessions, and then enrolled on their own. It

worked out for one of them and didn't work out for the other. Some of my work buddies feel like they have to censor themselves around me because they know I've gone to an assistance program, and because I've gone they've used that opportunity to ask me questions about it. Maybe they're too afraid or too irritated tryout themselves but are comfortable with reaching out to me as kind of a determining factor." The participant believes that "a better job needs to be done in giving officers the ability to reach out for assistance by themselves" without involving the chain of command.

P2 believes that services need to be provided by someone who is "more than a counselor." Not to take anything away from counselors, but the participant believes that a provider must be a "true professional with a master's or doctorate degree or some form of advanced training." For example, the participant cites the training provided to the military in specialized fields of combat by people who have been exposed to combat- related trauma. "Not to take anything away from counselors, but I don't think a counselor that specializes in family counseling would provide the same amount of support as somebody who provides mental health counseling to veterans." P2 considers training in such issues as burnout as being important. "Burnout is a big deal, a big problem in our profession and in our department." He noted that burnout often results from not being able to take care of oneself or manage stress in healthy ways, and that having counseling and educational services that teach coping skills could reduce burnout in the long run.

P2 believes that officer's acceptance of critical incident related mental health services may depend on how long that officer has been on the force. The newer generation of police officers, " those joining the department in say, the last 4 years," are

going to be more open to change. “I think the old-timers as we call them who are near their retirement are going to reject it. I truly believe they are set in their ways. The middle-of-the-road people (10 to 15 years like myself) are on the fence and I think that it is more along the lines of ‘we would be on board if the department did a better job of educating us on what the program is about.’ “

Holding high rank and with many years in the law enforcement profession, P3 is in the unique position to have seen the availability of post critical incident mental health services grow from nothing to something he both advocates for and is in a position to influence and implement. He and his colleagues are the officers that are responsible for the promulgation and implementation of policy, the analysis of organizational needs, and the procurement of the equipment, goods, and services that are required to support their respective law enforcement agencies. In the case of P3, he is a zealous promoter of mental health service availability for the officers under his command. The participant acknowledges that his views are not shared by many officers in his cohort of police administrators. “I’m still a minority, strongly in the minority, but not as much as I was.” He noted that because his colleagues are older, they’re in their 50s, they believe that with their high rank comes the expectation that they be stronger. “They can’t talk about that sort of thing. The higher you get, people erroneously think you have to fake it, and I think just the opposite.

P3 disclosed that when he left a previous Police Department, they had a policy that required a new undercover officer to have an interview with a mental health professional and again when they concluded their assignment. He indicated that this was

true about 2 years ago, “but 25 years ago that was not the case.” The participant indicated that he agreed that this process might equip an officer on maintaining strong mental health before going into an assignment. “And then when they leave, they should also have to check back in with them just as a waypoint, when you came in and when you left … this is an opportunity to notice whether or not the person’s mental health has changed. “Things change and there may be a rift where things are not so good for that individual. “He estimated that attitudes regarding this single element of support in general began to change in 2005 or 2006. “There was no understanding. In fact, there was pushback. When I went to [school to obtain rank], I produced a project paper addressing mandatory stress management training for police officers.

The participant puts a high value on stress management training. He places stress management in the category of “perishable skills.” “Perishable skills are basically that every 2 years you have to be trained in CPR, first aid, shooting, traffic stops, etc. In other words, if you don’t train on these regularly, it’s perishable.” The argument my paper was that self-care and stress management are also perishable skills.” Though clearly seeing the need for such training, the participant reports that he was laughed at. “15 years ago I was definitely in the minority … unfortunately, I saw too many suicides in my own department. P3 believes that the briefings should be mandatory.

When I asked P3 if services were voluntary did he think his officers would take advantage of them he responded by saying, “No… no. There is stigma attached to it. If it’s optional … that is something I always had a hard time with in relation to my staff.” Referencing the stigma that is attached to help seeking behavior, P3 offered the example

of someone committing suicide by jumping off a bridge with officers standing around watching. When asked how they're doing, they are likely to report that they are fine. "Well of course they're going to say they're fine; there's a stigma attached to saying they're not fine. The participant explained that it is his job to "be the bad guy" and say "you have to go - you don't have a choice." The participant further explained that somebody who's struggling internally but doesn't want to admit it now has the cover of saying "staff made me go see a professional." They can then feel better about getting treatment. "That's our job … we [high-ranking supervisors] gotta be the bad guy."

I asked P3 whether he would have those mandatory services provided within the department or an off-site agency that's been contracted in the community. "Outside. I had an internal person at [City] that I was in charge of … the Employees Services Coordinator. Most people weren't quite as open because they're worried that this person might be department mole." The participant indicated that a service provider should have some specialized experience, training, or education when working with law enforcement officers.

He once did a workshop with several mental health professionals in attendance. They were allowed them to speak to or hear from several officers that included SWAT officers, tactical officers, and undercover officers, so that they can understand the strong and dominant personalities of police officers. That tended to be what some of our professionals saw as an obstacle because "there was almost a battle about who was going to be in charge. It kept a lot of officers from getting good treatment because they were just at odds with their shrink. We're not an easy population to work with, believe me."

P3 indicated that he believed that police Academy students are more receptive to learning about mental health issues. He related the experience he had while doing a resiliency workshop. When speaking to the group of officers and attendance the participant speculated that officers with less than two years on the police force "may get it, the older guys won't." "He agreed that stigma keeps a lot of people from getting the help they need, police officers or not and is "something I have personally been trying to educate people about." "In my experience, if [members of the upper level chain of command] say it's okay to reach out for help, though reach out for help. However, if their attitude is neutral, "it's less likely … The [members of the upper level chain of command] have got to talk about it."

"That's why I did the resiliency workshop. I talk about my own symptomology going into detail. I talk about panic attacks, I talk about anxiety disorder, I talk about depression, I talk about physical symptoms such as Irritable Bowel Syndrome (IBS), insomnia, and I explain the path I went on - here's what didn't work and then what did work for me." P3 believes that high-ranking officers have "got to be willing to stand up to show their soft underbelly for the greater good. Unhealthy cops are going to be using force more than they need to, they're going to get rudeness complaints, and they're going to use deadly force when they don't need to. So, for me it's beneficial to open up in hopes that my officers will get help. I want healthy cops."

The participant reported that since he has been in his current position, he discusses the issues frequently and he believes that his audience thinks it's okay. "And if they don't, they are completely ignoring me, or don't believe what I say, I'm like a

broken record. I'll go into briefings, crime watch meetings where I've got 30 or 40 cops there and I talk about suicide. I don't mince words, I'll say, 'Last year 130 cops died in the line of duty, horrible. Let's shed a tear. 250 killed themselves. I think that's what the number came in; 249 or 250 this year. I'm going to (athletic activity) tonight so I can practice defending myself. But just as important, I have to keep myself mentally healthy so that I don't hurt myself.' "

P4 disclosed that some of his past experience has included responses to officer involved shootings and in custody deaths after the fact. He has minimal experience with CISD. He indicated that after one incident "they did debrief afterwards. First time I've ever seen that." However, he thought the experience to be beneficial to the group of people involved that included dispatchers." Looking back at the aftermath of his own incidents, he indicated that he thought the briefings and support services should be provided by the department. He reported that following his first incident he was sent to the department psychologist for fitness for duty exam that was sent back to the training unit revealing "some other things that I'd brought up" by fax machine. He didn't feel that he got any value out of that.

After his second incident, P4 was referred to group therapy and he thought that that was "very helpful." The participant indicated that he believed that administrators should support and provide for an officer's participation in CISD. He also indicated that he thought services should be provided using outside resources. He also agreed that post critical incident services should be mandated. I asked participant if he believed that voluntary services would be accepted and utilized. " He answered, I would hope so, but

in my experience …" He indicated this might be a result of previous training received in the police academy. "You're going to go through bad things and you are going to have feelings about it. It's what you do with those feelings it's important." When I asked him if he believed that early training should be proactive about teaching skills to deal with those things when they happen, he responded simply, "absolutely. 100%."

When talking about psychological services, the participant assumed that we were talking about sessions with license clinicians. I indicated that we were and indicated that services are sometimes provided by interns under the supervision of a licensed professional." In terms of specialized training, he said that he believed that providers would have to have "experience with people with PTSD." The participant compared PTSD like cement in that you can mold and shape it and agreed that if it is intervened upon early, their chances of recovery are greater. I asked about those mental health professionals who deal with not only police officers in general, but undercover officers specifically. He acknowledges that service providers should perhaps have additional training or experience due to some of the job related activities of undercover police officers "because the things you do in narcotics are a little sketchy, we lie a lot." He described the activity of adopting a new personality and being in it for a prolonged period of time as Cognitive dissonance is the best way to describe it - it's stressful."

P4 revealed that he had no concerns about the development and implementation of post critical incident mental health services. "I think it's always going to evolve through trial and error." He described the critical incident debrief he participated in occurred after an incident that involved a "gunfight between four or five people in a small

stairwell." "The officer behind me was critically injured but somehow survived even though a shot in the face. The suspect, he was shot initially in the heart which was a fatal wound but he didn't know it because he was high on meth and he kept firing. And so anyway, it was pretty hectic." As previously noted, the participant' s debrief was contacted in a group setting and was conducted by a police department reserved who happen to be a psychologist. "I think these things have evolved since then … I think these things have evolved since then, that was a long time ago. At the end of his interview, P4 recommended the book "The Bulletproof Spirit - the first responder' s essential resource for protecting and healing mind and heart" by Captain Dan Willis (Willis, 2014).

P5 described the paranoia undercover officers developed as a result of having to constantly " look over their shoulders." I asked him if his department ever provided any kind of support services to check on his well-being. "Not so much the department … I know that there are services that are offered for free and I am sure that they would not have a problem with someone like me if I had concerns … It's more towards if you lose a loved one or you're going through difficult point in your life, like a divorce I think would qualify." He indicated that his department "ahead of the curve" as it has been circulating more emails informing officers of services "like a shrink who would be more than happy to listen," and for other services covered by insurance. He indicated that he believed that the resistant attitude about help-seeking is still predominant.

P5 speaks highly of his department's "Companion Officer" program. They are staffed by both active and retired police officers, and our citizens donating their time. The participant referred to an incident in which he was involved. He stated that a couple of

officers that were still on the department were called out on their own time. “This individual will respond to events which the involved officer made need emotional support.” “The Companion Officer has been down this road so they can explain what to expect in future processes.” The Companion Officer provides other services such as self-care suggestions or being present during interviews. The participant also indicated that his department has a chaplaincy program that is beneficial. One of the chaplains is a retired [name of city] police officer in the other one is a civilian. “They have an office down at headquarters and you can call them at any time. They can provide you with whatever services or lead you in the right direction.” He expressed the belief that his department has a great program even though it hasn’t been around for a long time. He emphasized the need for confidentiality and these meetings.

The participant absolutely believes that administrators should actively support post critical incident mental health services. “I’m all for it, I think they should. In the long run I don’t think a department is going to want someone, or the stigma of someone who is not fit for duty, God forbid that someone is going to go out and do something negative that’s going to bring negativity towards the department.” Officers who are not fit for duty put their coworkers at risk.” He added “that it comes down to dollar signs. Is that person a liability to the department?” P5 believes that his department supports any kind of intervention for those who need it.

It is the participant’s opinion that the needs of police officers would be better addressed by an outside agency and providers with specialized training. “I think the person who has specialized training that has nothing to do with the city or the department

but is there for the officer, and knows the ins and outs of being an officer." The participant emphasized the importance of specific training regarding the issues that arise for police officers as opposed to ordinary citizens. Outside providers might be able to provide better service for the officers as opposed to someone who is in the department that is going to look out for what's best for the department and not necessarily the officer seeking treatment.

P5 verified that his department has standing procedures on mental health and that there are services that will respond to calls when necessary. However, he does not believe that participation in such services should be mandated unless one is involved in a critical incident and need to be cleared for duty. He stated that officers in his department 'attend classes on how to handle things we encounter. We have policies and procedures on that, and that's always changing because of hot topics that are happening nationwide. Even stuff here in the city brought on by lawsuits. I think that's a big factor why some of these services aren't implemented.

The participant is aware that among the short-term processes following a critical incident is getting cleared fit for duty or not. He indicated that he's not sure what the next step is, but he suspects it's more counseling. "Again, I haven't gone through it - I went through the critical incident and the interview but I did not seek any treatment after that even though I was offered it because I was a witness to what took place." "I didn't take advantage of it; I don't think I had to (at least in my view). Again, God forbid and knock on wood I never have to go through it, I hope I never have to take someone's life. I would

think that with me being human … I don't know … I would hope that I would seek treatment though short-term and long-term until I think I'm good to go, so to speak."

P5 disclosed that his brother is also a police officer and he has been involved in two critical incidents that resulted in having to take someone's life to protect his own. In one of his critical incident strike that one of his critical incidents involved a shoot-out or a deputy in a local officer were killed. His brother got national attention, got invited to the White House, and was presented a medal of valor by the vice president. The participant recalls hearing people say "man, your brother was so lucky," and I'm thinking about all he had to go through after that critical incident. "Yeah, he's anything but lucky."

The participant disclosed his belief that debriefings are more beneficial when conducted in a group because "you get different perceptions and points of view from officers who have had different experiences." He stated "I think as a group it's great." Additionally, P5 would like to see more classroom settings "where you have both the officer that was involved in the critical incident and who's not afraid to speak up and open up about his emotional experience, coupled with a certified psychologist at the class talking about that it's natural what the officer had to go through, and this is how the body and psyche deals with it." The participant believes this kind of interaction may influence other officers to seek treatment. He indicated that there are many job-related details that an officer cannot disclose to "professional outsiders" or family. "So, I can see that officers in the classroom when they hear this officer speaking and a certified psychologist explaining that it's natural, they may want to open up, "you know, this is what I do."

Nearing the close of the participant's interview, he summed up why he believed mental health services in general, and post critical incident debriefings and interventions are important. "We don't want to be like those officers we hear about, especially from retired officers who've ended up "swallowing their gun." He indicated that "we just had a few not too long ago, retired officers, I don't know what the reason behind it was." The participant disclosed that he wouldn't want that on his conscience if " But, you know I wouldn't want that on my conscience if a friend of mine did that and I knew that if I had seen the signs or I opened up, maybe we could have prevented that." He suggested that serious issues involving psychological distress can be brought back to these classroom settings where officers may feel more comfortable discussing them with peers. In addition to acknowledging that CISD and other mental health services provide essential support following exposure to traumatic events and circumstances, all participants suggested that the services may be used proactively as an educational tool intended to increase self-awareness, assist in recognizing the signs and symptoms of burnout and other signs of psychological distress.

Summary

Chapter 4 presented the findings of the current study. Using a phenomenological approach superordinate themes, and subsequently sub themes, were identified and explored to obtain a deeper understanding of the lived experience of the research participants providing the individual narrations. These narrations were facilitated by the use of the semi-structured interview conducted in accordance with an interview guide. The items addressed in the interviews addressed the research questions that form the

basis of the study. This study was used to examine the perceptions of undercover law enforcement officers in regards to the usefulness of post critical incident mental health services. And, this study inquired as to whether or not those perceptions have changed over the course of their careers.

The findings revealed differences between the policies and provision of services between many departments. The unique stressors faced by police officers in general an undercover police officers specifically were discussed. The pervasive resistance of police officers to seek help when in distress was underscored. This chapter included the participant's views regarding the importance of post critical incident mental health services, what policies are necessary, and how services should be delivered. In all cases, participants indicated that they believed that post critical incident mental health services were not only useful, but essential. Each participant explained how their views had changed from a time when services were sparse and managed in a way that seemed to engender suspicion and resistance in officers, to the present day when more is known about mental illness and PTSD at a time when officers are experiencing more stress. Excerpts from the individual narrations yielded three superordinate themes: (a) Mental health and self-care, (b) Attitudes regarding CISD, other mental health support programs, and the delivery of services, and (c) Future. Policies, programs, and service delivery systems. Assisted by NVivo qualitative data analysis software, IPA revealed several sub themes that reflected the similarities between the individual narrations provided by the research participants.

After the conclusion of the interviews with five undercover officer participants it became clear that they believed post critical incident mental health services to be important. However, how those services should be delivered varied to some degree between participants. All participants similarly described the resistance to help seeking behavior of police officers citing the stigma of “appearing weak.” The participants that included a high-ranking law enforcement official who is task with the promulgation and implementation of policy and the provision of services, had strongly held beliefs about what services should be mandated and those that should be participated in voluntarily. Additionally, they provided feedback as to what services should be offered and how they should be delivered in ways that officers may find them useful, helpful, and an essential aid to their job performance and careers.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to examine how sworn law enforcement officers with undercover experience perceive the usefulness of individual CISD, group CISD, or other mental health services they have experience with, and whether their perceptions change over time. A positive view of mental health services is more likely to result in an officer's acceptance and willingness to participate in and benefit from such services. Those opinions affecting an officer's inclination to seek mental health services traumatic exposure are under researched. Police officers' views of mental health providers, willingness to confront stigma and seek assistance in reducing psychological distress, and other factors relating to undercover police officers continue to be under researched (Giollabhui, Goold, & Loftus, 2016). This study is particularly relevant in light of the increasing trend of police department conflicts within communities, violence against police officers, accusations of excessive use of force, officer suicides, and mass lethal assaults. My study adds to the sparse body of research on this population.

Chapter 5 will provide an in-depth discussion of the themes derived from the semi-structured phenomenological interview that provided insight into the lived experiences of the five undercover police officers who served as research participants in the study. I used an IPA approach to capture, examine, and interpret the responses of the participants. With the assistance of NVivo qualitative research data analysis software, I was able to further identify patterns in the thoughts and ideas of the participants, and the semi-structured interview process provided a description and facilitated insight into their respective experiences. This process will be further discussed as will the theoretical

framework used to address the research questions and subsequently provide justification for the conclusion of my study. Additionally, Chapter 5 will provide a summary of this study's findings and will review the theoretical framework in relation to research questions. This chapter consists of the following sections: (a) introduction, (b) interpretations of findings, (c) limitations of the study (d) recommendations, (e) implications, and (f) conclusion of the study.

Introduction

Based on the research questions forming the basis of my study, supporting literature review, and semi-structured interviews, my study revealed that those undercover police officers who participated in my study agreed that CISD or other post critical incident mental health services are useful. They also acknowledged their initial resistances to those services, resistances that are still present and vehemently propagated throughout the law enforcement community (Sgambelluri, 1994). However, over the years, programs have been sporadically established in some police departments, perhaps as a result of the upward trend in violence against police officers, uneasy community relations, intense public scrutiny, police suicides, and other issues. While some participants indicated they have recognized the importance of mental health and self-care and have been strong proponents of mental health services from the start, others reported that their attitudes had changed over the years, and they have come to believe that departments should provide services of some kind. Participants offered their opinions as to how and when those services should be delivered. All participants suggested that

reoccurring training in mental health related topics needs to accompany supportive services in the interest of reducing the stigma-induced resistances of police officers.

Beginning in police academy training and persisting into the highest levels of police administration, officers hold a profound distrust of outsiders, particularly mental health professionals. “Shrinks” are viewed as a source of information regarding personal disclosures and other sensitive information for department supervisors (Shallcross, 2013). Additionally, the aversion to help-seeking behavior is promoted by a “cop culture” that has been defined by many as a demand for the demonstration of the behavioral characteristics of independence, rugged individualism, and self-reliance (O’Neill & Singh, 2007; Twersky-Glassner, 2005). These personality traits are cultivated and serve to keep the officer alive, and these crucial survival skills are also present in the expectation that police officers solve their own problems and help-seeking behavior is not encouraged.

A police officer’s workday includes stressors that include the ever-present threat of deadly events and circumstances. Undercover officers face additional and unique concerns. For example, an undercover officer may face one or more critical incidents in a single prolonged operation. They must “stay in character” until the conclusion of the operation, participating fully in the activities they are investigating; they may not be able to leave because an incident has occurred. Love et al. (2008) indicated that undercover operatives are more at risk for developing psychological stress and emotional imbalance than non-undercover officers due to the heightened stress imposed by their secretive and alienating activities. At the conclusion of an operation and after the arrests, reports are

written and the criminal prosecution begins. These events may compromise an officer's undercover persona placing them and their families in danger. The undercover officers participating in this study described how their views of CISD or other post critical incident mental health services have changed over time and why.

Interpretation of the Findings

Theme 1: Mental Health and Self-Care

Theme 1 and its associated subthemes indicated that undercover police officers believe that personal mental health and self-care are essential to their performance and quality of life. They disclosed their understanding of the negative consequences of acute stress and as police officer deaths, suicides, and conflicts with civilians appear to be trending upward. The participants reported developing more positive views of post critical incident stress debriefings and other mental health services. However, the participants expressed in varying degrees, the pervasive and profession-wide reluctance to participate fully or voluntarily in such services due to the stigma attached to help-seeking. This resistant behavior is fueled by the behavioral expectations of a "cop culture" of self-reliance and toughness perpetuated by police officers of all ranks (O'Neill & Singh, 2007; Twersky-Glassner, 2005).

Undercover officers are exposed to potential trauma on a daily basis, and these threats of trauma do not conclude at the end of the workday. The participants in this study have experienced critical incidents ranging from officer-involved shootings, suicides of coworkers, and in one case, a high visibility critical incident that received nationwide media coverage in previous years. They enumerated sources of stress that may not be

experienced by non-undercover police officers. Most participants cited the prolonged duration of some of their operations that put them more at risk for sudden, potentially lethal events and threats to themselves and their families. One participant listed his main daily concern related to his undercover identity, “the validity of it, and whether it still holding up. If you do undercover work long enough to with court proceedings, and with discovery, is kind of challenging to keep your undercover identity intact.” He also indicated that at the height of his undercover work he was involved in “10 to 12 different operations at one time.”

“I spent so much of my time doing surveillance of narcotics traffickers, a theme developed in that after a while you begin taking on the same paranoia as they do,” reported a senior law enforcement official with a long career that included undercover work. He indicated that he tended to take different routes home, driving back the same direction he came to ensure that he was not followed, a process he referred to as *cleaning himself*. Another officer succinctly stated his main daily concern: not getting hurt, not getting anybody else hurt. One participant, who worked in a narcotics unit, reported that in a time before cellphones, his undercover identity’s phone number was actually a police department phone number. Calls to that phone were forwarded to a dedicated telephone in his home. If he was unable to answer that phone, his wife would answer in the language of the potential narcotics buyer or supplier if they did not speak English. If the caller asked for a person with a particular code name, his wife would converse with the caller and take or forward messages but “did not participate in illegal activities such as negotiating drug deals,” but in this way, family members sometimes shared the stressor.

Participants cited other risks that included the types of people they are tasked investigating and potentially taking into custody. The subjects of investigations range from human traffickers, to in one case, a leader within a crime organization who was also a high-placed member of a foreign government. The participant who was investigating this case indicated that his unit began "getting calls from that foreign government's equivalent to the United States Attorney General wanting to know details of the case as soon as the investigation occurred." The participant described the stress involved in having to arrest somebody "that were high up in the food chain...eventually when the report comes out, they're going to know that an undercover officer was involved" and that can have serious ramifications.

P5 disclosed that "there is always that concern of back of my mind that this person who still thinks I'm a crook or a narcotics trafficker is going to see me at the fair and want to talk to me - when I'm out with my family." However, "I don't ever tell that to my family." The participants discussed some of the ways they manage their stress. Participants 2 and 3 disclosed that they have sought out personal mental health services. P1 reported that he has a strong relationship with his partner, and that enabled them to work through a significant issue. He and his partner have an agreed-upon routine when he returns home from work that was negotiated out of conflict.

The participant disclosed that when he got home from work, "I didn't want to be bothered, I didn't want to be talked to, and I just wanted to get out of my uniform. I wanted to sit down to watch ESPN for about 15 to 30 minutes without having a conversation and that's how I decompress." He reported that this routine resulted in many

arguments because his partner felt she was being ignored. The participant reported that he and his partner have worked this issue out. After his evening routine to "decompress," their normal home life is restored and "then we move on and it is all great after that." He stated that he believed that the biggest hurdle people in law enforcement have is to be able to "disconnect home from work or work from home."

All participants expressed the understanding that when an officer participates in mental health related services, confidentiality cannot be guaranteed for valid reasons such as fitness for duty evaluations. However, they confirmed that officers do not trust outsiders, especially "the shrink." They typically believe that mental health professionals provide administrators a steady flow of information. Some participants disclosed that they had concerns about how and where sessions would be conducted, and how their personal information would be used. Officers fear that their personal disclosures may have an impact on their careers and reputations among their coworkers (Fair, 2009) and "they may wonder what's wrong with you."

All participants consistently indicated that they were aware that impaired mental health has a negative impact on job performance, and quality of life. However, all but one participant disclosed that they at one time they personally were resistant to seeking help. While personally averse to seeking help, those participants indicated that they would not hesitate to refer a colleague who was struggling despite their personal misgivings. They also offered their suggestions as to under what conditions they would be more likely to participate or actually seek out support on their own. Participants frequently emphasized the mistrust and adamant unwillingness on the part of their law enforcement colleagues to

participate in those services if they could avoid it. This resistance however, is not experienced by the high-ranking police officer participant who is in charge of making and implementing departmental policy. He is a studied, vocal, and enthusiastic advocate for mental health services. services.

Theme 2: Attitudes Regarding Critical Incident Stress Debriefing, Other Mental Health Support Programs, and the Delivery of Services

Building off Superordinate Theme 1, the themes emerging in theme 2 relate to the past and present availability of mental health support services. Increasingly, officers are recognizing the need for effective post critical incident debriefing and mental health services. All participants recalled a time when supportive mental health services were not provided, and while progress has been made in recent years, they noted that the services that are now provided seem to vary from department to department. This is consistent with the larger debate regarding the efficacy of CISD as reported by Malcom et al. (2005). Even Mitchell, the founder of CISD, indicated that the term “debriefing” has several meanings (2014). Currently some program developers are incorporating CISD as a component of Critical Incident Stress Management (CISM), a larger and more comprehensive education, training, and mental health assistance model (Peck, 2012) that is beyond the scope of this research. The participants in this study suggested that more effort needs to be spent educating officers about what sort of services are available and what they may expect if they use them.

Participants expressed their awareness that impaired well-being can result depression and anxiety, substance abuse, PTSD, suicidality, and a host of other problems

as described by Husain (2014). As reported by Twersky-Glasner (2005), a single incident or an accumulation of traumatic exposure over time may result in impaired tactical judgment. Each participant offered examples of how unresolved psychological distress may manifest itself in an officer's off-duty life from excessive drinking to suicidality. P3, who is responsible for overseeing the day-to-day activities of his department, suggested that the lack of coping skills or the unavailability of services may result in public safety concerns "such as rudeness complaints and excessive use of force." Mitigation of these and other acts of aggression is relevant to social change in light of the volatile and sometimes lethal confrontations between police officers and the citizens they serve (Girgenti-Malone, Khoder, Vega, & Castillo, 2017).

Consistent with research conducted by Karaffa, (2009), participants suggested that officer's may not avail themselves of available mental health services even if they agree that they provide necessary assistance. Two of the participants stated that "change has to begin at the top," another suggested that mental health issues and the availability of support services should be part of Police Academy training. Other participants indicated that it is important for officers who have participated in these services and feel they have benefited from them, to talk to their colleagues who are struggling and encourage them to either seek help in their own or accept those services that are provided. To a person, the officers in this study reported having benefited from the services they participated in and found them useful. This includes the participant who was involved in a nationally reported critical incident that "didn't want to go," and "missed my first appointment."

The participants in the study all promoted the use of counseling groups, but did not discount one-on-one interactions with mental health provider under certain circumstances such as fitness for duty examinations. After being referred to his debriefing following a mass-casualty incident, P2 indicated that, “We were we were set up to go individually. I know some people in the department were mandated to go as a group, but because of what we do, we were allowed to go individually,” indicating that his supervisors had some latitude as to how services were administered. Describing his department as “ahead of the curve,” P5 indicated that they are promoting more outside mental health services that are reimbursable by insurance. He also described his department’s “companion officer” program that employs active-duty and retired police officers as well as community volunteers who are available to respond to officers and provide supportive assistance following a critical incident.

Speaking of the availability of mental health care services in general, P2 believes they would have a positive impact on morale. He stated that he believes that an increase in morale “staves off the mental hindrances that would negatively impact your job.” He further indicated that he believes that improved morale reduces the chances of burnout. He suggested that burnout is a big problem in profession and his department. The participant express his belief that being better prepared to recognize the stages of burnout, which results not being able to manage stress would be an important step toward staving off burnout.

P4, who was medically retired for stress related reasons, believes that post critical incident mental health services would be “very beneficial.” He indicated that he believed

such services would promote the message that “you’re going to go through traumatic instances in this job more than likely. “It is okay to have feelings about it and recognize that you could do things with those feelings in a healthy way.” This, as opposed to the old style “you’re still cops - suck it up” mindset. The participant disclosed that had the services that might have benefited him personally been available, he would rather not have retired.

P3 stated that since he’s been in his current position he “talks about it all the time.” He believes that his colleagues think mental health assistance is okay, “and if they don’t, they’re completely ignoring me or don’t believe what I say; I’m like a broken record.” The participant stated that he attends briefings and crime watch meetings where there are “30 or 40 cops there and I talk about suicide” and indicated that he does not cushion his delivery. “I’ll say, last year 130 cops died in the line of duty,” horrible. “Let’s shed a tear … 250 killed themselves. I think that’s what the number came in; 249 or 250 this year. Toward the end of the interview, the participant disclosed his self-care routine for the rest of that day, “I’m going to the gun range tonight so I can practice defending myself. But just as important, I have to keep myself mentally healthy so that I don’t hurt myself.”

“Repeating the theme of impaired work performance, P5 noted that “I don’t think a department is going to want someone, or the stigma of someone who is not fit for duty. God forbid that someone is going to go out and do something negative that’s going to bring negativity towards the department,” such as legal liability. Five out of five participants revealed that they believed that post critical incident mental health services

would provide a clear positive impact on job performance and career. P1 commented, perhaps most succinctly when he said “your job requires you to be all there and if you can’t be all there, you can’t perform your duties,” and indicated that if you cannot perform your duties your job is in jeopardy. Each participant emphasized the theme of stigma that prevents many officers from reaching out for help. They described it as a formidable obstacle to overcome regardless of the services being offered. They reiterated their concerns regarding confidentiality, a common and reoccurring theme that will be discussed further in Theme 3.

Theme 3: Future Policies, Programs, and Service Delivery Systems

As previously mentioned in theme 2, CISD has been and continues to be a controversial topic with both proponents and detractors (Jacobs & Jones, 2004). Researchers, clinicians, and police administrators, wrestle with these issues that are not expected to be resolved anytime soon (Deahl, 2000). Assessing the effectiveness of post critical incident mental health services presents significant challenges. To begin with, J. T. Mitchell, regarded as the “father of CISD,” while cautioning that CISD “should not be a replacement for therapy” also acknowledged that the term “debriefing” has not yet been agreed upon (Mitchell, 2014). Tucky and Scott (2014) described some of the disputes regarding the efficacy of various forms of CISD.

Addressing the future of post critical incident mental health services, the participants in my study expressed their opinions that suggested that effective services should be delivered in ways that provided some flexibility and officers were afforded some choice of options. For example, participants indicated that they might be more

forthcoming with thoughts and feelings regarding their traumatic exposure in a one-on-one counseling session that is conducted off-site to avoid being seen by fellow police officers. P2 suggested that if other officers observed him participating in therapy, "they're not going to want to work with you or they're going to wonder what's wrong with you." Other officers indicated that they preferred a group comprised of people having similar experiences. Additionally, they indicated that the perception of mental health services held by those who could potentially benefit from them could be shaped by the decisions of those officers occupying the highest ranks within the chain of command. It was suggested that if self-care and help-seeking behavior was promoted by senior police officers, the pervasive stigma that exists within the profession may be reduced. As the ranking member in his department, P3 was adamant in his assessment that "change begins at the top," and he leads by example by speaking at public functions and police trainings about his own personal experiences with mental health services."

P3 disclosed that he "suffered for a long time with symptoms I didn't need to suffer with for so long." He indicated that the stigma associated with mental health services was the primary reason he didn't want to reach out." He further explained that mental health resources were sparse. "[Expletive], the first time I went to a shrink I drove from one city to another just to see a psychologist." Sounding like someone who was re-living his frustrating experience, "like somebody in this city … It's like 110 square miles! … Really? … I think back on it now and it's comical." He believes that it is incumbent on him now to speak up and be open about this matter – "I really believe I didn't suffer

for nothing. So, if I can help somebody else that it's important to me to open my damn mouth and share that experience."

P1 believes that the professionals tasked with creating these programs should do so with an open mind. "We may forget the reason we chose to create these sorts of programs." Speaking of the program developers, the participant believes a program should not be developed by people who have never dealt with law enforcement or been in law enforcement. He believes that programs should be created by three or four brilliant minds, really educated individuals, but most people have no clue about how law enforcement works. "That's probably the biggest hurdle. I think that if you get law enforcement to assist with some of this and see what law enforcement needs, I think better programs will be developed in the future."

The participants did not vary in their opinions regarding the necessary function of fitness for duty exams. Three of the five participants suggested that a briefing should be conducted as officer reports for his or her undercover duties, and then again when they check out. According to P3, "there should be a component where when an officers check into a narc unit, they are sent for a one-on-one with a professional to just check on an officer before they go in" … He added that if he had a narc unit in his city, he would absolutely require that." In that meeting they can receive tips and techniques on maintaining strong mental health before starting their assignment." Additionally, the participant suggested that at the conclusion of an officer's undercover work, their checkout visit would serve as a waypoint. Pre-and post-assignment assessments would be helpful in determining whether or not there is a significant difference in that person's

mental health. P3 added that “things change and there may be a shift where things are not so good for that individual.”

When asked whether or not participation in mental health services should be mandatory or voluntary, the participant’s responses were essentially the same - it depends. All five participants acknowledged the imperative nature of fitness for duty exams. However, they each offered their thoughts on whether other services should be mandated or voluntary. P1 believes that “it gets tough when you try to make it mandatory … you kind of don’t want to force that stuff on people, when it’s trauma-related kinds of situations that they go through.” He added that believes that services should be tailored to the individual’s needs. “When something is bothering you, when something stressful is in you, the only way to get it out is to talk to somebody.” He believes that departments should make post critical incident participation mandatory with referrals to a group that includes the officers who were involved. He noted that a facilitator observing the group can identify individuals who may require additional assistance.

P1 also observed that many departments are underfunded. Their lack of resources limits the services they can provide**. “**If an individual is involved in a shooting incident and temporarily removed from duty, they will take a few days off while an investigation is conducted. When they come back to talk to the investigators,” apparently with no supportive follow-up. The participant strongly believes that part of that process should be talking to a mental health professional. “No matter how macho or tough you think you are - even though your great you need to talk to somebody about it … it removes a lot of weight from your shoulders.”

While there was much discussion as to whether post critical incident services should be provided individually or within a group, P5 described a creative alternative in his department's "companion officers." The program employs active and retired police officers as well as volunteers from the community. This team is available to assist officers that have been exposed to traumatic events or circumstances. This team provides support ranging from sharing a meal to accompanying the officer to court. P5 also described his department's Chaplaincy Program, one member of which is a retired police officer, as also being beneficial. P1 believes that a group situation where people talk about an incident is "the only way to come to grips with the situation that a group of people went through." He also indicated that this setting would also provide the opportunity to assess whether or not that individual required additional services.

When asked whether or not debriefings should be mandatory, P3 answered simply, "yes absolutely." He indicated that he had an onsite Employees Services Coordinator, but "most people weren't quite as open with them because they are worried that that person is a mole for the department." He also addressed the stigma that is attached, "that is something I always had a hard time with in relation to my staff." He indicated that officers would not take advantage of the services provided. He noted that resistance to seeking help frequently results in psychological and medical problems such as depression, anxiety, substance abuse, suicidality, and aggression; an observation that is consistent with the research of Husain (2014). P4 indicated that he would hope voluntary services would be accepted and utilized, but his experience suggested that they would not.

All participants expressed the belief that training related to mental health issues and familiarization with mental health services should begin early in a police officer's career. P4 stated his belief that mental health services are best used when coupled with proactive training such as that which is required of officers to maintain their professional qualifications. Though participants 1 and 5 were slightly guarded in their endorsement of mandatory participation in these services, they all acknowledged that under certain circumstances this approach was necessary at times to assess an officer's mental status following a critical incident such as an officer involved shooting (OIS). Their respective opinions regarding what services should be provided by the department were consistent with the suggestions of Rafaeli and Sutton (1987). When addressing stress reduction and prevention programs, they noted that such programs include should include training in interpersonal skills, conflict management, and resilience (Rafaeli & Sutton, 1987).

All participants acknowledged their beliefs that the mental health professional providing services should meet certain minimum qualifications and have some specialized training. A therapist working with police officers should have no less than a master's degree, be properly licensed, and have an appropriate amount of experience. P2 added that therapists working with police officers should have knowledge of the nature of undercover police work and the unique stressors they face every day. He added that he thought that clinicians "should have training that is similar to therapists who work with combat-related trauma." This opinion was shared by P4 who suggested that specialized training in PTSD is an essential element of police-oriented mental health services. He

noted that the sooner a person with trauma-induced psychological distress is identified, the more effective interventions their outcomes may be.

P4 added his opinion that a service provider should have additional training and develop an understanding of the job-related activities of undercover police officers. “Because the things you do in narcotics are a little sketchy, we lie a lot.” An important issue regarding mental health providers that was addressed in all five interviews was confidentiality. All participants acknowledged the legitimate need of departmental administrators for some personal information to be disclosed to department supervisors such as an officer’s fitness for duty. However, they also expressed their reluctance to be completely open due to the possible negative impacts on an officer’s career and reputation. This significant and pervasive concern is due to the stigma attached to mental health issues that contributes to the resistance of police officers to seek help and the lack of trust they have for outsiders such as mental health providers (Woody, 2005).

The foundation for this examination of the perceived usefulness of post critical incident mental health services of undercover police officers was provided by the proposed by Quick and Quick (1979). This theory represents a merging of public health approaches to stress prevention and an organizational process model with which TPSM advocates seek to examine workplace stressors and identify the potentially deadly consequences of mismanaged stress (Quick and Quick, 1979). The TPSM model provides guidance for in the use of healthy stress mitigation approaches after the following sources of stress have been identified: (1) organizational stressors, (2) role factors, (3) job factors,

(4) physical factors, and (5) interpersonal factors that contribute to both individual and organizational stress.

According to Hargrove, Quick, Nelson, and Quick (2011), TPSM has made significant contributions to the understanding of stress mitigation, research, organizational practices, and resultant outcomes. Proponents of TPSM have advanced research and organizational practice in the area of stress management within the military and other working environments. Hargrove et al. (2011) acknowledged that the TPSM approach has resulted in improved job performance, reduced absenteeism, early retirements, higher job satisfaction, and other positive impacts. However, there are many areas for which research is lacking and other limitations that need to be addressed. Hargrove et al. (2011) further contended that "there is a dearth of preventive intervention studies and difficulties in conducting research where intervention studies do occur." Such is the case with undercover police officers who are perhaps the least visible component of the criminal justice system (Van der Velden et al., 2013).

The TPSM framework is relevant to this study as it explored the past and present beliefs and attitudes of undercover police officers toward critical incident-related interventions. The participants were asked to disclose what exposure they had to CISD or other post critical incident mental health services and how their experiences shaped their opinions over the years. Additionally the participants were encouraged to disclose their resistance to help-seeking, and offer their opinions about what departmental administrators can do to provide services that are most likely to be accepted and utilized by undercover police officers. The increased awareness resulting from this study will

inform additional research into mental health services and the development of support programs that undercover officers find useful and personally beneficial. The widely implemented TPSM model suggested several approaches to stress prevention that include various therapeutic interventions. A comprehensive discussion of the work-related psychological, behavioral, and medical forms of stress that are relevant to the study can be found in Preventive Stress Management in Organizations (Quick, Wright, Adkins, Nelson, and Quick, 2013).

Limitations of the Study

My study was an exploration of the perceptions of undercover police officers regarding CISD or other post critical incident mental health services. Data was collected by way of an interview consisting of five a priori questions augmented by several "conversation continuers" that were listed in an interview guide following a format that was recommended by Knight (2013) and is presented in the Appendix below. In light of an undercover officer's daily professional duties, interviewing them with an expectation of complete openness and full self-disclosure in their responses presented this significant limitation within the study. In the words of one participant, "the things you do in narcotics are a little sketchy, we lie a lot." Police officers in general are highly suspicious of outsiders such as psychologists but an undercover officer has the additional burden of "having to be someone else" for a living. Anonymity is his or her defining professional characteristic, and any compromise to that officer' s undercover identification can have deadly consequences. Issues regarding confidentiality were formally discussed twice in the recruitment process and then again prior to commencing the interview to address any

unanswered questions, and to further reassure the participant about the safeguarding of his personal information

The term “confirmation bias” is typically used to describe a researcher looking for data or interpreting it in such a way that is congruous with his or her personal beliefs, values, or expectations (Nickerson, 1998) and refers to a significant threat to trustworthiness. I am at once an enthusiastic proponent of psychotherapy, and an advocate for law enforcement and therefore I was faced with the potential for exerting a confounding effect on this study. Both sources of my personal confirmation bias potential was countered by soliciting feedback and engaging in personal reflection. I examined my own personal thoughts, feelings, and biases related to the topic and the information obtained in my research throughout the study through the process of reflectivity. I sought to gain insight into the lived experiences of the participants thereby validating my qualitative research as described by Mortari (2015). Additionally, I sought the opinions of academic supervisors whose knowledge and expertise qualified them to challenge my opinions and offer dissenting views when necessary. I approached this study with an open mind and made every attempt to become aware of and set aside personal biases (Smith & Noble, 2014). The Interview Guide was an invaluable tool in that it provided a basic structure for the interview and facilitated the emergence of further topics and participant disclosures that added depth to the collective themes that emerged at the conclusion of the interview process.

The small sample size presented another limitation. The phenomenological approach used in this study called for using the results of semi-structured, one-on-one

interviews of five purposefully selected participants from the Southwest region of the United States. This study inquired about the lived experiences of undercover police officers relating to CISD or other post critical incident mental health services. Because so few participants were recruited from a limited area, the results of this research have limited transferability outside of the bounds of this study and other researchers who are not involved in the study might come to different conclusions (Forero et al., 2018). The results of this study were supported by interviews that were conducted in accordance with an interview guide that was specifically designed to ensure that the interviews were conducted in a manner that was consistent between participants. The interview items were designed to capture the participant' s recounting of his perceptions, personal experiences, contextualization, and his future expectations related to the topic of this study. The interview guide contained the basic inquiries addressing the research questions, as well as possible follow-up questions to encourage additional discussion regarding emergent themes.

The resistance to help seeking behavior that pervades the law enforcement profession is a formidable obstacle to overcome, especially for the undercover officers who may want to seek mental health services or be mandated to do so. The distrust of mental health professionals exhibited by police officers may in part explain the difficulty I had recruiting undercover police officer that were willing to participate in an interview regarding mental health services. This resistance is a reaction to the stigma that is attached to help-seeking behavior, particularly in relation to mental health issues, is an important consideration when developing post critical incident intervention protocols.

Intervention strategies affect the officers using those services as well as administrators who are responsible for program development and implementation. Whether or not an officer feels supported by such services or an administrator feels confident enough to advocate for mental health services is an important determinant in the efficacy of those services. Many of the behavioral characteristics that keep undercover officers alive and safe, are the same as those that are central to the widely experienced aversion to seeking help with mental health issues due to the stigma that implies that an officer is "weak" for doing so. This aversion to help-seeking behavior is fueled by the behavioral demands of what many have called a "cop culture" that include independence, rugged individualism, and self-reliance (O'Neill & Singh, 2007; Twersky-Glassner, 2005). Police officers are expected to solve their own problems and help-seeking behavior is not encouraged.

Recommendations

A police officer's workday includes being exposed to extremely stressful, dangerous, and potentially life-threatening situations. Their duties include a range of activities, all of which can end in a traumatic event. From a routine traffic stop that may abruptly turn violent, to the investigation of murderers, terrorists, sexual offenders, and others who are a threat to the safety of our citizens. Their jobs expose them to traumatic circumstances that are rarely experienced by civilians such as the death of children, gruesome crime scenes, and mass murders (Husain, 2014). According to Van der Velden et al. (2013), people in the law enforcement profession are at higher risk of developing mental health problems and Husain (2014) noted that depression, anxiety, and stress are among the most frequently diagnosed psychological problems in police officers. All of

these states of psychological distress result in declining performance, reduced job satisfaction, decreased quality of life, and impaired interpersonal skills (Renden et al., 2014; Girgenti-Malone et al., 2017). These potentially extensive and long-term psychological impacts may result in safety concerns for the officer and people in the community.

However, these professionals who are usually the first to respond to a crisis are frequently the last to seek help coping with the emotional and psychological aftermaths of traumatic events. This profession-wide aversion to mental health counseling is a result of the stigma that is attached that suggests help-seeking is a sign of weakness. Consistent with the larger issue of the missed trust of outsiders of police officers, this resistance is promoted by what many have called a "cop culture" that links officers together in isolation and secrecy (O'Neill & Singh, 2007). While it is true that police officers in general face the daily possibility of experiencing a traumatic event, it may be reasonable to consider that an undercover officer may experience a higher possibility of psychological distress and emotional imbalance. Undercover officers face unique stressors that are imposed by the secretive, highly specialized, and alienating nature of the job (Love, Vinson, Tolsma, and Kaufman, 2008). Undercover officers may be assigned an investigation that lasts a prolonged period of time and requires that officer to adopt a false identity. The officer's job requires that he or she lie or participate in other acts of deception, or be involved in activities that run counter to the officer's value system. That false identity may be compromised at any time and put the officer, and possibly loved ones in harm's way.

Problems such as family problems, alcoholism, burnout, medical complications, PTSD, and suicidality, may be remediated by any of a number of mental health services. However, approaches to improving the psychological health of police officers and ways of teaching the skills to cope with psychological distress remains under-researched (Giollabhui et al., 2016), as are the beliefs of police officers regarding the usefulness of post critical incident mental health services. Due to the covert nature of their activities, research is especially sparse in relation to undercover police officers. There is overlap with non-undercover officers in the existing research of police symptomology (Kowalczyk & Sharps, 2017) but there is very little written about how to deal with it. The attitudes of undercover police relating to the usefulness of post critical incident mental health services and the factors resulting in positive or negative attitude change remains unexamined. Understanding how undercover officers view mental health services and how such services should be delivered is necessary to provide effective interventions.

Further research is required to gain a greater understanding of what forms of post critical incident mental health services are most likely to be accepted and voluntarily and what approaches to the delivery of services are least likely to evoke suspicion, anger, and resentment in those whose participation is mandated. Confidentiality is an issue of major importance for undercover officers. For any mental health service to be effective, officers must believe that post critical incident interventions are intended to provide support and assistance, and are not a source of information for supervisors that may be used irresponsibly or in ways that can jeopardize their performance evaluations, promotion opportunities, duty assignments, or other career priorities. The measure of the efficacy of

any form of mental health service is whether or not the individual receiving the support experiences that they are being supported. Administrators must be aware of the extent to which psychological distress in police officers has department-wide effects such as declining morale, high rates of sick leave and insurance claims, early retirements, lawsuits, and stress-induced police misbehavior. All of these issues can result in serious financial impacts on an organization.

There appear to be efforts on the part of law enforcement and emergency responder agencies across the country to develop effective approaches to stress mitigation. In the case of CISD, there does not appear to be a single cohesive approach to providing support to undercover officers who have experienced a traumatic event. Even the term "debriefing" has several meanings (Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005). Considered by many to be the "father of CISD," J.T. Mitchell (2014) indicated that most debriefing modalities are not CISD and that it is necessary to agree on precise terminology with which to ensure that both research and practice are appropriate and consistent. In the experience of the small sample of undercover police officers involved in this study, different police departments provide different services; some more useful than others, some offered in creative ways using available resources due to a lack of funding. Consistency in how post critical incident mental health services are viewed and understood is essential to the development of effective programs. That process may start with input from the people who will benefit from these services.

The resistances of police officers to seeking or accepting help related to mental health issues is an obstacle that is difficult to clear, but may be addressed through

training. Participants in the study made it clear that the "suck it up, deal with your problems and move on" attitude is historical and central to the "cop culture," and would likely not go away soon. However, as one participant pointed out, this attitude is "generational." The participant indicated that the younger people entering the police academy seemed more open to discussing mental health issues than the generation of police officers that preceded them. He believes that if training in self-care, coping skills, resilience, and related topics, was provided as they began their careers, attitudes may be shaped over time. Unfortunately, research in the area of teaching police officers to effectively cope with job-related stress is lacking (Anshel, 2000).

As the younger officers mature and advance in rank, they will come to occupy positions from which they may influence those officers coming up behind them. At the same time, the "old-timers," the most ardent promoters of the "cop culture," will be retiring. This latter point is particularly relevant as participants in this study indicated that their views of mental health issues and mental health services were influenced by people in positions of authority; administrators who advocate for mental health services and emphasize their benefits have an impact. Clearly an after-incident debriefing, a fitness for duty examination, or any meeting that involves internal affairs are not likely to be viewed as a source of support. They may be anxiety provoking events that an officer may approach with some degree of trepidation. Supervisors are in a position to clarify the distinction between the types of "debriefing" and ensure that meetings that can result in punitive outcomes or otherwise have an effect on an officer's career or reputation, do not overlap with those designed to provide psychological support.

Mental health related topics such recognizing the signs of burnout, chemical dependency, depression, and other forms of psychological distress, may be made a part of the periodic “perishable skills” training officers attend in order to keep their qualifications current. The effects of the job-related stress that accompanies the work of an undercover officer are frequently shared by family members. While beyond the scope of this research, family members may benefit from post critical incident intervention as well and the availability of education and support for them may be considered. Frequent discussion of mental health-related issues and an emphasis on self-care may serve to demystify mental health services and encourage police officers to use those services to their benefit. The “normalization” of self-care and good mental health and training in appropriate coping strategies and relationship skills will have a positive effect on coworkers, family members, and other people in the undercover officer’ s social circles.

Implications

The results of this study yielded several implications that are relevant to research and practice in relation to post critical incident mental health services. At a time when police officer deaths, suicides, conflicts with community members, and mass violence appears to be trending upwards, police officers are clearly seeing the negative consequences of acute stress. Many police officers are developing a more positive view of post critical incident mental health services but are still reluctant to seek assistance due to the stigma that is still attached to mental health issues. It is important to note that law enforcement is considered one of the most stressful professions and police officers are exposed to dangerous and potentially life-threatening situations on a daily basis that may

have extensive and long-term psychological impacts (Sanai, 1998). Law enforcement personnel are at increased risk for anxiety, depression, PTSD, and suicide, as well as behavioral problems such as substance abuse, aggression, and declining job performance. An officer's maladaptive coping strategies may result in safety issues for coworkers who rely on the officer's ability to respond appropriately to dangerous situations and who may begin to doubt his or her judgment. Unresolved psychological distress may be expressed in public in an excessive use of force. Though previously alluded to but not addressed as the issue is beyond the scope of this study, family members and other important relationships are affected by the stress an undercover officer encounters on a daily basis.

Police officers in general are reluctant to seek help for fear of appearing weak, and are suspicious about support services that are mandated. Additionally, due to the secretive and deceptive nature of an undercover officer's activities, they also have to protect their undercover identity from being compromised and putting them and perhaps their families in extreme danger. They must remain invisible. Much has been written about a "police personality" or a "cop culture" that discourages trusting outsiders, especially mental health professionals. Independence, self-reliance, rugged individualism, and authoritarianism, are behavioral characteristics that are expected within the law enforcement community. Unfortunately, not much is known about what factors would influence an officer to actively seek out support or accept support if it was offered. This is critical information that is necessary to inform the establishment of effective post critical incident mental health services. For post critical incident mental health services to be effective, a unified and focused effort on the part of mental health professionals and

police administrators to change the attitudes of police officers regarding self-care and mental health. This may be accomplished over time through training in a classroom environment. The more information police officers can receive in a neutral training environment the less threatening the thought of using mental health support services may be in the future.

Police training should include stigma reduction programs to counter the widely held belief that to seek help for issues related to mental health is an acknowledgment of personal weakness. Curricula designed to educate officers in confronting stigma and increasing their understanding about how it affects their response to the citizens they serve, have been successful in improving attitudes (Hansson & Markstrom, 2014). However, little is known about how the change in attitudes regarding mental health issues in other people translates into personal help-seeking behavior. The research of Montano and Barfield (2017) suggests the people that have more knowledge about mental health issues have more positive attitudes and less fear about people who suffer from mental illness. As previously mentioned, there is a surprising lack of research regarding the factors that would contribute to an increase in an officer's psychological health and well-being following a traumatic event. However, much information can be extrapolated from existing research relating to the effects of psychological distress on job performance and quality of life, and literature pertaining to police officer resistance to help-seeking behavior. This information, may be used in the service of developing appropriate law enforcement-specific programs and effective post critical incident interventions.

A frequently discussed issue is confidentiality. Police officers recognize the importance of mandated meetings with a mental health professional such as fitness for duty exams, but they are concerned that any disclosures made in other meetings with "the shrink" will find their way to an administrator' s ear. Additionally, police officers report that they are less likely to be open and forthcoming with someone who does not have an in-depth understanding of law enforcement and its culture. An advanced degree may not be enough to earn the trust of police officers who are encouraged to resolve their own problems and "suck it up." An important consideration for program developers and service providers is that they develop an in-depth understanding of the needs, beliefs, and values, of those officers to be served. The best sources of that information are officers who have participated in CISD or other post critical incident mental health services. Individuals who will be tasked with the development, implementation, and training of these services may be recruited from this group of law enforcement professionals. Interestingly, there appears to be a growing body of active-duty and retired police officers pursuing advanced degrees in the behavioral sciences who could prove to be invaluable resources.

An understanding of the mental health interventions undercover officers are most likely to accept, utilize, and promote among their colleagues, will aid in reducing the pervasive resistance of police officers to seeking help for the traumatic aftereffects of critical incidents. Training in self-care and mental health issues that begins in the Police Academy and continues throughout and officer's career by way of their yearly training requirements, coupled with the influence and advocacy senior law enforcement officers,

represents a comprehensive approach to adding an important new element to the "cop culture" and is an approach that is consistent with the principles of TPSM. The positive outcomes of supporting distressed police officers in developing appropriate coping strategies, increasing resilience, restoring psychological balance, and improving overall well-being, is relevant to social change in light of the political division and increasing volatility of the times.

Conclusion

To admit to being so affected by an event or set of circumstances that one's ability to cope is overwhelmed is difficult for many people. To make oneself vulnerable by discussing painful issues with another person can be a risk that many are not willing to take. However, when one's job involves voluntarily placing oneself in dangerous situations on a daily basis, there is a high probability that an event of overwhelming magnitude will be encountered. The lives of undercover police officers are constantly subject to being abruptly intruded upon, sometimes several times in a career, by horrendous events and circumstances most people will not encounter in a lifetime. Undercover police officers conduct themselves in a manner prescribed by a historical and profession-wide "cop culture." Proponents of this "cop culture" expect toughness, self-reliance, and rugged individualism, out of themselves and their peers. Seeking help for mental health related issues is discouraged and the admission of feeling overwhelmed is a reason to be ostracized.

The interviews conducted in my study indicated that participant's attitudes regarding mental health-related issues and help-seeking behavior had changed over time.

All participants described the mistrust of mental health professionals held by police officers, and were consistent in their description of the behavioral characteristics demanded by the "cop culture." These characteristics of stoicism, aggression, self-reliance, and rugged individualism, are reflective of an officer's aversion to admit to an overwhelming problem and to seeking assistance in coping with it. However, they also represent important survival skills that are taught from day one in the Police Academy and are intended to keep the officer alive. Reconciliation of these dichotomous attitudes represents a challenge for program developers, service providers, and police department administrators, many of whom share these long-standing points of view. These "macho" attitudes as described by Ceballos (2013) and Sgambelluri (1994) did not form overnight, and a modification of those attitudes is not likely to happen in the near future.

A change in perceptions to the extent that self-care and help-seeking behavior are necessary survival skills as well, may be facilitated over time. Police officers in general and undercover officers specifically, need to frequently hear from a variety of sources that psychological balance and good mental health are essential to job performance, quality of life, personal safety, and healthy relationships. As previously alluded to but not examined in this study, is the job-related stress that is experienced by family members. It is appropriate to consider providing post critical incident support for an officer's family and other close relations contingent upon the availability of resources. It bears mentioning family members may exert a powerful influence on how their officers view mental health and mental health services and how amenable they are for treatment. However, this is but one of many associated but longer-term peripheral issues that exceed

the scope of this study. That is, do undercover officers believe that post critical incident services are useful and what services are they most likely to use, and can the "cop culture" influenced resistance to seeking help be changed to the extent that mental health and self-care is a priority that is reinforced throughout an officer's career.

The participant' s responses to my interview questions made clear that the best way to find out how an undercover officer' s psychological needs can be met is to just ask them. The participants in my study were forthcoming and were not at all hesitant to disclose what services they believed were helpful or those they believed were not. They described the services they would like to see implemented, and how and where debriefings and services should be delivered. And perhaps most importantly, they identified issues they believed that their administrators should consider when setting policies and establishing programs. Their main concerns, around which their feedback was unequivocal, were confidentiality and the necessary specialized training of service providers. Though some of the participant's responses were not 100% free of the "cop culture" endorsed behavior (that they willingly acknowledged), no participant ruled out the option of voluntarily seeking assistance if needed, and all participants indicated that they would refer a colleague in need.

The responses given by a high ranking participant, one who is responsible for the formulation, implementation, and enforcement of departmental policies, mirrored the responses of his lower ranking colleagues. He confirmed that the "cop culture" was alive and well among his command counterparts in other departments. This participant is an enthusiastic and vocal advocate for mental health services. He openly discusses details

regarding his use of these services to address personal issues in the college classes he teaches, as well as workshops and question-and-answer sessions he conducts with groups of his administrative colleagues. He admits that his strongly held opinions place him "in the minority."

In his interview, this participant stated that, in the past when he has shared his views, he has been "laughed at." He acknowledged that nowadays there is currently "a little less laughter," but there is still significant resistance to discussing mental health issues among the "old-timers" that are approaching retirement. His position is unambiguous, "I don't care … I'm going to keep talking about it." If his engaging, enthusiastic, and tenacious advocacy is successful in influencing other command level law enforcement officers, self-care and mental health issues may begin to be viewed differently by the rank-and-file, some of whom will themselves become administrators. By making self-care a priority when an officer's career begins in the police academy, and that priority is promoted over the course of a career, an officer may experience that they have "permission" to seek help when they need it. These values can be reinforced by the incorporation of periodic training on mental health related issues such as coping skills, interpersonal relationship skills, anger management, and others.

Perhaps due to the upward trend of police deaths and suicides, tenuous relationships in some communities, mass violence, and other widely publicized trauma-inducing events, the participants in my study seemed to indicate that there appears to be a greater openness to discussing what have in the past been regarded as hot-button issues. As researchers continue their work and begin to consolidate their efforts to identify the

most effective approaches to CISD and other interventions, common standards and protocols may be established. Informed by research that addresses post critical incident mental health issues in a more unified and collaborative way, administrators may promulgate policy that informs the development of programs, and service providers can ensure that they have the necessary training, education, and experience to work with this unique group of professionals. If all contributors to this process are “speaking the same language,” and those using the services experience positive results, the word will be passed and perhaps attitudes will change. It is through this top-down, bottom-up approach to post critical incident mental health service delivery that we may effectively address the needs of undercover police officers - the least visible component of the criminal justice system.

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Appendix A: Interview Guide

The Perceptions of Undercover Police Officers Regarding Individual Critical Incident Debriefing (CISD), Group CISD, or other Post Critical Incident Mental Health Services

Research Questions

RQ1: What are the perceptions of undercover law enforcement officers about the usefulness of post critical incident mental health services?

RQ2: Have the perceptions of undercover law enforcement officers about post critical incident mental health services changed over the course of their career?

Interview Questions

Five open-ended questions were formulated prior to the interview, each intended to address an aspect of the overall topic. The interview questions are categorized by key aspects of the research topic that are listed below. Additionally, each interview question is may be augmented by motivational probes that may be used to facilitate more discussion about an issue for the sake of gaining clarity or a deeper understanding of an issue. These "conversation continuers" shall only be used after a participant has not explored a relevant sub-topic even though he or she has been given ample opportunity to do so in this guided conversation.

Opening question: Can you help me understand what your main job-related concerns are during a normal workday?

Question Categories

- Usefulness of mental health services
- Administrative attitudes
- Administrative policy regarding the voluntary or mandatory status of post critical incident mental health services
- Job performance and career
- Officer expectations and concerns.

Usefulness of Services

What is your understanding of the emotional, psychological, or behavioral impacts following trauma exposure, do you believe that CISD is useful following a critical incident, and has your understanding changed over the course of your career?
Are there differences in the trauma exposure of UCs and non-UCs?

What are your feelings about your own personal experience with CISD?
In your opinion, what form of CISD is most useful and would you refer a colleague to such services?

Administrative Attitudes

What is your opinion about whether administrators should support and/or provide for an officer's participation in individual CISD following a critical incident and have you had experiences that have resulted in a change in your opinion?
What is your current and past department's policy?
What are your thoughts about whether law enforcement agencies should provide mental health services onsite using mental health professions with specialized training, or contract outside, specifically trained mental health professionals?

Administrative policy regarding the voluntary or mandatory status of post critical incident mental health services

What are your thoughts regarding administration-mandated post critical incident mental health services, and whether voluntary services would be accepted and utilized, and if your opinion has changed over time, why is that?
How do you think undercover police officers would think about post critical incident mental health services provided by an outside agency that were administration-mandated or voluntary?
What special skills or training should outside providers have in order to effectively deliver services to undercover police officers?
What concerns would you have if you participated in post critical incident mental health services that were provided by an outside agency?

Job Performance and Career

What impact do you expect participation in post critical incident mental health services would have on your job performance and career, and in light of your personal experiences over the course of your career, have your views changed?
How do you think other officers may view your voluntary participation in post critical incident mental health services?

Closing question: Have we not discussed anything you think is important or is there anything you would like to add?