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Examining Personal and Organizational Factors Leading to Police Officers' Underutilization of Employee Assistance Programs

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Walden University
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Abstract

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MPhil, Criminal Justice, Walden University, 2020

MS, Criminal Justice, St. Ambrose University, 2015

BA, Criminology, University of Northern Iowa, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Police officers routinely get exposed to stressful or traumatic events throughout the tenure of their careers, which can lead to a build-up of emotions and internal stress. Consequently, research has shown that police officers have a higher suicide rate than the general public. Previous studies demonstrated that the majority of police officers have little knowledge about their provided employee assistance programs (EAP), and fewer yet have used the programs. The purpose of this quantitative study was to determine whether a significant relationship existed between and among factors such as self-stigma of seeking help, social stigma of receiving psychological help, attitudes towards seeking professional psychological help, years of service, gender, rank, and years of education related to police officers accessing EAPs. An open-systems theory was applied as the theoretical framework for the study. The study analyzed responses from 262 police officers, and the data collection method consisted of an online survey of respondents from within the United States. Regression analyses, an analysis of variance (ANOVA), and a *t* test were completed to answer the research questions. Results revealed a statistically significant relationship between police officers' self-stigma, social stigma, attitudes towards seeking professional psychological help, and years of police service with their likelihood to seek assistance through an EAP. Implications for positive social change consist of promoting the use of EAPs as well as make more known the presence of stigma in policing surrounding seeking professional psychological help. Improved police officer wellness also promotes positive social change through the open systems model and the inclusion of community and policing organizations as vested stakeholders.

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Dedication

This dissertation is dedicated to my family. You mean the world to me and you are my inspiration. To my children, you are capable of achieving anything you want through hard work and determination. Have faith in yourself. I love you.

This dissertation is also dedicated to the memory of police officers who have endured struggles with mental health. May this dissertation help erode the stigma that exists in police work surrounding seeking help.

Acknowledgments

I would like to thank everyone that has helped push me to get here, as well as push me through this point in my academic journey. This goal would never have been on the horizon had it not been for you and your guidance.

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Last, I would like to thank my "residency posse." We met at our first residency and have walked this journey together. You are more than people I know; you are true friends that embody what it means to lend a hand, cry on a shoulder, have many laughs with, and celebrate our successes. I wish you success, safety, and wellness in all you do.

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Chapter 1: Introduction to the Study

In 2019, 236 police officers died by taking their own lives (Blue H.E.L.P., 2020). Comparatively, 147 police officers were killed in the line of duty in the same year. Of those 147 officers killed in the line of duty, 59% were killed feloniously, whereas the other 41% died while involved in nonfelonious events, such as a traffic accident, drowning, or cardiac arrest (Officer Down Memorial Page, 2020). Police officers receive training regularly that focuses on defensive tactics, firearms, driving, drug and alcohol detection, and other technical skills. However, literature indicates that police officers receive little training related to their own mental well-being, including coping with stress, accessing mental health resources, or engaging in suicide prevention (Nanavaty, 2015).

Research has shown that a stigma exists revolving around mental illnesses, as well as those who have help-seeking intentions, both in police work, and in the general public (Jagdeo et al., 2009; Knapp, 2020). One avenue that police officers can use to address their mental health concerns consists of using an employee assistance program (EAP). EAPs can provide an outlet for police officers to speak with a professional, share concerns with, and address many issues that may impact their well-being, both personally and professionally. Yet, many police officers do not know if an EAP exists in their agency, or how to access it if they become aware of its existence (Donnelly et al., 2015). Policing agencies may also increase awareness of the responsibility and liability they have for officers who have a reduced mental health status, as the officers interact with the communities in which they serve, which can also reflect the organizational culture that exists throughout the profession of policing. The potential for promoting positive social

change as a result of this study came from the ability to provide police officers, police agencies, communities, and other stakeholders with the netted knowledge, which can promote usage of EAPs, create policy change, or highlight the recognition of stigma as it relates to mental health help seeking. Additionally, improved mental health of police officers can aid in the reduction of police officers who die by suicide.

Chapter 1 provides a synopsis of the study as well as the background related to police officers having a higher risk of suicide and the associated stigma that exists surrounding police officers seeking mental health help assistance. Additionally, Chapter 1 includes the problem statement, purpose of the study, research questions and hypotheses, theoretical foundations, nature of the study, definitions of terms, assumptions, scope and delimitations, limitations, significance of the study, and a summary.

Background

Literature focusing on police officer suicide indicate police officers commit suicide at least at the rate of the general public, with some literature reporting rates as much as 3.5 times higher than the national average (Hess et al., 2014; Heyman et al., 2018; Thoen et al., 2020). Historically, asking for help or seeking help regarding mental health concerns has produced troubling consequences or lack of support toward the officer because they may get considered weak or they fear getting stigmatized if they asked for such assistance (Bullock & Garland, 2018; Knapp, 2020). Additionally, the concern of potentially getting forced out of police work on medical retirement may also contribute to the fear or reluctance for police officers to ask for help regarding their mental health (Price, 2017).

The primary goal of this research centered on the factors of self-stigma of seeking help, social stigma for seeking help, attitudes towards seeking professional psychological help, gender, rank, years of service, and years of education as contributing reasons that police officers experiencing mental health concerns choose not to access EAPs. EAPs have existed formally for approximately 50 years; therefore, due to the relative infancy of EAPs, it became necessary to include information that did not specifically focus on police officers and EAPs. Therefore, identifying literature regarding the overall purpose of EAPs, as well as information with respect to other first responders, such as firefighters, emergency medical service personnel, and military servicepersons became part of the research process.

This study was needed to fill the gap related to police officers' level of use of EAPs and provide insight for policing agencies into factors, both personal and organizational, that may contribute to the underutilization. Using the open systems theory, this study also provided insight into the benefits that policing agencies may begin to recognize if they promote EAP usage and emphasize the wellness of the police officers that they manage. It has also become an opportunity for communities to recognize their vested role in police officers' well-being to provide strength in the police-community relationship, as it may contribute to a lower incidence of police officers taking their own lives, and secondarily as a cost savings to the taxpayers.

Problem Statement

Donnelly et al. (2015) found that 56.4% of police officers surveyed did not know enough about how to access services provided through their employee assistance program

(EAP), with a larger problem of the officers not using EAP when they had knowledge of the services. The problem of police officers not using services provided to them, coupled with an exposure to critical incidents over a career, potentially causing internalized mental health concerns (Heyman et al., 2018), may subsequently contribute to a higher suicide rate compared to the general public (Violanti, et al., 2019). Additional research (Karaffa & Koch, 2016; Velazquez & Hernandez, 2019; Wheeler et al., 2018) showed a consistent reason police officers chose not to seek help for their mental health concerns as a result of work interactions emanates from the fear of stigma that exists in policing.

The culture of police work has a long-rooted history of masculinity, machismo, or bravado (Paesen et al., 2019). Therefore, those officers who seek the professional help afforded to them may fear to use EAP services for multiple reasons related to the culture of police work (Bullock & Garland, 2018; Clement et al., 2015; Donnelly et al., 2015; Thoen et al., 2019). EAPs can provide a range of beneficial services to police officers including mental health counseling to professionally address concerns with personal, financial, marital problems, addictions, or suicidal tendencies (Donnelly et al., 2015). Bullock and Garland (2018) identified stigma, both self-assigned and institutional, as some of the reasons that police officers choose not to seek professional help for their mental health concerns. Donnelly et al. (2015) further found that a large number of police officers do not access the EAPs provided to them because of a fear of a lack of organizational support or getting characterized as weak if the attendance at EAP becomes discovered. Minimal research existed to indicate officers' level of self-stigma, social stigma, or attitudes towards seeking help as reasons for refusing to seek the professional

assistance of the EAP, even when the potential benefits of the resources were known to the officer. A gap in the literature was identified justifying a study that measured the relationship of personal and organizational factors to the underutilization of EAPs.

Purpose of the Study

As the aforementioned literature has provided, police officers may become involved in a number of traumatic incidents throughout their career. Heyman et al. (2018) recorded that police officers get involved in approximately 188 incidents throughout their career that get defined as stressful or traumatic. A result of those incidents, if not coped with appropriately, may lead to mental health concerns, and eventually to a breaking point of suicidal thoughts or actions. Knapp (2020) reports that, on average, 25% of people annually have suicidal thoughts. Clement et al. (2015) suggested that future research should address groups that are more likely to get deterred or shy away from help-seeking behaviors due to the nature of stigma associated with help-seeking attitudes. While the Clement et al. (2015) study did not mention police officers specifically, the literature review covered in this study suggest that police officers recognize that a stigma related to help-seeking exists in the profession. Donnelly et al. (2015) also suggested that an emphasis should get placed on educating police agency administrators with applicable information that promotes officer well-being, with one method to do so consisting of the promotion of accessing EAPs. Therefore, the purpose of this quantitative study sought to explore whether a statistically significant relationship existed between and among factors such as stigma towards usage of an EAP, self-stigma of seeking help, social stigma of seeking help, and attitudes towards seeking professional psychological help, rank, gender,

years of service, and years of education with regard to the underutilization of EAPs by police officers.

The dependent variable used throughout this study to answer the research questions was whether a not a police officer will access an EAP via the Brief EAP Treatment Stigma Scale (BETSS-4). The independent variables consisted of the Self-Stigma of Seeking Help Scale (SSOSH), Social Stigma of Seeking Help Scale (SSRPH), and Attitudes Towards Seeking Professional Psychological Help Short Form (ATSPPH-SF), years of service, gender, rank, and years of education.

Upon completion of this study, the primary goal has become to provide agencies and other noted stakeholders with the yielded knowledge, in hope that the contribution to the literature provides agencies and police officers information regarding seeking assistance through EAPs. Additionally, as suggested by Heffren and Hausdorf (2016), the results may provide an opportunity for agencies to increase organizational support in their police officers, which can increase the comfort of officers seeking help, as well as promote healthy outcomes and careers that do not get cut short due to stress disorders, anxiety, forced medical retirement, or suicide.

Research Questions and Hypotheses

Research Question 1 (RQ1): Does the self-stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$1: The self-stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a1: The self-stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 2 (RQ2): Does the social stigma of seeking help predict whether or not a police officer will access an EAP?

H_02: The social stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a2: The social stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 3 (RQ3): Do attitudes toward seeking help predict whether or not a police officer will access an EAP?

H_03: Attitudes toward seeking help do not predict whether or not a police officer will access an EAP.

H_a3: Attitudes toward seeking help predict whether or not a police officer will access an EAP.

Research Question 4 (RQ4): Do years of service predict whether or not a police officer will access an EAP?

H_04: Years of service do not predict whether a not a police officer will access an EAP.

H_a4: Years of service predict whether a not a police officer will access an EAP.

Research Question 5 (RQ5): Is there a difference between rank and whether or not a police officer will access an EAP?

$H_0$5: There are no statistically significant differences between rank and whether a not a police officer will access an EAP.

H_a5: There are statistically significant differences between rank and whether a not a police officer will access an EAP.

Research Question 6 (RQ6): Is there a difference between gender and whether or not a police officer will access an EAP?

$H_0$6: There are no statistically significant differences between gender and whether a not a police officer will access an EAP.

H_a6: There are statistically significant differences between gender and whether a not a police officer will access an EAP.

Research Question 7 (RQ7): Do number of years of education predict whether or not a police officer will access an EAP?

$H_0$7: Number of years of education do not predict whether or not a police officer will access an EAP.

H_a7: Number of years of education predict whether or not a police officer will access an EAP.

Theoretical Foundations

The theoretical framework used within this study came from the open systems theory, which is part of the theories of organizations and society. Physicist Ludwig von Bertalanffy introduced the concept of organisms operating in harmony with the environment in which they are embedded (von Bertalanffy, 1972). Initially, von Bertalanffy stated that “the character of an open system is the necessary condition for

continuous working capacity of the organism" (1950, p. 23). Additionally, von Bertalanffy later recognized that the open systems concept could apply to other disciplines such as sociology, political science, and other complex systems (Lacko, 2017). Shafritz et al. (2016) referred to the open systems theory as the obligation of the organization to consider its symbiotic relationship with the community that it provides service to and recognize that decisions that get made within have a reciprocal flow from the organization to the community and back again to the organization and its members.

The connection to the research topic for the open systems theory came from the recognition that police officers live within the communities, counties, and states in which they serve. The well-being of the officers has a reciprocal effect on the community, which then comes back, either in a positive or negative manner, back to the organization. The improved mental health of a police officer may equate to better police-community relationships, which then comes back to the agency as a positive reflection on the officer and the agency they serve.

Regarding the problem statement noted previously, the open systems theory helps highlight the necessity for police departments (organizations) to promote EAPs more openly on a more frequent basis. Doing so may increase the odds for an overall "'healthy community' and 'healthy society'" that police departments and citizens can strive (Shafritz et al., 2016, p. 412). The underutilization of EAPs through the open systems theory perspective may have an inverse relationship with the overall wellness of the officers within a policing agency, in that negative interactions may result from factors causing the officer to have less tolerance for the public they serve. Police officers present

themselves to the public on a daily basis and therefore, their demeanor and attitudes towards those they serve are then critiqued by the same public that funds their professional existence. Although classical organizational theorists would disagree with organizations that pay for and promote the use of EAPs due to the increased usage of tax money to provide employee assistance services, the overall savings to the community may be exponential by not having the expense of forced medical retirement, decreased mental health and well-being, or worse, the cost (metaphorically) of a suicide of a police officer. Additionally, the connection to the problem statement gets reflected upon from a social responsibility view. The corporation (police department) should make decisions that benefit all of the stakeholders, rather than only focusing on the organization's revenue (Shafritz et al., 2016). A topic such as this has a wide range of stakeholders, from individual police officers, their organization, the "family" of police officers, the family of police officers, as well as the communities in which they serve.

Nature of the Study

The design of this study entailed using a cross-sectional design by creating and offering a survey within policing websites, as well as through the use of social media outlets, such as Facebook, to market the link to the anonymous survey. A cross-sectional study works well within research when the goal of the research consists of finding plausible causal relationships between variables (O'Sullivan et al., 2017). One of the goals of this particular project was to relate more generally to the population of police officers, whom of which reside and work throughout all areas of the United States. Babbie (2017) notes an additional benefit of a cross-sectional design permits the study of

a large sample size to make observations that consider a given point in time. Although the anticipated study did not examine a specific day or number of days, the *time* observed throughout the study was represented by current, certified, and sworn police officers. Due to the large geographic area, as well as the potentially large sample of participants, a cross-sectional design that uses a survey fit as the most appropriate design option for the completion of this study. The key variables used to answer the research questions of this study consisted of the use an EAP stigma scale (BETSS-4) as the dependent variable, and self-stigma of seeking help scale (SSOSH), social stigma for receiving help scale (SSRPH), attitudes towards seeking professional psychological help scale (ATSPPH-SF), gender, rank, years of education, and years of police service as the independent variables.

The research used a quantitative methodology. According to Ravitch and Carl (2015), a quantitative methodology, compared with a qualitative methodology, can appeal to a greater population; however, it will not gain insight into the personal experiences of the participants. Davies (2020) notes that quantitative methods improve the application of the results to other populations or in other contexts (p. 5). In this research study, the results are potentially more distributable and applicable to more of the policing community than what a qualitative or mixed-methods approach would generate. A quantitative methodology can generate statistical results that can subsequently be analyzed by a researcher (or team of researchers) in conjunction with an appropriate statistical analysis program, such as Statistical Package for Social Sciences (SPSS). The purpose of applying a quantitative approach to this study provided an opportunity to

examine statistics to infer whether causal relationships between variables existed (Rudestam & Newton, 2015).

The design of a quantitative approach that uses a cross-sectional online survey represented a viable and justifiable research design for the completion of the study. A cross-sectional design that employs a survey has shown to be a good fit, especially when the survey will get completed by individuals who represent the desired population of the study, and from participants who represent a large geographic distribution (O'Sullivan et al., 2017). Babbie (2017) notes that research conducted via surveys can represent a large population, but simultaneously get conducted promptly due to the consistency of the surveys and the ability for the respondents to submit upon completion.

Definition of Variables

Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF) Scale: A scale consisting of 10 items with relation to a respondent's attitude toward seeking professional psychological help (Fischer & Farina, 1995).

Brief EAP Treatment Stigma (BETSS-4) Scale: A scale consisting of four items with association to a respondent's perception of stigma related to seeking help through an EAP (Milot, 2019).

Gender: The sex of a respondent, signified by *male* or *female*.

Rank: A title that classifies the policing position held by the respondent.

Self-Stigma of Seeking Help (SSOSH) Scale: A scale consisting of 10 questions with association to a respondent's self-stigma related to seeking psychological help (Vogel et al., 2006).

Social Stigma for Receiving Psychological Help (SSRPH) Scale: A scale consisting of 5 items with relation to a respondent's perception of a public stigma related to receiving psychological help (Komiya et al., 2000).

Years of Education: A whole number that represents the equivalent number of years that a respondent has been completed as a student in post-secondary or higher education.

Years of Service: A whole number that represents the number of years a respondent has been employed as a certified (licensed) police officer.

Definition of Terms

Employee assistance program (EAP): A free, work-based program available to police officers to address personal or professional issues that may impact their work performance or personal well-being (United States Office of Public Management, 2020).

Forced Medical Retirement: Retirement from official police capacity prior than anticipated due to injury, sickness, mental illness, or a disability that does not allow the police officer to return to the same capacity of work (Blackmon, 2014).

*Stigma: "*A mark of disgrace that represents a socially devalued status" (Ohan, 2018, p. 1571).

Stress: An individual's response to daily frustration and demands in the police work environment (McCreary & Thompson, 2006).

Assumptions

The atmosphere of police work typically does not create an arena for officers to openly discuss their mental health concerns with other officers or supervisors. A general

feeling amongst police officers is that a stigma exists surrounding mental illness, and especially for those officers who seek help. The assumptions listed below highlight some of the nonempirical beliefs or attitudes related to police officers, mental health, and help-seeking behaviors, and have relevance in the context of this study. Assumptions made throughout this study consist of:

- Police officers are less reluctant than the general public to talk about stress or mental health concerns.
- Police officers recognize that declining mental health can continue to decline to depression, amongst other symptoms, and potentially lead to suicide.
- Police officers have some level of skepticism and therefore, may believe that even if they are told the issues they speak about with professionals are confidential, may have skepticism about the confidentiality of the information that gets shared with a counselor.
- EAPs are not identical, and therefore, provide a range of services to those that seek help.
- EAPs are not the only avenue for police officers to access professional assistance.
- Police officers perceive that a potential for involuntary (forced medical) retirement may happen if a professional deems them unfit for duty.
- Police officers are apprehensive to talk to people who do not understand their world or what they are going through.

Scope and Delimitations

The specific focus of this study became relevant due to factors related to police officer suicide rates and the stigma associated with seeking professional help among police officers. Recognizing that a plethora of research existed related to police suicide, the available research consisted of several areas and as a topic, remains very broad. The scope of this study narrowed the research and centers on the utilization or underutilization of EAPs by police officers in the United States. While this study did not capture the entire policing community, it will however, remain more generalizable due to the possibility that participants were netted throughout the entire country via the use of an online survey. However, due to the use of convenience sampling, the results of this study remain generalizable only to this study rather than to the entire population of police officers in the United States.

A potential delimiter that existed consisted of the number of respondents who complete the anticipated survey. Surveys that did not have enough completed to answer a research question were rejected from the analysis. Using a power analysis, the goal number of participants was set at greater than 384. Prior to ceasing data collection, this study obtained 391 gross responses. The daily average responses to the survey began to slow abruptly towards the end of the active time, indicating that a degree of saturation may have occurred.

Limitations

A limitation to the study consisted of using online policing websites or social media policing-related forums to obtain survey participants. A possibility existed that the

sample that participated in the study did not fully represent the entire policing profession population. While it was possible to examine the IP address of each of the survey responses in this study, the belief of two or more responses coming from the same IP address does not necessarily mean that a participant would have participated more than once in the survey. It could perhaps indicate that more than one officer from the same department used the same computer or device to complete the survey. Due to the anonymous nature of responses to the survey, a method did not exist to ensure that each respondent only submitted one survey.

Another potential limitation for the study recognized that all police officers may not or will not access or choose to participate in the voluntary survey for various reasons. Subsequently, the study cannot guarantee generalizability to the entire population of police officers. Additionally, because this study involved convenience sampling, the generalizability is limited to the sample that was netted in this study rather than to the population of police officers in the United States.

The research was limited in time for the study to remain on organization websites or communication between the researcher and the website representatives became difficult, or nonexistent.

A barrier to this study consisted of respondents not completing or failing to submit or to complete the survey in its entirety. There are no known biases that influenced this study and the outcomes.

Efforts such as seeking multiple website sites to assist with links to the survey and multiple avenues to market the survey on social media groups were implemented to

address the above-mentioned limitations related to number of respondents and time frame, as well as appeal to police officers who frequent various policing websites.

Significance

To promote positive social change, the results of this study can provide more agencies, officers, and EAP administrators the knowledge of how police officers perceive stigma, or how years of service predict or indicate reasons not to access the EAPs that get provided to them. This may help create opportunities for more discreet methods where the officers can seek assistance without others identifying them at a counseling session or in the vicinity of a counseling clinic. In the long run, the benefit of the contribution to the literature may begin to help erode the perceived stigma that can exist within a police officer or within the organizational culture they work, as well as provide evidence needed to implement policy or officer suicide prevention strategies.

Summary

Research has shown that a stigma exists surrounding police officers who seek professional assistance to address concerns that affect their mental health, for fear of getting labeled, stigmatized, or forced to retire. However, the research does not indicate the role those variables play in impacting police officers' decisions specifically not to use EAPs. This study filled the identified gap in literature by specifically focusing the study on perceived contributing factors related to police officers' underutilization of EAPs. Previous research addressed factors suggesting why police officers may not get help, but it does not directly address EAPs, nor has previous research viewed the relationship through the lens of the open systems theory. Chapter 2 contains the literature review

related to EAPs, stigma and labeling in policing related to mental health help-seeking, police stress, disorders, and police officer suicide.

Chapter 2: Literature Review

Introduction

Police officers routinely experience events that are stressful or traumatic (Heyman et al., 2018). While one incident alone may not cause significant mental health concerns or create a stress-related disorder such as acute stress or posttraumatic stress, the culmination of large or small incidents over several years of police service can cause the mental health of a police officer to decline throughout his or her career. One avenue to address the declining mental health or to promote "preventative maintenance" consists of using free services provided to police officers through an EAP.

This literature review explored the relationship of variables associated with police officers and the fear of a social stigma or self-assigned stigma for seeking mental health assistance, primarily through the use of EAPs. Research suggested that many police officers do not know about or have little knowledge about EAPs that are available to them at no cost from their employer (Donnelly et al., 2015). Additionally, literature showed that police officers who have knowledge of their EAP and how to access it, still choose not to use the services provided to them for several reasons (Donnelly et al., 2015). Some reasons that police officers choose not to use services revolved around a stigma prevalent in policing and research on other public services, such as the fire service and emergency medical services, found a fear that the officer may get labeled as weak, or the potential of a forced medical retirement by getting considered mentally unstable (Bullock & Garland, 2018; Donnelly et al., 2015).

Police officers who choose not to use EAPs have every right to do so, however, the underutilization of EAPs may contribute to the larger problem consisting of police officers in the United States committing suicide at a rate greater than the general public (Violanti et al., 2019). The variables associated in this literature review explored the nature of some perceived personal and organizational factors that may prevent officers from taking advantage of the free service that EAPs can offer. The remainder of Chapter 2 contains a literature review of EAPs, stigma and labeling in policing related to mental health help-seeking, police stress, disorders, and police officer suicide.

Literature Search Strategy

To conduct the literature review, a collection of databases provided through the Walden University Library became the central search tool. Within the Walden University Library, the databases used to collect the literature consisted of:

- Criminal Justice
- Emerald Insight
- ProQuest Central
- Social Sciences Citation Index
- Taylor and Francis Online
- SAGE Journals

A Thoreau multi-database search and Google Scholar also were used to initially locate a broad range of information. Upon finding related or appropriate articles, the articles went through a filter process to determine applicability for use within the scope of this research. If the literature showed applicability, then peer-review of the journal

needed to be verified. To round out the examination of literature, recently published dissertations of Walden University Criminal Justice doctoral alumni also became part of the search process. It remained a goal to find literature published within the last 5 years, however, some of the research extended beyond that timeframe. The necessity of the information or the foundational role of the research helped guide whether or not to include literature published more than 5 years prior to the review. Additionally, because the literature has shown that limited research exists related to police officers' usage of EAPs, branching slightly into stress-related or coping related studies also became necessary, therefore, it did not seem appropriate to have a strict rule of a specified time frame when the contribution to the literature review and subsequent research provided significant foundational value. I used discretion to determine applicability of the literature.

The search terms used throughout the literature review process consisted of *police, police officers, law enforcement, cops, first responders, stigma, mental health, employee assistance program, employee assistance programs, EAP, labeling, police suicide, stress, acute stress disorder, posttraumatic stress disorder (PTSD), coping,* and *police culture.*

Theoretical Foundations

Open Systems Theory

Police officers have an interdependent relationship with the communities in which they serve. Many police officers simultaneously have a dual role of citizenship and public servant. Police officers, as members of the community and representative of their

agencies, must balance the relationship that they have with other members of the communities they serve. From an organizational standpoint, the open systems theory aids in providing an understanding of the symbiotic relationship police officers and their agencies have with the public. According to Shafritz et al. (2016), organizations must recognize the flow of the decisions made by police officers to members of the public and similarly, from members of the public back to the police officers. In other words, a reciprocal relationship exists between citizens and the law enforcement community. The support of the organization may provide strength in how the officers respond to calls for service as well as directly with members of the community. If not dealt with appropriately, as noted above, a multitude of stressful or traumatic events throughout the career of a police officer may change the delivery of service that is provided to the public, as well as impact the officer in various personal avenues (Carleton et al., 2018; Cross & Ashley, 2004). Duran et al. (2018) discovered when police officers experience compromised well-being in themselves, among other outcomes, their work performance and safety risk to the public also become compromised. Conversely, if a police officer has a well-maintained or improved mental health, the potential exists that the officer may provide a better interaction or service to the community when called upon, which reflects positively on the agency they serve (Heffren & Hausdorf, 2016; President's Task Force on 21st Century Policing, 2015).

In relationship to the problem statement, the open systems theory helps highlight the necessity for police departments (organizations) to take ownership of the mental health of its officers and to promote EAPs more frequently. Doing so may increase the

odds for an overall “healthy community” and “healthy society” that police departments and citizens strive to attain (Shafritz, et al., 2016). The underutilization of EAPs through the open systems theory perspective may have an inverse relationship with the overall wellness of the officers within a policing agency, in that negative interactions may result from factors causing the officer to have less tolerance for the public they serve (Duran et al., 2018).

Police officers interact with the public on a daily basis and therefore, their demeanor and attitudes towards those they serve are critiqued by the same public that provides funding for their occupational existence. Although classical organizational theorists would disagree with organizations that pay for and promote the use of EAPs due to the increased usage of tax money to provide employee assistance services, the overall savings to the community may be exponential by not having the expense of forced medical retirement, decreased mental health and well-being, or worse, the cost (metaphorically) of a suicide of a police officer. Additionally, the connection to the problem statement can also get reflected upon from a social responsibility view. The corporation (police department) should make decisions that benefit all of the stakeholders rather than make decisions without all of the stakeholders in mind (Shafritz et al., 2016).

A topic such as the ongoing mental health of police officers involves a wide range of stakeholders, from individual police officers, their employing organization, the “family” of police officers, the family of police officers, as well as the citizens individually or collectively in the communities they serve. Research suggests that wellness programs and EAPs act as steps that agencies can take to improve the

relationship between the employee, the organization, and the public (Benavides & David, 2010; McLellan, 2017; Mental Health Weekly, 2019). In the creation of President Obama's *President's Task Force on 21st Century Policing*, officer wellness and safety became highlights of the Task Force. The reason for recognition comes from the relationship that officers and their agencies have with the community: officer wellness also promotes public safety (Thoen et al., 2020). In other words, police officers cannot provide an effective service to the public without taking care of themselves and making their own well-being a priority as part of the job.

Labeling Theory

Labeling theory comes from the family of social reaction theories suggesting that the actions of people may present themselves as a response based upon the reactions of other individuals, especially those with whom they have a closer bond (Fuller, 2016). Similar to stigmatization, labeling theory suggests that labels, positive or negative, can be applied to individuals and it can essentially become the title or characteristic that defines the recipient. Negative labels can have a psychological impact on the individual who the label gets applied to, which may also lead to a reduced social, personal, and professional credibility, and subsequently, a diminished mental health and sense of belonging. The closer the bond with the person(s) applying the label, the more impact it may have on the recipient (Siegel & Welsh, 2017). Typically, this label would provide the most damage to the recipient when it comes from family members or other loved ones, however, in the close-knit community of police work, it can make a great impact on the labeled officer due to the bond that they have with other police officers with whom they work.

Employee Assistance Programs

Origination

Recognizing the financial impact of employee absenteeism and lower work productivity costs a workplace more than providing counseling or other specialized resources through EAPs or similar programs to combat addiction, businesses began an effort to provide a service to employees to help promote wellness (Richmond et al., 2014). EAPs initially began as an internal resource for employees who experienced complications with excessive alcohol use, with employers recognizing that employees who battled addiction had lower work productivity, higher absenteeism, and presented an overall safety concern for themselves, coworkers, and the general work setting (Steele, 1998). In what began in the 1940s as alcohol-focused occupational programs, EAPs have evolved into full-service programs covering a wide range of employee-centered topics, focusing on personal health, mental health, family concerns, and financial distress, all of which can contribute to poor employee performance or employee wellness, or jeopardize the safety of the workplace (Steele, 1998; Donnelly et al., 2015). As of 2016, 54% of civilian employees had access to EAPs, which has shown an upward trend since their inception (U.S. Bureau of Labor Statistics (BLS), 2016). Previous reports indicate 24% of employees had access to an EAP in 1985 and in 1992, the growth had expanded to approximately 45% of employees (Steele, 1998).

Purpose

EAPs exist to provide employees, including police officers, an avenue to access personal assistance for a range of reasons. Some of those reasons include personal issues,

such as depression, anxiety, marital problems, addictions, or economic concerns (Jacobson et al., 2011). In addition to personal reasons, employees can use EAPs for work-related issues, such as work environment, interpersonal relationships, or any concerns that may potentially impact their work performance, productivity, or negatively cause undue strife for the employee (Donnelly et al., 2015). When working with employees, EAPs offer the opportunity for counseling or can refer the employee to additional outlets, such as a specialized counselor, psychologist, or addictions specialist. The goal of the EAP centers on improving the overall wellbeing of the employee so that they can return to work, improve work efficiency, reduce absenteeism, improve presenteeism, improve relationships and interactions in the work environment, or improve overall wellness (Donelly et al., 2015; Joseph et al., 2017; Nunes et al., 2018).

EAPs have shown levels of success since their recognized origin in the 1970s. Studies have shown the ability to improve functionality and reduce symptoms that impact work performance (Greenwood et al., 2008; Jacobson et al., 2011; Richmond et al., 2014). EAPs, not unlike other businesses, need to justify their purpose and reason for continuing operations. Such justification can get measured by the reduction of symptoms or level of function of employees. However, the EAP also must continuously remain cognizant of the need to maintain fiscally responsible to itself and the employers that they provide service to. EAPs can range in the services that get offered to employees, and therefore inherently have different characteristics, which can also impact the determination of success that they have, depending on the measurements that get taken (Steele, 1998). Through various measurements, EAPs have provided employers a cost-

effective benefit to employees who experience personal or professional distress, in lieu of employee absenteeism and other mental health concerns (Richmond et al., 2014).

Employees can get referred to employee assistance via their employer in a mandatory fashion if the symptoms the employee displays cause productivity, wellness, or safety concerns for the employer. However, employees can also proactively seek the assistance and attempt to combat the issues that their employer may not have knowledge of (Johnson, 2008).

Accessing

Police officers who have EAPs as an option to use may access the service free of charge and can voluntarily initiate the request for help. In addition to voluntarily accessing the EAP, police officers may find themselves in a situation where the appointment gets initiated and set by the police agency they work for. Reasons for a mandatory appointment may result from an observed behavior or a concern that the agency has for the well-being of the officer.

As noted above, over half of all employees have access to some form of an EAP, yet Donnelly et al. (2015) discovered that only 56.4% of police officers had knowledge of how to access their respective EAP. Implications that may result from this discovery consists of providing officers with more training about how to access their EAP and information regarding the services that get provided to them. Not having the knowledge of how to access an EAP, coupled with the notion that some officers may not even know that they have an EAP, may contribute to an underutilization of the services that get offered to them. Additionally, as literature has suggested regarding the existence of a

stigma in policing directed towards individuals with a mental illness or for those who seek assistance, it may become difficult for officers to explore or openly ask for this information from co-workers or superior officers (Karaffa & Koch, 2016). Subsequently, this may also potentially result in the officer giving up attempts to access the EAP or leading to the officer internalizing the issues even further than what they already have.

Utilization

Donnelly et al. (2015) discovered that only 56.4% of officers surveyed knew enough about their EAP and how to access it. Additionally, Donnelly et al. (2015) noted that only 33.4% of officers would use an EAP for domestic violence concerns. These statistics provide insight into the problem of officers not having enough information about the services provided to them through an EAP and subsequently, how to access the services. Additionally, while officers did not get asked all of the potential reasons they would or would not access an EAP, the Donnelly et al. (2015) findings show that even if officers know about how to access their EAP, they may not do so. Officers may choose not to use resources provided by an EAP for a variety of reasons, however, those reasons may consist of a fear of an accusation that they have committed a crime (offender), fear they may get stigmatized, labeled, or forced to retire from police work, thus causing an internalization of issues that they could get help for (Karaffa & Koch, 2016; Karaffa & Tochkov, 2013; Price, 2017).

Officers' lack of knowledge of how to use an EAP, as well as those officers who have knowledge of how to access an EAP, but fail to access it, contribute to an overall

underutilization of services that get provided to the officers and amplify the concerns, whether physical, mental, personal, or financial that the officer experiences.

Stigma of Mental Illness

Prior to looking deeper into the profession of police work or other public services, research indicated that a stigma has existed that relates to people with mental illness, thus making it more mentally taxing on a person who might recognize that they should get some help to address their mental health concerns (Hansson & Markstrom, 2014; Teh et al., 2014). Police officers may get training at the police academy or at regular intervals (such as annual) throughout their career for interacting with individuals with mental illnesses and for attempting to reduce the associated stigma (Hansson & Markstrom, 2014). However, it does not appear that regular training exists for police officers for how to cope with their own or other officers' mental illnesses and how to interact with officers who may have concerning mental health. Additionally, a stigma exists that revolves around those that have intentions to seek help, or for those who have already sought help for mental illness or for concerns that they may have (Jagdeo et al., 2009; Karaffa & Koch, 2016; Karaffa & Tochkov, 2013).

While it has become known that police officers can endure a great deal of emotional and physical stress in their professions over the course of a career leading to a host of issues, it has also become widely known that a stigma exists within police work, other public services such as firefighting and emergency medical services, as well as for military service members who choose to seek assistance to address any mental health concerns that have developed throughout their career (Heffren & Hausdorf, 2016; Karaffa

& Koch, 2016; Karaffa & Tochkov, 2013; Krakauer et al., 2020; Mental Health Weekly, 2019; Sharp et al., 2015; Stanley et al., 2016; Velazquez & Hernandez, 2019). While stigma remains present in the profession of policing, the ability to proves its existence remains difficult to do, however, Knapp (2020) notes that a suicide task force formed in 2017 concur that a stigma related to mental illness help seeking exists. A lack of extant research confirming that an organization stigma exists makes it easier for policing agency administration to ignore or fail to believe its existence. Discussed later, the well-being of the police officers remains the responsibility of the policing agency whom they work for, and therefore, providing services such as EAPs seems to provide the minimum amount of necessary assistance, therefore, reducing the liability on behalf of the policing agency. However, if (or when) the officers perceive that a stigma exists within their agency, they may feel that the stigma acts as a barrier between them and the help that they need to address their concerns.

In a field that the public often considers healthy, police officers and their public service counterparts can lose some of their baseline well-being due to the exposure of stress and traumatic incidents over their career. After an initial psychological consultation or evaluation to get hired, many do not undergo any further testing or evaluations throughout their career, making it unlikely to clinically detect mental health concerns, especially when an officer does not voluntarily seek treatment (Stanley et al., 2016). Through a systematic review of quantitative studies, Stanley et al. (2016) discovered that one of the risk correlates for police officers who have attempted or completed suicide may have also felt the organizational or perceived stigma for seeking mental health

assistance, which runs contrary to the view that the general public has of these professions operating in good health, since they have the mindset to always help others in need. The stigma that exists in policing and the notion that accessing or receiving assistance indicates a weakness or other flaw in the officer, may provide insight into why police officers may maintain reluctance to access the EAP since they have knowledge of that stigma, as well as may have taken part in prior discussion or stigmatization of those that have mental illness(es).

Gender Differences

Within the general population as well as specific to police officers, males commit suicide at a higher rate than females (Ramchand, 2018; Fuller, 2016). Since mental health concerns of the general population and police officers alike can matriculate from stress, anxiety, and depression to suicidal tendencies, research shows that males, both in the general population, as well as police officers, perceive that more stigma exists if they seek assistance for mental health concerns, compared to females that experience similar issues (Vogel et al., 2014; Wester et al., 2010).

Additionally, Richmond et al. (2017) found that female employees across all professions use EAPs more than male employees. However, while agencies may recognize that females use EAPs more than male employees, more emphasis may need to get placed on promoting EAPs to male police officers, since males make up approximately 88% of the profession, as well as commit suicide at a higher rate than females (Fuller, 2016; Knapp, 2020; Ramchand et al., 2018).

Males may seek help less often than females due a residual expectation that males associate help-seeking with weakness or the inability to take care of themselves (Knapp, 2020). In studies of adolescents, Fuller (2016), and Siegel and Welsh (2017) note that young males get treated differently during their formidable years where toughness gets instilled in males, but females get taught coping strategies and an improved ability to communicate. Such information, coupled with the knowledge of police officers' reluctance to seek help, male police officers, especially, may have a more difficult mental journey to get the assistance that they need to deal with the mental health concerns that they have. Research has also identified males that are suicidal place more of the blame on work problems than their female counterparts do (Ramchand et al., 2018).

Labeling

Police work has had a long history of masculinity and machismo, which may have created the atmosphere to label officers who choose to get mental health help through EAPs. Similarly, officers who do seek assistance from EAPs may get perceived as weak, not tough enough, or not able to handle themselves, at which point a label could get applied to them. In a qualitative study, Bullock and Garland (2018) identified a fear that some officers may have if they make their mental illness or help seeking known to their agency or their peers, resulting in the officers keeping their issue(s) internalized. Officers reported that labeling can lead to an "us vs. them" mentality or a view of those who get help as incapable of doing their jobs (Bullock & Garland, 2018).

Since police work often entails responding to calls with other police officers or working through incidents together through a teamwork approach, the application of a

label can reduce the desire for others to assist or work with the labeled officer, which can also become harmful to the officer(s) who request assistance if responding officers either delay their response or do not show up at all. Stigmas birth from labels given to individuals and often carry a negative connotation, which in the case of police work, may separate a labeled officer from an unlabeled one, potentially creating a harmful situation or environment for the officers who have become professionally or socially detached from each other (Kotera et al., 2018).

Weakness

Police work has often been associated with toughness and officers have become expected to handle all sort of situations, remain "tough," and not let things bother them. For example, certain actions, when directed at police officers, do not allow them to get considered a victim, for they should handle vulgarities and epithets better than the general public. Police officers can also become numb or callous to situations and circumstances, such as death. Officers do not choose to become callous to those situations, however, as they stand by the families of the injured or deceased, it has become expected that they will remain stable and unimpacted by the incident (Thoen et al., 2019).

When a specific incident or culmination of several incidents contribute to the decline of a police officer's mental health or overall wellness, they may reach the point of needing professional help. However, research (Bullock & Garland, 2018) has shown that a common barrier for people to seek the help of professionals comes from the fear of getting labeled as weak (Clement et al., 2015; Thoen et al., 2019). Presumably, the same mentality in police officers can cause the thoughts of believing they could not carry out

the duties of police work anymore. The adjective describing a police officer as weak can become personally damaging to the officer who gets characterized by such a term. They may internalize their concerns and fail to professionally address their mental health because they fear that asking for help may only result in more scrutiny directed towards them.

In a profession that promotes protecting and serving, the culture of strength and bravado in the policing environment may actually cause officers not to protect their own mental health. The fear of getting considered weak may lead to officers underutilizing EAPs to get help with mental health concerns (Thoen at al., 2019).

Forced Medical Retirement

In addition to the physical risks that police officers can become engaged in throughout a career, the same or other incidents can take a mental toll on the officers. Throughout a career, officers respond to incidents of abuse, both physical and sexual, death, to include natural death, accidental death, homicide, and suicide, and other stressful or traumatizing incidents. Throughout the career of a police officer, the repeated exposure to stressful and traumatic incidents can lead to a host of symptoms for police officers, to include: depression, anxiety, fatigue, burnout, loss of sleep, stress, alcoholism, drug abuse, difficulty in maintaining personal relationships, irritability, marital problems, posttraumatic stress disorder (PTSD), acute stress disorder, and suicide (American Psychiatric Association, 2013; Cross & Ashley, 2004; Marchand et al., 2015; Moriarty & Field, 1990). Given the potential for the above-listed exposures and outcomes, a potential remains if officers present themselves on the job in a manner that draws attention to

administration regarding their mental health, a fitness for duty evaluation (FFDE) may get ordered (Price, 2017). Either formally or informally, officers have become aware of this process and perceive that if they seek treatment or assistance through EAPs, the discovery of their mental health may initiate the forced medical retirement process through the FFDE (Price, 2017). Since police officers have a duty to serve the public and have an obligation (moral or factual) to protect society, the level of scrutiny for fitness of duty gets set much higher than the general public. In other words, since police officers carry weapons and have the duty to protect themselves as well as the public they serve, if they do not meet the set mental requirements or fall below an acceptable threshold, they may get deemed incapable of fulfilling those duties and get pushed towards a medical retirement (Price, 2017).

To affirm the responsibility of the employer to maintain a safe work environment, the Occupational Safety and Health Administration Act of 1970 requires all workplaces, jobsite, or working conditions, policing included, to promote and maintain an atmosphere free of potential hazards and injuries (United States Department of Labor, 1970). When the mental health of a police officers has declined, the burden of responsibility may rest on the employer based on the OSHA Act of 1970, wherein the safety of the officer themselves and other employees need to get considered. Additionally, one of the focus points that came about under President Obama's President's Task Force on 21st Century Policing consisted of improving officer wellness, which may also lead to an improved community-police relationship (President's Task Force on 21st Century Policing, 2015). Therefore, the mental health of police officers, if determined unfit for duty, qualifies as a

trigger to force medical retirement upon the officer. Due to the liability of the agency to maintain the environment free of such hazards, they may get put into a position of no other choice but to initiate the necessary protocols to encourage, nudge, or force medical retirement.

Research has found that officers may not access the resources provided through EAPs because they felt, regardless of policy and what the EAP told the officer, that their use of the EAP and extracted information would get shared with the agency administration and subsequently trigger a fitness for duty evaluation (Karaffa & Tochkov, 2013; Price, 2017). Blackmon (2014) noted officers whose careers get shortened due to medical retirement do not transition to life-after-policing as well as those who retire by traditional means or voluntarily step away from policing. The discovery of such knowledge can lead to the unwillingness of officers to seek or access the help of EAPs to address any mental health concerns.

For all of the reasons listed above, officers may choose to internalize the concerns they have for their own mental health and decide not to access the services provided through EAPs for fear that administration may become aware of them seeking counseling or other services, which may potentially initiate a forced medical retirement evaluation. In turn, a forced medical retirement could also potentially terminate their career as a police officer sooner than desired or expected, leaving an absence in their ego, and perhaps creating additional negative impact on their well-being (Blackmon, 2014).

Organizational Support

The nature of police work has inherent threats to the safety and well-being of officers, as well as prolonged threats to the mental and physical well-being of each officer. Policing ranks worldwide as one of the most dangerous professions due to the unknown, yet continuous threats a police officer faces over a career (Duran et al., 2018; Karaffa & Tochkov, 2013; Karaffa & Koch, 2016). Police agencies have some ability to promote and instill resilience in its officers, however, that responsibility cannot get placed solely on the officers. Since the officers endure the stressful events, both acutely and over time, on behalf of the agencies they serve throughout the course of their duty, the agency shall bare some of the obligation to provide opportunities to gain skills in resilience and coping (Violanti et al., 2019).

Police agency administrators do not dispute the support needed for its officers, in fact, many note the desire to ensure that their officers have the provided resources they need to cope with stressful incidents over the course of a career (Ramchand et al., 2018). Chapin et al. (2008) recorded the reduced severity of posttraumatic stress on officers who receive assistance compared to those who do not, noting on average that officers who get assistance return to work within two weeks of the incident compared to 46 weeks for those who do not get assistance. With all of this in mind, however, the largest factor in the lack of promoting EAPs or having more resources than what the bare minimum requires, centers on the financial constraints and lack of funding that the departments have (Nanavaty, 2015; Ramchand et al. 2018).

Heffren and Hausdorf (2016) identified the lack of organizational support as a factor related to officers not seeking assistance after traumatic events, or who experience mental health issues. Officers that do not seek social and organizational support, and subsequently do not get any help at all, become more likely to develop psychological issues, as well as have increased levels of stress. The emphasis of organizational support, as well as a social support system, has become a prominent factor in the decision for officers to seek assistance or to speak about their concerns or address any mental health issues that impact them (Chapin et al., 2008; Heffren & Hausdorf, 2016; Ramchand et al., 2018). Nanavaty (2015) suggests that agencies should provide more emphasis on the promotion of programs, compared to simply having "the bare minimum" of marketing and promoting such programs. A lack of promotion of programs such as EAPs only allows a stigma associated with accessing help to continue to fester in an environment such a policing.

Peer Support

On a more personal level than organizational support, officers may feel comfortable seeking or having the support of co-workers or friends rather than taking the conventional path of using EAPs, which has also shown a reduction in mental health concerns or stress (Heffren & Hausdorf, 2016; Violanti et al., 2017). The social or peer support relationship has shown significance in improving the overall well-being of police officers that experience posttraumatic stress, acute stress, or continued work-related stress, as well as an improved comfort level with the officers speaking with someone that understands their environment, as compared to mental health professionals who do not

have a background in policing or intimate knowledge of the incidents officers respond to (American Psychiatric Association, 2013; Axelrod, 2018; Milliard, 2020; Van Hasselt et al., 2019; Violanti et al., 2017).

Peer support programs are not designed as a replacement for traditional EAPs or other organizational methods of support, they merely promote additional options for other levels and layers of communication. Officers, as well as firefighters and paramedics, have found speaking with peers to help relax mental health concerns they may experience, find it comforting to know other co-workers who can help them locate additional resources should they desire assistance beyond the peer support, or should the ad-hoc counseling turn into a situation where the peer-acting-as-counselor feels outside of their scope and needs to refer the troubled officer to professional services, EAP can assist with such service (Axelrod, 2018).

Nanavaty (2015) discovered that agencies that formally or informally participate in a peer support program have experienced less officer stress, mental health concerns, and officer suicide when their police officers participate in such a program. In conjunction with Nanavaty (2015), additional research shows that officers feel more comfortable speaking with officers that understand “their world” and may have experienced similar calls for service over the course of their careers (Axelrod, 2018; Milliard, 2020; Van Hasselt et al., 2019). Consistent with organizational support, peer support can also help erode the stigma associated with mental health help seeking among police officers.

Both organizational and peer support collectively may create an incentive to use resources that EAPs can provide, either directly or indirectly. Directly related, agencies can promote the usage of EAPs and peer-support opportunities. Indirectly, peer support provides an opportunity to encourage the troubled officer to continue to improve mental health by taking advantage of the resources that EAPs provide to them. Both circumstances may increase the use of EAPs by police officers.

Police Stress

Through a combination of call-related incidents, such as suicide, trauma, traffic accidents, assaults, and crimes involving child victims, police officers have a higher risk of developing mental health concerns, to include depression, anxiety, acute stress disorder and posttraumatic stress disorder (American Psychiatric Association, 2013; Cross & Ashley, 2004; Garner et al., 2016; Marchand et al., 2015). Police officers often face more danger than just external threats during incidents such as high-speed chases, foot pursuits, fighting with a suspect, or engaging in a shootout (Chapin et al., 2008). Police officers may cope with incidents differently, and if their mental health begins to break down or become compromised, their mental well-being may continue to decline if not dealt with appropriately (Krakauer et al., 2020). A failure to appropriately or professionally address mental health concerns can result in an abuse of alcohol, illegal drugs, or cause an officer to fall into severe depression and contemplate or complete suicide (Chapin et al., 2008; Cross & Ashley, 2004; Duran et al., 2018; Mental Health Weekly, 2019). Due to the wide range of personal and organization factors that contribute

to stress, police work ranks as one of the most stressful occupations (Duran et al., 2018; Karaffa & Koch, 2016; Karaffa & Tochkov, 2013; Krakauer et al., 2020).

Operational and Organizational Stress

Velazquez and Hernandez (2019) identified factors in police work that lead to stress come from incidents such as high-speed pursuits, incidents involving firearms, the use of force on offenders, and the inherent risks that "routine" traffic stops can bring from having a heightened sense of awareness. Those incidents, coupled with the bureaucracy of police work, commanding officers, community relations, shift work, loss of sleep, and relationships with fellow officers can create various levels of stress on the officer and become taxing on the mental health of police officers. If an officer cannot handle the stress of operational or organizational stress on their own, then they may need the assistance of professional services if their work performance has declined or if their mental health has begun to decline. A plethora of research suggests the stigma associated with help-seeking among people, police officers included, who desire professional help can only exacerbate the stress that officers feel because they, too, have knowledge of the mental health related stigma, and may even feel hypocritical regarding help-seeking (Bullock & Garland, 2018; Clement, et al., 2015; Donnelly et al., 2015; Thoen et al., 2019).

Personal Stress

Officers may deal with stress in various ways (Marchand et al., 2015). Some have the ability to prevent incidents or organizational factors from impacting their daily life, productivity, or mental well-being. However, others may not process incidents in the

same manner and may develop anxiety, depression, loss of sleep, posttraumatic stress disorder, acute stress disorder, abuse alcohol or drugs, or allow personal relationships to become impacted by the stress they carry, to also include divorce (American Psychiatric Association, 2013; Moriarty & Field, 1990; Violanti & Owens, 2017; Velazquez & Hernandez, 2019). Without addressing mental health concerns as a result of stress build-up, officers may not cope appropriately and permit their mental health to decline. Suicidal tendencies may result from a build-up of stress; therefore, it becomes paramount to appropriately address the concerns at the forefront of a troubled well-being, rather than allowing the officer to continue down a path of self-destruction and contemplate or complete suicide. As the research has shown, police officers get little training about how to handle their own stress and how to recover from or cope with incidents that have impacted their well-being, which can become problematic for the officer and their department, as well as the community they serve.

Disorders

Research consistently shows that police officers face a great deal of stressors, both physical and emotional, as well as psychological, through the performance of their jobs, however, limited research exists recognizing police officers as survivors of traumatic incidents (Garner et al., 2016). Depending on the length of time after a traumatic incident that a police officer experiences qualifying symptoms (discussed later), disorders can develop as a result of exposure to or involvement in traumatic and stress producing events. Such disorders can present as acute stress disorder and potentially manifest into posttraumatic stress disorder (PTSD). Due to the nature of

police work, the American Psychiatric Association has correlated police officers, military service personnel, and other first responders with acute stress disorder and PTSD (American Psychiatric Association, 2013; United States Department of Veterans Affairs, n.d.).

Acute Stress Disorder

Acute stress disorder has become a potential diagnosis for police officers and other first responders who have experienced traumatic events throughout their career (American Psychiatric Association, 2013; Garner et al., 2016). The 4th Edition of the Diagnostic and Statistical Manual, published in 1994, presented acute stress disorder for the first time as a recognizable trauma and stress disorder. Prior editions did not include the disorder (American Psychiatrist Association, 2013; United States Department of Veterans Affairs, n.d.). Acute stress disorder can get diagnosed by satisfying various criteria, however, to recognize boundaries within the scope of this research, the criteria discussed within focuses on the diagnosis that relates to the experiences of a police officer. According to the Diagnostic and Statistical Manual, 5th Ed. (DSM-5), a person may get exposed to actual or threatened death or serious injury via directly experiencing, by witnessing the event as it is happening, or from repeated exposure to the details of traumatic events (American Psychiatrist Association, 2013). Although an individual may experience symptoms immediately following the traumatic event, to get diagnosed with acute stress disorder, the individual must experience the symptoms between 3 days, and up to 1 month from the date of the incident.

An individual gets diagnosed with acute stress disorder when they display a total of at least nine out of fourteen possible symptoms from the following categories: intrusion symptoms, negative mood, dissociative symptoms, avoidance symptoms, or arousal symptoms (American Psychiatrist Association, 2013). Intrusion symptoms may consist of uncomfortable thoughts of the event, recurrent dreams where the details of the incident exist in the dreams, disassociate reactions such as flashbacks or a feeling of the event happening in real time, or a drastic reaction in response to similarities in the surroundings or environment that mirror the traumatic event (American Psychiatrist Association, 2013). A negative mood may present as the inability to feel happy or to have positive emotions or to provide feelings of love towards others (American Psychiatrist Association, 2013). Dissociative symptoms can consist of having an outside perspective of the individual, not having a realistic sense of the environment or surroundings of the individual, confusion, or a failure to have a sense of time. Dissociative symptoms may also consist of event-specific amnesia, wherein an individual may not recall specific events or details related to the traumatic event, specifically when the individual has not had excuse or influence to fail to recall (i.e., did not sustain a head injury or has not been impaired by drugs or alcohol) (American Psychiatrist Association, 2013). Additionally, avoidance-related symptoms can present as steps that get taken to avoid feelings, thoughts, or memories that have similarities to the traumatic event. In combination with this, an individual may also take additional steps to avoid the external reminders that can trigger the feelings, thoughts, or memories of the traumatic event (American Psychiatrist Association, 2013). Arousal related symptoms can include sleep disturbances, irrational

behavior that presents as aggression towards others, hypervigilance, inability to concentrate, and have an exacerbated startle response (American Psychiatrist Association, 2013).

In addition to the symptoms listed above, an individual can get diagnosed with acute stress disorder if they experience distress or impairment in social or professional settings where otherwise this would not occur, as long as the distress or impairment did not present as a result of a brain injury or alcohol or drug impairment (American Psychiatrist Association, 2013).

Anderson et al. (2019) discovered that police officers face depleting motor function skills when exposed to acute stress. The Anderson et al. (2019) study recognizes the abundance of research pertaining to police officer stress and the impact on physiological responses, however, this particular research examined and noted the evidence that exists describing the impact that acute stress has on the ability to dissolve or delay motor-skills of police officers.

As literature within this review has provided, police officers engage in several activities that may require significant use of mental and physical skills, such as apprehending a suspect, using physical force, operating specialized equipment such as an electronic control device (ECD) (i.e., Taser), or through the use of a firearm. A depletion of skills due to an acute stress episode may impact the outcome or direction of the incident that the police officer became part of, which could also end catastrophically, for either the police officer, other police officers, the suspect, innocent individuals, or a combination of them (Anderson et al., 2019).

Suggestions made by the Anderson et al. (2019) study consist of providing police officers additional training in recognizing acute stress and the implications that exist related to eroding motor-function skills so that they may stay keenly aware of the need to repetitively train and simulate situations and environments where acute stress may appear, as well as the recognition that future research needs to get conducted in the area of acute stress and its impact on policing. Limited research exists related to police officers with acute stress disorder due to the relatively young existence of acute stress disorder as a potential diagnosis. Implications related to future research in the area of acute stress disorder can provide the opportunity to for policing agencies to promote police officers' use of EAPs as an avenue to manage acute stress, which in turn can promote officer safety and improve well-being (Anderson et al., 2019).

Posttraumatic Stress Disorder

Research has demonstrated that police officers have an elevated risk of developing posttraumatic stress disorder (PTSD) as a result of their involvement in traumatic events throughout their career (Stanley, et al., 2016). Along with the potential to develop PTSD, officers also face a higher risk of mental health concerns, as well as suicidal thoughts and behaviors (Velazquez & Hernandez, 2019). Individuals, police officers included, who experience symptoms of PTSD longer than one month after a traumatic event, will get considered for an official diagnosis, pending symptom identification. According to the Diagnostic and Statistical Manual 5th Edition (DSM-5) published the American Psychiatric Association (2013), the qualifying criteria for an individual to get diagnosed with PTSD nearly mirror the symptoms of acute stress

disorder, however, the symptoms must remain unresolved for more than one month after the traumatic event (American Psychiatric Association, 2013). To respect the scope of this study and limit the review to the discussion of police officers, portions of the qualifying criteria that does not pertain to police officers and first responders (i.e., children) may not get listed in this section. The recognizable symptoms contained within the DSM-5 (2013, pp. 271-272) that a police officer may present to get considered for a diagnosis of PTSD may consist of:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
    1. Directly experiencing the traumatic event(s).
    2. Witnessing, in person, the event(s) as it occurred to others.
    3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
    4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
    1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
    1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
    2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

    1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
    2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
    3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
    4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
    5. Markedly diminished interest or participation in significant activities.
    6. Feelings of detachment or estrangement from others.
    7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s),beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

The recognition of the symptoms of posttraumatic stress disorder can assist officers and their respective agencies with quicker identification of problematic behaviors and concerns, allowing the agency to assist the officer in addressing the concerns. Tackling PTSD may not get done easily or entirely; however, the recognition of symptoms and encouragement for officers to seek resources through professional services such as an EAP may contribute to an increase in help-seeking behaviors and a reduced prevalence of suicide among police officers. Secondarily, in addition to improving the well-being of a police officer, Heffren and Hausdorf (2016) demonstrated the difference

of how the policing agency's financial obligation can change from approximately $8,300 if the treatment gets handled soon after the incident, compared to approximately $46,000 if the treatment gets delayed. The implications suggest that training regarding the recognition of the symptoms of PTSD may provide benefits to the officer, as well as providing the agency with opportunities to provide avenues to address any mental health concerns they have, potentially through accessing an EAP as an initial gateway to help-seeking.

Police Suicide

Police officers face risks of danger and death every time they go to work and have to remain constantly vigilant and aware of their surroundings, for fear of an attack, ambush, or felonious act directed towards them. Police officers face a risk of a fatal injury, either felonious or accidental, nearly four times higher than all other professions (Price, 2017). While officers may face the risk of a felonious death, the greatest risk of death may come from suicide. An article in Emergency Nurse magazine (2016) noted that 1 out of every 4 emergency service workers (police officers, firefighters, and ambulance personnel) has considered ending their own life. Most years report a higher police officer suicide rate than officers who are killed by gunfire or fatal traffic accidents combined (Blue H.E.L.P, 2020; Officer Down Memorial Page, 2020; O'Hara, 2017). The year 2019 may have recorded a high for police officer suicides, at 236 for the year, which has significantly surpassed previous years, with most years recording approximately 130 police officer suicides (Blue H.E.L.P, 2020; O'Hara, 2017). Additionally, while these statistics represent known or declared suicides, authors have suggested that the actual

number of police officer suicides may sit higher than the reported amount (Hess et al., 2014). The belief of the inaccurate number of police suicides getting reported may have to do with officers who commit suicide, yet make it look like an accident to "save face" or to make it appear more like an honorable death (Hess et al., 2014). Additional potential reasons for the inaccuracy may come from incorrect reporting on a death certificate or agencies who do not voluntarily provide this information to databases (Violanti et al., 2017). Knapp (2020) also reported that a significant number of deaths by suicide get reported on death certificates as undetermined manner of death, thus resulting in deaths that may have been effectuated via suicide, but not recorded accurately.

Research comparing police officer suicide statistics to that of the general public does not return with routinely consistent results, however, research does show that at the very least, police officers commit suicide at a similar rate to the general public (Violanti et al., 2017). At the opposite end, research shows that police officer suicide could take place at a rate 3 to 3.5 times higher than the general public (Hess et al., 2014; Thoen et al., 2020). The general consensus, then, shows that police officers do not have better coping skills or training to deal with mental health concerns than members of the general public. It can also get stated that in their professional duties, police officers continuously have to make split-second decisions throughout incidents they initiate or get dispatched to, which also makes suicide seem like a viable option as a split-second coping reaction to an officer experiencing mental health troubles. The officer may consider that an action such as suicide can end the situation for the time being, however, they may not absorb the permanence of the decision. Additionally, Knapp (2020) indicates that firearms get used

in the majority (51%) of completed suicides. Since many officers take their duty-issued handgun with them on their commute to and from work, officers tend to have firearms, consisting of their work-issued weapon and perhaps more, at their disposal in the event of a contemplated suicide, making the option to carry out the suicide quicker and more readily available (Ramchand et al., 2018).

Conclusion

This literature review explored several factors that may contribute to police officers' underutilizing EAPs that get provided to them. A continuous theme emerged centering on a stigma that exists in police work for officers who choose to seek mental health assistance or for those who already have begun to address their mental health concerns with professional assistance. The literature also identified and confirmed that police work carries a great deal of stress, either acute or prolonged over a career, which can lead to a host of personal and professional complications, ranging from a reduction in work productivity and lack of attentiveness, disorders, nonconventional coping practices, and up to the point where an officer may contemplate or complete suicide. While the research revealed that an atmosphere in policing exists that stigmatizes those officers who get help, implications of this literature review suggest that few programs or policies exist to promote EAPs to officers, which can also begin to dissolve the negative connotations surrounding members of the general public and police officers who attempt to maintain or repair their mental health.

The results of this literature review suggest that policing agencies need to become more aware of their officers' mental health conditions, and more importantly, need to

stress the importance of getting help when it becomes necessary, or even before. Literature showed that the use of EAPs, as well as peer-support programs, can provide officers an outlet to address their mental health concerns, as well as other personal concerns. Additionally, it becomes important for policing agencies to promote the usage of EAPs, which can assist with the erosion of attitudes towards those who seek mental health help. Such efforts can also reduce the organizational and personal stigma that exists in police work and subsequently make help-seeking a more inviting venture for those who desire to obtain such assistance.

Ideally, highlighting contributing factors that lead to the underutilization of EAPs will allow policing agencies to bring the issue of officer mental health to the forefront and allow it to become an accepted and openly discussed topic within and amongst the organization. Additionally, an improvement or maintenance of the well-being of police officers allows the officers to provide a better service to the communities that they serve, which again, confirms the role that the open systems theory plays in recognizing the symbiotic relationship between police officers, their agencies, and the citizens they provide service to.

Within Chapter 2, I completed a literature review consisting of EAPs, stigma of mental illness, gender differences in help-seeking, labeling, weakness, forced medical retirement, organizational support, peer support, police stress, disorders, and police suicide.

Upon completion of the literature review, it became clear that more research needed to get conducted examining stigma scores and help-seeking attitudes related to

police officers' decisions to access an EAP or not. Additionally, demographic, longevity, and educational attainment information further needed to get explored to examine the relationship to whether or not police officers would access the EAP or not. A plethora of research exists related to police officer stress and police officer suicide, as well as research related to EAPs. However, minimal, if any, research has specifically been dedicated to the factors of self-stigma, social stigma, and attitudes as they pertain to the decision of police officers to access or not to access EAPs. The study results can promote positive social change by providing police officers, police agencies, communities, and other stakeholders with the discovered knowledge, which in turn may promote the use of EAPs by police officers or encourage agencies to highlight the benefits and usage of EAPs.

The methods and analysis used in Chapter 3 connect the gap in literature, identified as the factors of stigma (self-assigned or social), attitudes towards help-seeking, years of police service, gender, rank, and years of education with regard to the decision of police officers to use EAPs. Chapter 3 presents the methodology used within this quantitative study and provides a rationale for using a cross-sectional design. Chapter 3 also includes the population and sample information, as well as the procedures for recruitment, participation, and data collection, instrumentation and operationalization of constructs, threats to validity, and ethical procedures.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study sought to determine whether a statistically significant relationship existed between and among factors such as stigma (self-assigned or social), attitudes towards help-seeking, years of police service, gender, rank, and years of education, with regard to the decision of police officers to use EAPs. Within this chapter, an overview of the quantitative methodology, to include the rationale for a cross-sectional design, will be provided. Additionally, Chapter 3 addresses the population and sample information, procedures for recruitment, participation, and data collection, instrumentation and operationalization of constructs, threats to validity, and ethical procedures.

Research Design and Rationale

The dependent variable used within this study to answer the research questions explores whether a not a police officer will access an EAP via the Brief EAP Treatment Stigma Scale (BETSS-4). The independent variables consist of the Self-Stigma of Seeking Help Scale (SSOSH), the Social Stigma of Seeking Help Scale (SSRPH), the Attitudes Towards Seeking Professional Psychological Help Short Form (ATSPPH-SF), years of service, gender, rank, and years of education.

The design of this study used a cross-sectional design by creating and offering an anonymous survey and distribution through policing websites, social media groups or forums, where participants that could confirm that they are a police officer. A cross-sectional study works well within research when the goal of the research consists of

finding plausible causal relationships between variables (O'Sullivan et al., 2017). One of the goals of this project attempted to relate more generally to the population of police officers, whom of which reside and work throughout all jurisdictions in the United States. Babbie (2017) notes an additional benefit of a cross-sectional design permits the study of a large sample size to make observations that consider a given point in time. Although the anticipated study did not examine a specific day or a set time period, the *time* observed throughout the study referred to current, certified, sworn police officers. Due to the large geographic area, as well as the potentially large sample of participants, a cross-sectional design that uses a survey fit as the most appropriate design to answer the research questions with the potential ability to become more generalizable to the policing community and the communities in which police officers serve. This type of design did not create any foreseeable time or resource constraints because it did not cover separate points in time or use any types of intervention. Additionally, because this study used a cross-sectional design, which can produce generalizable results to police officers, the results can provide a significant contribution to the policing profession, as well as to future research within the criminal justice discipline.

Methodology

The research employed a quantitative methodology. Ravitch and Carl (2015) indicate that quantitative research studies can provide more generalizability, provided that the sample population has adequate participants, compared to a qualitative methodology. Because a quantitative study has the ability to create broader generalizability than a qualitative approach, the results of this study may be more

applicable across the profession of police work (see Yilmaz, 2013). In the case of this research study, the results will potentially become more distributable and applicable to the policing community than what a qualitative or mixed-methods approach might generate. A quantitative methodology can generate statistical results that then get analyzed by a researcher (or team of researchers) in conjunction with an appropriate statistical analysis program, such as Statistical Package for Social Sciences (SPSS). The purpose of applying a quantitative approach to this study was to provide an opportunity to examine statistics to infer if causal relationships between independent variables exist in relationship to the dependent variable (see Rudestam & Newton, 2015).

The particular design of a quantitative approach that uses a cross-sectional online survey represented a viable and justifiable research design for this study. A cross-sectional design that employs a survey has shown to be a good fit, especially when the survey will get completed by individuals who represent the desired population of the study (O'Sullivan et al., 2017). Babbie (2017) notes that research conducted via surveys can represent a large population, but simultaneously are conducted in a quick manner due to the consistency of the surveys and the ability for the respondents to submit upon completion.

Population

This study specifically targeted certified (licensed) police officers of all ranks in the United States. Because police officers have to be at least 18 years of age to be hired into a certifiable position, the study did not include minors. The population was accessed through police-centered organizations that agreed to post a link to the survey on their

website. Additionally, a link to the survey was marketed through social media platforms, such as Facebook, that could assist with dissemination of the link. The link directed the potential participating police officer away from the webpage, forum, group, or participant pool, and into the survey site (Survey Monkey).

As noted in Chapter 1, the ideal number of participants consisted of greater than 384. This number was established using the sample size formula provided by Cochran (1977) as: (S) / 1 + [(S-1) / Population. The number of participants was derived from using a population of full-time, certified police officers in the United States as 665,280 as of May 2019 (U.S. Bureau of Labor Statistics, 2020). To further establish the desired sample size, the Survey Monkey website provides a survey sample calculator for use, which also projected a sample size of 384, using the same alpha and confidence levels (Survey Monkey, 2020).

Sampling and Sampling Procedures

The sampling strategy used in this study entailed the use of convenience sampling. Convenience sampling is a form of nonprobability sampling that does not rely on probability for the selection of participants, rather, the participants have an equal opportunity of participating in the study (Babbie, 2017). Because this study targeted voluntary participants, and a pseudo-deadline existed, the use of convenience sampling fit as an appropriate sampling strategy to complete the study.

The sample of police officer participants was drawn from individuals who accessed websites or social media pages that published the recruitment information and link to the survey. Websites agreed to publish the recruitment information and link to the

survey if participants chose to participate. As long as participants consented to the voluntary participation, and indicated that they were, in fact, a certified (licensed) police officer, they proceeded to the survey questions. The survey remained available until the number of participants exceeded the desirable sample size of greater than 384, at which point data collection was terminated. Data collection was officially terminated after yielding 391 gross responses.

As previously noted, the inclusion criteria for participants initially established the consent of the respondent to participate. Upon moving past consent, the participant had to respond to the inclusion questions of whether they were a certified (licensed) police officer and that they were also a police officer in the United States, as well as note if they were an actively working police officer or retired from policing. If the participant responded that they were not a certified or licensed police officer or that they were not a police officer in the United States, they were excluded from participating in the survey without providing responses.

The power analysis and estimated sample size estimates were completed using an alpha level of .05 and confidence level of 95%. An alpha level set at .05 meant that the odds of committing a Type I error by accepting the null hypothesis when it is actually false is 5% ((Frankfort-Nachmias & Leon-Guerrero, 2018). A confidence level set at 95% has become an industry standard for social science research and refers to the likelihood, in this case 95%, “will contain the population parameter” (Frankfort-Nachmias & Leon-Guerrero, 2018, p. 180)

Upon completion of a power analysis, the desirable sample size for this study was determined to be 384 participants. This number was established using the sample size formula provided by Cochran (1977) as: (*S*) / 1 + [(*S*-1) / Population. This number of participants was derived from using a population of full-time, certified police officers in the United States as 665,280 as of May 2019 (U.S. Bureau of Labor Statistics, 2020). To further establish the desired sample size, the Survey Monkey website provides a survey sample calculator for use, which also projected a sample size of 384, using the same alpha and confidence levels (Survey Monkey, 2020).

Procedures for Recruitment, Participation, and Data Collection

Participants were sought through policing-related websites where the role of the website consisted of directing providing recruiting information and a link to the created survey on the webpage. Additionally, participants were sought through the use of social media sites where members of policing-related groups could access the survey link. Conducting the survey in this manner helped keep the integrity of the study intact, as well as create and maintain anonymity for the participants. Prior to data collection, three websites agreed to place the recruitment information and link to the survey on their webpage. Demographic information that was collected from participants consisted of age, gender, and race. The survey did not ask for names or any other personally identifying information.

When participants voluntarily accessed the link to direct them to the survey, they were also initially confronted with a consent requirement before they were permitted to continue with the survey. The consent form that was implemented for this study was

provided by Walden University's Institutional Research Board and was adapted to fit the names and format of this particular study. Since the survey took place online, the ability to consent to the survey rested on clicking a box with "I consent" at which point the participant proceeded to questions in the survey. If a participant selected "I do not consent" they were directed away from the survey and thanked for their time. Information was provided to the nonparticipants regarding resources that they can access or organizations that they could contact if they experienced any concerning behaviors or stress.

The collected data was collected through the use of an online survey building site, Survey Monkey (aka surveymonkey.com). Upon collection, the data was exported directly into SPSS 27 to complete the data analyses described below. When participants completed their survey, the final phase of the survey thanked them for their time and efforts, as well as a wish for their continued safety and success in the respective role as a police officer. Information was provided to the participants regarding resources that they can access or organizations that they can contact if they have experienced any concerning behaviors or stress.

Instrumentation and Operationalization of Constructs

The Brief EAP Treatment Stigma Scale (BETSS-4) was developed in 2019 by Milot and has since gained strong reliability (Milot, 2019). The BETSS-4 fit as an appropriate instrument to use as the measurement tool for the dependent variable used throughout this study, since this study focused on stigma associated with the use of EAPs. The BETSS-4 consists of a 4-item scale that gets made up of items such as "Seeing an

employee assistance program (EAP) counsellor for help would make me feel like a weak person." Items are rated on a 5-point scale, with all items measuring from 1 (*strongly disagree)* to 5 (*strongly agree)*. Upon completion of the scale items, the EAP stigma score is tallied by adding all points together and dividing by 4. A higher average score represents a higher perception of stigma related to seeking help via an EAP (Milot, 2019). According to Milot (2019), the BETSS-4 scale has produced valid and reliable results among Canadian populations, and has therefore, been considered suitable for individuals in the workforce. The BETSS-4 scale is available for public use, stating that no permission is required for its use. Additionally, email consent was been obtained from the creator (Milot) to use the scale for the purpose of this research (see Appendix A).

The Self-Stigma of Seeking Help Scale (SSOSH) was developed by Vogel et al. (2006). The SSOSH consists of 10 items such as "It would make me feel inferior to ask a therapist for help." The items on the scale are scored via a 5-point system, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Once completed, the average score equates to the perceived level of self-stigma. Higher scores equate to a higher self-stigma associated with seeking help (Vogel et al., 2006). According to Vogel et al. (2006), the internal consistency of this measurement ranged from .86 to .90, and a 2-week test-retest, produced a reliability of .72 samples using university students. Additionally, in a study produced by Topkaya (2014), use of the SSOSH scale obtained consistency of .81 with the respective study's sample, consisting of university students. While this study did not seek to target university students as participants, the use of the SSOSH remained an appropriate scale to measure the self-stigma of seeking help due to the reliability and

validity that has been established. The use of the SSOSH has been made available for free use, providing it gets used for research purposes, as stated on Iowa State University's webpage (see Appendix B) (Iowa State University, 2020).

The Social Stigma for Receiving Psychological Help Scale (SSRPH) was produced by Komiya et al. (2000). The SSRPH consists of 5 items such as "It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal wellness." The items on the scale are scored on a 4-point system, ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Scores get averaged when completed. A higher score equates to a higher perceived social stigma (Komiya et al., 2000). According to Komiya et al. (2006), using university samples, the SSRPH scale produced internal consistency of .73. In a study conducted by Topkaya (2014), use of the SSRSH scale recorded consistency of .71 using the respective study's sample. While this study did not seek to specifically target university students as participants, the use of the SSRPH fit as an appropriate scale to measure the self-stigma of receiving psychological help due to the reliability and validity that has been established. Email communication with one of the authors of the SSRPH scale, Good, G. E. provided permission to use the scale for this research (see Appendix C).

The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ASTPPHS-SF) scale was created by Fischer and Farina (1995). The ATSPPH-SF consists of 10 items similar to "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts." The items on the scale are scored on a 5-point scale, with all items measuring from 1 (*strongly disagree)* to 4

(*strongly agree)*. Upon completion of the scale, the EAP stigma score is tallied by adding all points together and dividing by 4. A higher score indicates a more likely attitude towards seeking professional psychological help (Fischer & Farina, 1995). According to Fischer and Farina (1995), the use of the ATSPPH-SF scale has produced internal consistency of .84 and reliability of .80. In a study produced by Topkaya (2014), use of the ATSPPH-SF scale indicated an internal consistency of .79 with the respective study's sample. While the ATSPPH-SF obtained its validity and reliability from samples of college students, the scale remained an appropriate instrument to measure the attitudes towards seeking professional psychological help of police officers. Within the Fischer and Farina (1995) article, the statement is made that the use of the scale does not need the authors' permission (see Appendix D). Both Fischer and Farina have passed away since the publication of the ATSPPH-SF, therefore, additional communication regarding permissive use of the scale was ceased.

In summary, the scales used in this study have netted reliable and valid results, both in the studies created by the original authors, as well as in subsequent research (Fischer & Farina, 1995; Komiya et al, 2000; Milot, 2019; Topkaya et al., 2014; Vogel et al., 2006), therefore justifying the use of the scales to answer the respective research questions within this study.

Data Analysis Plan

Upon completion of survey data collection, the use of IBM Statistical Package for Social Sciences (SPSS) version 27 was used to compile and analyze the research questions sought to answer in this study. The use of Survey Monkey (aka

surveymonkey.com) allows for direct integration of survey data into SPSS, which can also reduce human error compared to manually typing in the results (Survey Monkey, 2020). The collected data was reviewed prior to any analyses taking place. The purpose of the review focused on screening and cleaning any data that did not fit the criteria or were incomplete to a point where a respondent's BETSS-4 score could get calculated, in which case(s) the applicable data was removed. The removal of the incomplete record for the respective participant was necessary due to the anonymous nature of the survey and the inability to contact the participant for clarification, correction, or additional information.

The research questions and respective hypotheses that were answered as a result of this study included:

Research Question 1 (RQ1): Does the self-stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$1: The self-stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a1: The self-stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 2 (RQ2): Does the social stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$2: The social stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a2: The social stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 3 (RQ3): Do attitudes toward seeking help predict whether or not a police officer will access an EAP?

H_03: Attitudes toward seeking help do not predict whether or not a police officer will access an EAP.

H_a3: Attitudes toward seeking help predict whether or not a police officer will access an EAP.

Research Question 4 (RQ4): Do years of service predict whether or not a police officer will access an EAP?

H_04: Years of service do not predict whether a not a police officer will access an EAP.

H_a4: Years of service predict whether a not a police officer will access an EAP.

Research Question 5 (RQ5): Is there a difference between rank and whether or not a police officer will access an EAP?

H_05: There are no statistically significant differences between rank and whether a not a police officer will access an EAP.

H_a5: There are statistically significant differences between rank and whether a not a police officer will access an EAP.

Research Question 6 (RQ6): Is there a difference between gender and whether or not a police officer will access an EAP?

$H_0$6: There are no statistically significant differences between gender and whether a not a police officer will access an EAP.

H_a6: There are statistically significant differences between gender and whether a not a police officer will access an EAP.

Research Question 7 (RQ7): Do number of years of education predict whether or not a police officer will access an EAP?

$H_0$7: Number of years of education do not predict whether or not a police officer will access an EAP.

H_a7: Number of years of education predict whether or not a police officer will access an EAP.

To test the research hypotheses, the use of regression analysis, *t* tests, and analysis of variance (ANOVA) were performed. In conjunction with the dependent variable, to test research hypotheses one (self-stigma), two (social stigma), three (attitudes towards seeking help), four (years of service), and seven (years of education), a linear regression analysis was performed. The analysis most fitting for this specific combination of variables entailed a regression analysis when independent variables are measured at the interval level, along with the results from the dependent variable (BETSS-4) getting measured at the interval level (Frankfort-Nachmias & Leon-Guerrero, 2018). According to Wagner and Gillespie (2019), a regression fits as the most appropriate analysis in a case where the independent variable involved in the analysis has the ability to predict the outcome on the dependent variable.

For testing Research Question five (rank), an analysis of variance (ANOVA) fit as the most appropriate analysis because the independent variable is not dichotomous, in that several potential possibilities for rank existed, along with the dependent variable getting measured at the interval level. Similar to a *t* test, an ANOVA analyzes the differences between means of samples, however, an ANOVA allows the analysis to take place between two or more groups (Frankfort-Nachmias & Leon-Guerrero, 2018). In this study, the variable of rank had multiple potential groups, therefore, an ANOVA can illustrate whether differences in means exist between any of the other groups.

The sixth independent variable (gender) is a dichotomous nominal level variable. The best analysis of a dichotomous nominal independent variable and a dependent variable measured at the interval level consists of performing a *t* test (Frankfort-Nachmias & Leon-Guerrero, 2018). A *t* test often gets used to test the mean between two samples to determine if a difference between the means exists (Cheesemore, 2020). Within a *t* test, the null hypothesis assumes no statistically significant differences exist between the means, and in contrast, if statistically significant differences exist between the means, then the null hypothesis gets rejected and the research hypothesis gets accepted (Frankfort-Nachmias & Leon-Guerrero, 2018). For the purpose of this study, an independent samples *t*-test represented the most justifiable analysis since the independent variable of gender is a dichotomous, nominal variable, and the dependent variable is measured at the interval level, when the researcher is interested in knowing whether a statistically significant difference between the populations of gender with their respective BETSS-4 score existed (Cheesemore, 2020).

While this study incorporated multiple statistical tests, each specified test was run independently of other tests and separated in accordance with each research question that the test(s) were associated with. The output tables and figures were labeled to signify the relationship of the output with each respective research question. Along with providing the output of the results from the analyses, the results were interpreted by using confidence intervals where appropriate. The netted output from the analyses listed above are presented within Chapter 4 of this study.

Threats to Validity

Related to the threats to external validity, a slight possibility existed that a participant may generate testing reactivity as a result of knowing their results will get examined. To address this potential, the survey participation was made completely anonymous, as it does not contain any questions related to the name of the participant, nor does the survey ask for their size of department, or the state in which they are a police officer. Additionally, the participant did not get observed while they participated in the survey, which allowed them the opportunity to take the survey in an environment comfortable and private to them. Experimental arrangements did not exist within this study, nor did any treatments get introduced, therefore the aforementioned reactivity remained the most potential threat to external validity, which was appropriately addressed.

Within a cross-sectional design, the most common threats to internal validity are obtrusive testing, uncontrolled selection, contamination, attrition, instrumentation, and multiple treatment interference (Langbein, 2012). Obtrusive testing refers to the

possibility that a participant may change their behavior if the participant has not previously put thought into the questions that have been posed to them (Langbein, 2012). While correcting for obtrusive testing proved difficult, the anonymous nature of this study, as well as an uncontrolled time to complete the survey allowed for a reduction of the potential for the testing becoming obtrusive. Langbein (2012) refers to uncontrolled selection as potentially the largest threat to a cross-sectional design. Because participants randomly accessed the survey and were not specifically sought or selected, the ability to control for selection of participants proved difficult. Controlling the location or setting that a participant chooses to take the survey was not feasible, due to the ability to access the survey via the internet, while using various types of devices, such as personal computer, laptop, tablet, or mobile phone. Since this study did not entail a treatment or any training interventions, contamination was not a concern. Attrition did not greatly impact this study as a threat to internal validity because the survey did not take place at separate times and took approximately ten minutes or less for participants to complete. Additionally, no follow-up or subsequent time of participation took place for participants of this study, therefore reducing the chances of participant attrition. Langbein (2012) also notes that if participants have been selected at random, it does not pose a threat to internal validity. Instrumentation did not threaten the internal validity of this study because no claims were made related to the potential outcome(s). Multiple treatment interference did not threaten the internal validity of this study since treatments did not get introduced. In summary, the two internal threats to validity to focus the most attention on in this study

consisted of obtrusive testing and uncontrolled selection. While those two specific threats were not avoidable in entirety, the recognition of the possibility remained important.

Related to conducting measurements using a quantitative methodology, all measures were taken to ensure validity of data that got exported from Survey Monkey into the statistics software, IBM Statistical Package for Social Sciences (SPSS) version 27. To reduce the potential for human error, the raw data obtained from the survey compilation got exported directly into the statistics software package, rather than manually getting entered. Frankfort-Nachmias and Leon-Guerrero (2018) note the potential improvement in validity and reliability of results. Since alpha levels for statistics tests were set at $p < .05$, the odds of a type I error were also reduced, thus enhancing the validity and reliability of the study. Validity remained intact due to the generalizability of the results (Warner, 2013).

Construct and statistical conclusion validity refer to the notion that the statistical tests that get ran objectively measure what they are intended to measure (Babbie, 2017). Upon examination of the analyses noted above, construct or statistical conclusion did not appear to have threats to validity throughout this study.

Ethical Procedures

Before the implementation of the survey, approval by the IRB was obtained before gaining access to participants. Upon receiving communication from Walden University's Institutional Review Board (IRB), the study progressed through "Form A" and the study moved through the *expedited process* because the study did not involve vulnerable participants or personally sensitive data (see Appendix E). As previously

noted, the informed consent was provided by the IRB of Walden University and was adapted to fit this specific study and was placed at the beginning of the survey. Three police-related websites tentatively agreed to place a link to the survey on each of their respective websites. Approval to collect data was granted by the IRB on March 9, 2021 (approval number 03-09-21-1012217).

Ethical concerns related to recruitment materials and processes did not pose a concern for this particular study because solicitation of specific participants did not take place by the researcher. Additionally, the survey needed to get located or found through a personal decision by participants to visit the partner sites, whereas the researcher did not attempt to influence or encourage personally known police officers to complete the survey.

Related to data collection, if subjects did not consent to participate or did not complete the survey in its entirety, no penalties, retribution, or further communication was made between the researcher, websites, or Walden University. Participants that initially consented to participate in the survey could cease participation at any time without penalty. Due to the anonymous nature of the survey and data collection, an ability to communicate with participants did not exist. Related to the nonvulnerable population of participants that were sought in this study, predictable adverse events were not foreseen. A slight psychological risk of responding to questions in a survey might have had the potential to cause a participant distress. The survey concluded with encouraging participants who experienced psychological discomfort to seek medical

attention via a primary care physician or emergency medical services, or to contact their provided EAP.

Data that was collected throughout this study remained anonymous. There were not points in this study where the name, state, or agency name were asked of the participant. From beginning to end of the study, the participants provided anonymous information. Participants got informed at the beginning of the survey that the responses that they provide were anonymous and that treatment was carried out throughout the study. Additionally, all collected data, stored electronically, is stored in an encrypted file on a password protected computer only accessible to the researcher. Any physical data that gets collected has been secured in a lock box only accessible to the researcher. The data, electronic or physical, that was obtained as a result of this study will be secured for the required amount of time set forth by Walden University. Upon expiration of the time requirements, an evaluation whether to destroy the data will get reviewed. The study did not involve my personal workplace. There were no conflicts of interest or power differentials in this study, nor any incentives that were offered to participants or to websites.

Summary

This study addressed a discovered gap in literature by providing valuable information regarding the factors that may contribute to a perceived underutilization of EAPs by police officers. The methodology, research design, and tests used throughout this chapter appropriately and justifiably addressed the aforementioned variables and aided in adequately answering the research questions posed in this study. The results of

the study may prove useful to police officers, their agencies, and their communities as the open systems theory has defined the obligation that the community has to promote and celebrate the well-being of the police officers that their tax dollars have provided funding to. Additionally, because military personnel and members of the fire service and emergency medical service professions have similarities in their makeup, although they do not directly get studied in this research, the results may provide benefit to those services as well. Chapter 4 presents information related to the data collection and analysis of the netted survey response information. Additionally, Chapter 4 covers the results that have been yielded and compiled as a result of the study.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to determine whether a significant relationship existed between and among factors such as the self-stigma, social stigma of seeking psychological help, attitudes towards seeking professional psychological help, years of service, gender, rank, and years of education with the likelihood a police officer will access an EAP. The dependent variable used throughout this study to answer the research questions was whether a not a police officer will access an EAP via the Brief EAP Treatment Stigma Scale (BETSS-4). The independent variables consisted of the Self-Stigma of Seeking Help Scale (SSOSH), Social Stigma of Seeking Help Scale (SSRPH), and Attitudes Towards Seeking Professional Psychological Help Short Form (ATSPPH-SF), years of service, gender, rank, and years of education.

The research questions and respective hypotheses that were answered as a result of this study included:

Research Question 1 (RQ1): Does the self-stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$1: The self-stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a1: The self-stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 2 (RQ2): Does the social stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$2: The social stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a2: The social stigma of seeking help predicts whether or not a police officer will access an EAP.

Research Question 3 (RQ3): Do attitudes toward seeking help predict whether or not a police officer will access an EAP?

$H_0$3: Attitudes toward seeking help do not predict whether or not a police officer will access an EAP.

H_a3: Attitudes toward seeking help predict whether or not a police officer will access an EAP.

Research Question 4 (RQ4): Do years of service predict whether or not a police officer will access an EAP?

$H_0$4: Years of service do not predict whether a not a police officer will access an EAP.

H_a4: Years of service predict whether a not a police officer will access an EAP.

Research Question 5 (RQ5): Is there a difference between rank and whether or not a police officer will access an EAP?

$H_0$5: There are no statistically significant differences between rank and whether a not a police officer will access an EAP.

H_a5: There are statistically significant differences between rank and whether a not a police officer will access an EAP.

Research Question 6 (RQ6): Is there a difference between gender and whether or not a police officer will access an EAP?

$H_0$6: There are no statistically significant differences between gender and whether a not a police officer will access an EAP.

H_a6: There are statistically significant differences between gender and whether a not a police officer will access an EAP.

Research Question 7 (RQ7): Do number of years of education predict whether or not a police officer will access an EAP?

$H_0$7: Number of years of education do not predict whether or not a police officer will access an EAP.

H_a7: Number of years of education predict whether or not a police officer will access an EAP.

Chapter 4 includes data collection information, the results of the collected data, to include descriptive statistics, statistical assumptions, and an analysis of the findings. Table and figures illustrating the results from the data analysis also get included in Chapter 4, as well as a summary of the answers to the research questions presented within this study.

Data Collection

The Institutional Review Board (IRB) granted approval to begin data collection on March 9, 2021 (approval number 03-09-21-1012217) with an expiration date set for March 8, 2022. Upon receiving approval from the IRB, the survey was opened for participation on Survey Monkey. After communication with my committee chair,

collection of data ended on March 24, 2021 with 391 total responses netted, slightly above the power analysis estimate of 384 responses.

A discrepancy from the study proposal included adding the use of social media platforms, primarily Facebook, as a means to market the survey. Additionally, with the direction of my committee chair and second member, the survey was sent to acquaintances and groups or forums on social media that committee members or acquaintances had visited. The individuals who agreed to place the recruitment information and link to the survey within their respective groups or forums did not get asked to participate, but merely to post the recruitment information and link if they chose to do so. The recruitment information and survey link also were emailed to the websites that previously agreed to place the information on their respective sites. During the IRB process, it was decided that the websites would not have an obligation to complete a formal written agreement because their decision to place the recruitment information and link to the survey would classify as their consent and they did not assist with data collection during the study. Additionally, the survey recruitment information and link to the survey was submitted to the Walden University Participant Pool, where the information was placed on the Participant Pool webpage.

A discrepancy from the original proposal plan included adding a question to the survey to ask if the participants' current status as a police officer consisted of actively working or if they were retired. Through communication with my committee chair, it was determined that the two classifications could have a drastically different viewpoint or mindset related to the questions that got asked of them, which was outside of the scope of

this study. Therefore, respondents that indicated that they had a retired status were filtered out of the study. The goal of this particular study centered on police officers with an active appointment status.

Upon termination of data collection, the data was exported from Survey Monkey into SPSS Version 27. Respondents that did not enter enough information to contribute to any of the research questions, primarily those that could not generate a BETSS-4 score were filtered out of the study. Additionally, respondents who indicated that their employment status was retired, as well as respondents who indicated that they were not certified (licensed) officers were filtered out of the study. This left 262 respondents for the overall analysis.

Statistical Results

Descriptive Statistics

This study included 262 participants. Cases included in the analyses within this study ranged from 239 to 262 depending on whether respondents chose to give descriptive information within their responses. As shown on Table 1, the mean BETSS-4 score was 2.69 with a standard deviation of 1.00, the mean SSOSH score was 27.11 with a standard deviation of 7.59, the mean SSRPH score was 7.99 with a standard deviation of 2.95, the mean ATSPPH-SF score was 14.48 with a standard deviation of 4.83, the mean number of years of service was 15.92 with a standard deviation of 8.87, the mean rank was 2.52 with a standard deviation of 2.12 (a mean rank of 2.52 indicates that the mean is between senior police officer and corporal), the mean years of education was 15.50 with a standard deviation of 1.65 (a mean of 15.50 indicates an education level

between an associate's degree and a bachelor's degree), and the mean age was 41.52 with a standard deviation of 8.98.

Table 1

Study Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
BETSS_Avg	262	1.00	5.00	2.6908	1.00422
SSOSH_Avg	261	10.00	48.00	27.1149	7.59518
SSRPH_Avg	261	.00	15.00	7.9962	2.94501
ATSPPH_Avg	257	.00	23.00	14.4825	4.83161
Years as certified officer	239	1.0	42.0	15.921	8.8732
Rank/title	260	.00	9.00	2.5269	2.12433
Years_of_education	259	12.00	20.00	15.5019	1.65275
Age	257	24.00	67.00	41.5175	8.95740

Demographic Information

After filtering and cleaning data from participant responses, there were 262 valid cases in this sample. This sample represents less than 1% of the entire population of police officers in the United States. Within this sample, 260 respondents declared their gender, as shown in Table 2. For comparison, in 2019, there were 12.8% female police officers and 87.2% male police officers (United States Federal Bureau of Investigation, 2020). Within the sample, 257 respondents from the sample provided their race/ethnicity. As seen below in Table 3 related to demographic information, the results from this study are vastly different than the national average of the race of police officers. According to Data USA (2020), in 2019 the race/ethnicity of police officers was 67% White, 12.4% Black or African American, Asian/Pacific Islander 2.21%, and the remaining 18.39%

were comprised of Other, Two or More Races, American Indian, Native Hawaiian and Other Pacific Islander, Other Native, and Alaska Native. Table 4 provides officers' years of police service. Of 239 responses regarding years of police service, as shown in Table 4, the minimum number of years of service was one, the maximum number of years of service was 42, and the mean years of service was 15.9. When looking at the years of education of respondents, from 259 responses, the mean revealed that respondents have completed 15.5 years of education as shown in Table 5. Table 6 provides the frequencies of responses with respect to years of education completed by respondents. In this sample, 257 respondents provided their year of birth. An age variable was recoded to reflect the respective year in number of years alive (i.e., 1979 → 42). As seen in Table 7, the lowest reported age was 24 years old, the highest reported age was 67 years old, and the mean reported age was 41.5 years old. Additionally, Table 8 provides the frequencies of the rank of the respondents.

Table 2

Participant Gender

	Total	%
Female	30	11.5%
Male	230	88.5%

Table 3

Participant Race/Ethnicity

	Total	%
American Indian or Alaskan Native	1	0.4%
Asian / Pacific Islander	3	1.2%
Black or African American	2	0.8%
Hispanic	11	4.3%
White	240	93.4%

Table 4

Participant Years of Police Service Statistics

Minimum	Maximum	Mean
1.0	42.0	15.9

Table 5

Participant Years of Education Statistics

Minimum	Maximum	Mean
12.0	20.0	15.5

Table 6

Participant Years of Education Frequencies

	Frequency	Percent	Valid Percent	Cumulative Percent
12.00	8	3.1	3.1	3.1
13.00	24	9.3	9.3	12.4
14.00	51	19.7	19.7	32.0
15.00	21	8.1	8.1	40.2
16.00	101	39.0	39.0	79.2
17.00	16	6.2	6.2	85.3
18.00	33	12.7	12.7	98.1
19.00	4	1.5	1.5	99.6
20.00	1	.4	.4	100.0
Total	259	100.0	100.0	

Table 7

Participant Age

Minimum	Maximum	Mean
24	67	41.5

Table 8

Participant Rank

Title	Frequency	%
Police Officer	113	43.5
Senior Police Officer	28	10.8
Corporal	11	4.2
Sergeant	51	19.6
Lieutenant	22	8.5
Captain	6	2.3
Major	1	.4
Assistant Chief	1	.4
Chief	10	3.8
Other	17	6.5
Total	260	100.0

Statistical Assumptions for Regression Analyses

According to Verma and Abdel-Salam (2019) and Warner (2013), regression analyses have assumptions that need to get met prior to an interpretation of the results. The first assumption consists of ensuring that the predictor (independent) variable is located on the X axis and the outcome (dependent) variable is located vertically on the Y axis. The second assumption suggests that the researcher can examine the output on a scatter plot to examine for a reasonably normal distribution containing no outliers. Third, when conducting a simple regression analysis, the Y variable needs to be quantitative, and the X variable can be quantitative or dichotomous. When conducting a regression analysis and subsequently producing a scatterplot of the distribution, the distribution should be homoscedastic. Within a regression analysis, the fifth assumption to check is for independence of observations. Independence of observations are tested by employing

a Durbin-Watson statistic to ensure that autocorrelation is not occurring (Warner, 2013). An ideal Durbin-Watson test will return with results between -2 and 2 (Verma & Abdel-Salam, 2019). Finally, residuals should be located between -3 and 3 to show an approximately normal distribution of the residuals.

Statistical Assumptions for Research Question 1

As shown in Figure 1, the predictor variable is located on the X axis and the outcome variable is located on the Y axis. Figure 1 also displays a normal distribution of dots on a normal probability-probability plot of regression. Next, as shown in Figure 2, there is a normal distribution of observations on the scatterplot with no outliers. For Research Question 1, both X and Y variables are quantitative. Upon examination of the model summary, the Durbin-Watson value was 1.944. Finally, the minimum residual was -1.69 and the maximum was 1.62. In summary, all statistical assumptions for Research Question 1 were met, as revealed by the aforementioned results.

Figure 1

RQ 1 Normal P-P Plot of Regression Standardized Residual

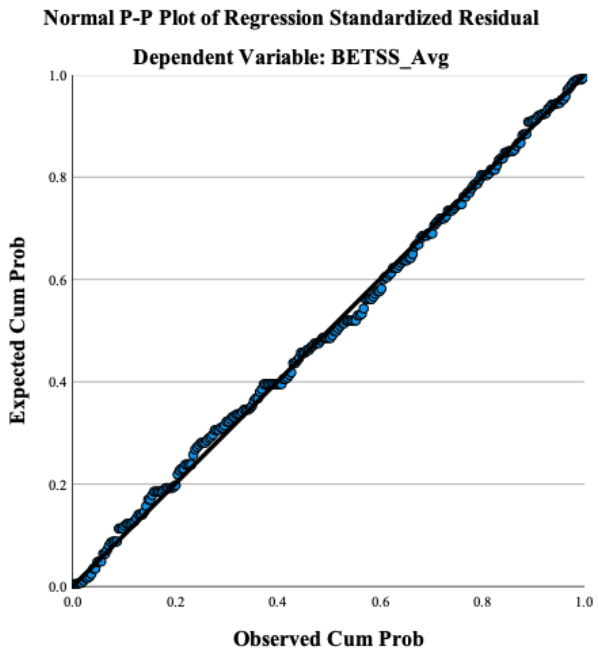
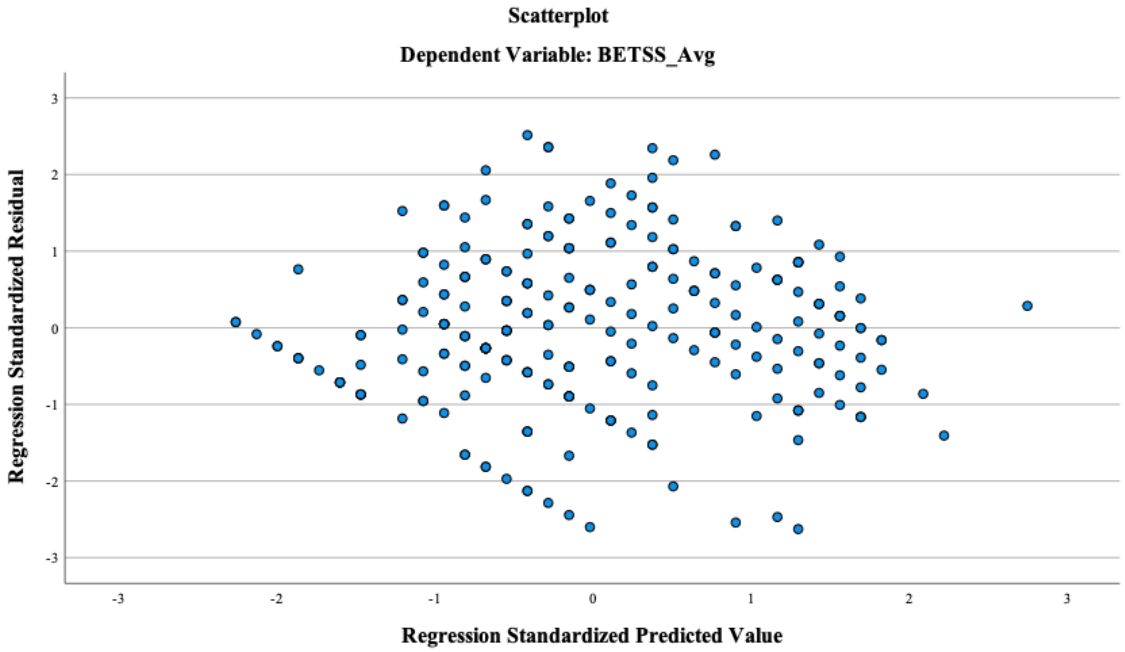


Figure 2

RQ1 Scatterplot



Results for Research Question 1

Research Question 1 (RQ1): Does the self-stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$1: The self-stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a1: The self-stigma of seeking help predicts whether or not a police officer will access an EAP.

To test Research Question 1, a linear regression analysis was performed. A linear regression gets used in statistical analysis to determine whether an independent (predictor) variable can get used to predict an outcome on the dependent variable (Warner, 2013). For the purposes of Research Question 1, the regression analysis was used to predict whether the score attained from the Self-Stigma of Seeking Help (SSOSH) scale could predict a score on the Brief EAP Treatment Stigma Scale (BETSS-4). The SSOSH score was found to be statistically significant [B = .102, 95% CI (.091, .112), $p < .05$], indicating that for every one unit increase in the SSOSH score the BETSS-4 score changed by .102 units, as shown in Table 10 and Table 11, respectively. The model explained approximately 58.9% of the variability [*R*-squared = .589], as shown in Table 9. Therefore, the null hypothesis was rejected, and the alternative hypothesis was retained, stating that the self-stigma of seeking help predicts whether or not a police officer will access an EAP.

Table 9

RQ 1 Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	-.065	.149		-.440	.660	-.358	.227					
	SSOSH_Avg	.102	.005	.768	19.273	.000	.091	.112	.768	.768	.768	1.000	1.000

Note. Dependent Variable is BETSS_Avg.

Table 10

RQ 1 ANOVA Output

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	155.057	1	155.057	371.457	.000[b]
	Residual	108.114	259	.417		
	Total	263.171	260			

Note. Dependent Variable is BETSS_Avg. Independent Variable is SSOSH_Avg.

Table 11

RQ 1 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.768[a]	.589	.588	.64489	.589	371.457	1	259	.000	1.944

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is SSOSH_Avg.

Statistical Assumptions for Research Question 2

As shown in Figure 3, the predictor variable is located on the X axis and the outcome variable is located on the Y axis. Figure 3 displays a normal distribution of dots on a normal probability-probability plot of regression. Next, as shown in Figure 4, there is a normal distribution of observations on the scatterplot with no outliers. For Research Question 2, both X and Y variables are quantitative. Upon examination of the model summary, the Durbin-Watson value was 2.01, slightly outside of perfect independence. Finally, the minimum residual was -2.45 and the maximum was 1.56. In summary, all statistical assumptions for Research Question 2 were met, as indicated by the aforementioned results.

Figure 3

RQ 2 Normal P-P Plot of Regression Standardized Residual

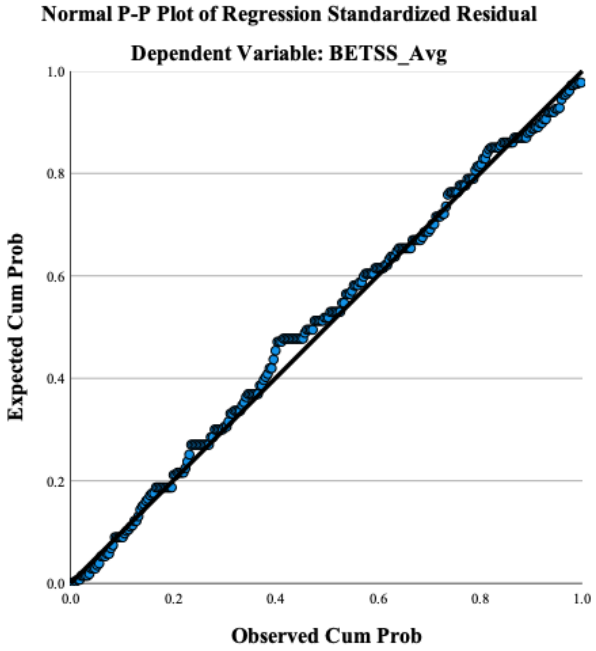
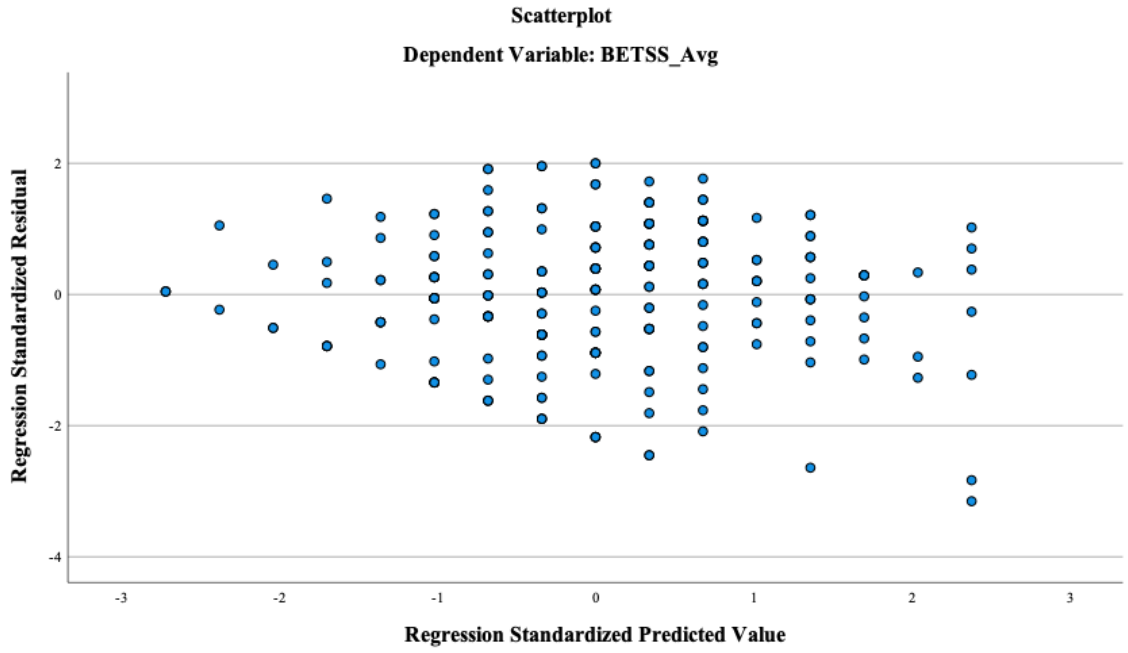


Figure 4

RQ 2 Scatterplot



Results for Research Question 2

Research Question 2 (RQ2): Does the social stigma of seeking help predict whether or not a police officer will access an EAP?

$H_0$2: The social stigma of seeking help does not predict whether or not a police officer will access an EAP.

H_a2: The social stigma of seeking help predicts whether or not a police officer will access an EAP.

To test Research Question 2, a linear regression analysis was performed. A linear regression gets used in statistical analysis to determine whether an independent (predictor) variable can get used to predict an outcome on the dependent variable

(Warner, 2013). For the purposes of Research Question 2, the regression analysis was used to predict whether the score attained from the Social Stigma of Receiving Psychological Help (SSRPH) scale could predict a score on the Brief EAP Treatment Stigma Scale (BETSS-4). The SSRPH score was found to be statistically significant [B = .216, 95% CI (.184, .248), $p < .05$], indicating that for every one unit increase in the SSRPH score the BETSS-4 score changed by .216 units, as shown in Table 12 and Table 13, respectively. The model explained approximately 40.1% of the variability [*R*-squared = .401], as shown in Table 14. Therefore, the null hypothesis was rejected, and the alternative hypothesis was retained, stating that the social stigma of seeking help predicts whether or not a police officer will access an EAP.

Table 12

RQ 2 Coefficients

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
Model		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	.964	.140		6.900	.000	.689	1.239					
	SSRPH_Avg	.216	.016	.633	13.174	.000	.184	.248	.633	.633	.633	1.000	1.000

Note. Dependent Variable is BETSS_Avg.

Table 13

RQ 2 ANOVA Output

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	105.198	1	105.198	173.541	.000[b]
	Residual	157.002	259	.606		
	Total	262.200	260			

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is SSRPH_Avg.

Table 14

RQ 2 Model Summary

				Std. Error	Change Statistics				
Model	*R*	*R* Square	Adjusted *R* Square	of the Estimate	*R* Square Change	*F* Change	*df*1	*df*2	Sig. *F* Change
1	.633[a]	.401	.399	.77858	.401	173.541	1	259	.000

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is SSRPH_Avg.

Statistical Assumptions for Research Question 3

As shown in Figure 5, the predictor variable is located on the X axis and the outcome variable is located on the Y axis. Figure 5 displays a normal probability-probability plot of regression. Next, as shown in Figure 6, there is a normal distribution of observations on the scatterplot with no outliers. For Research Question 3, both X and Y variables are quantitative. Upon examination of the model summary, the Durbin-Watson value was 2.01, slightly outside of perfect independence. Finally, the minimum residual was -2.86 and the maximum was 1.87. In summary, all statistical assumptions for Research Question 3 were met, as indicated by the aforementioned results.

Figure 5

RQ 3 Normal P-P Plot of Regression Standardized Residual

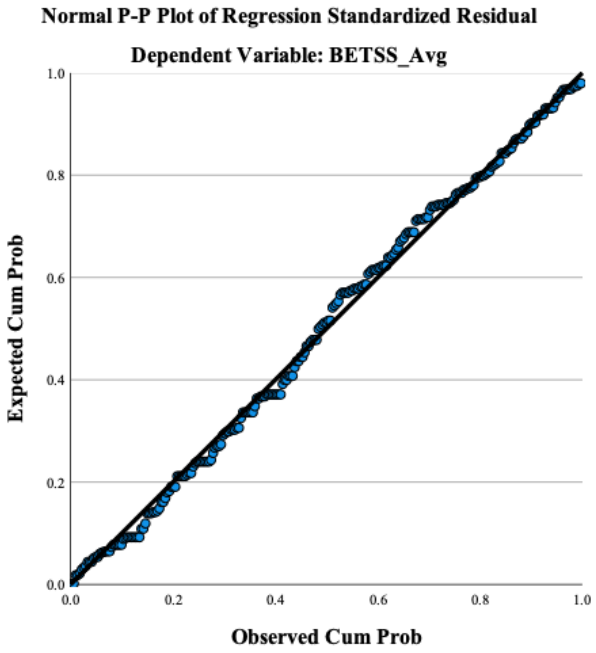
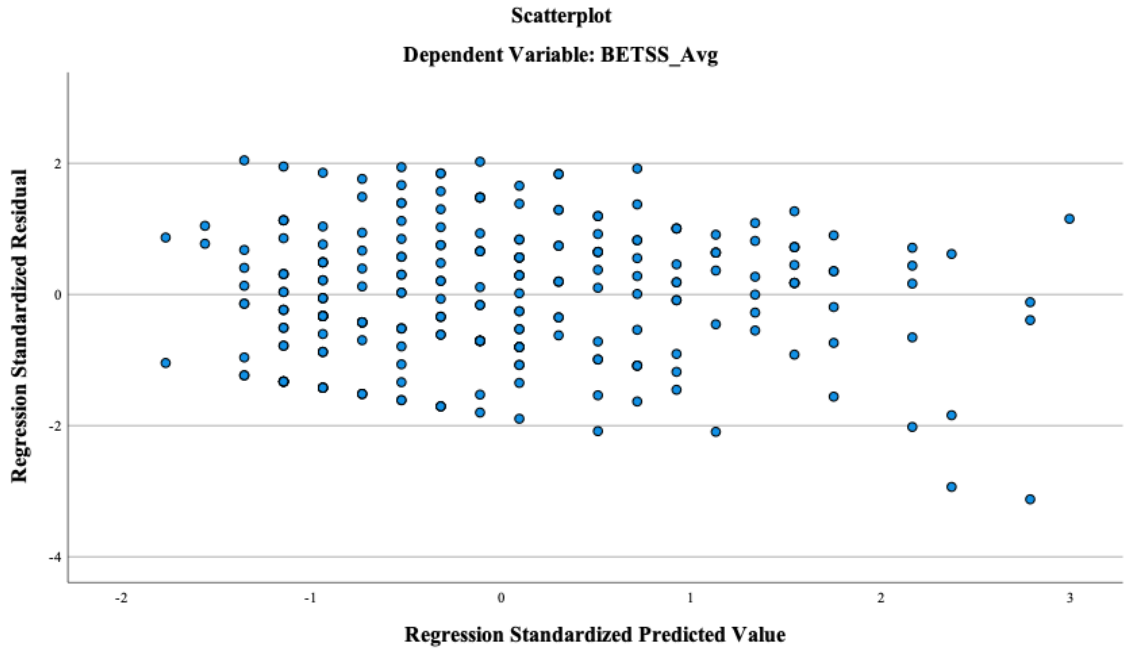


Figure 6

RQ 3 Scatterplot



Results for Research Question 3

Research Question 3 (RQ3): Do attitudes toward seeking help predict whether or not a police officer will access an EAP?

$H_0$3: Attitudes toward seeking help do not predict whether or not a police officer will access an EAP.

H_a3: Attitudes toward seeking help predict whether or not a police officer will access an EAP.

To test Research Question 3, a linear regression analysis was performed. A linear regression gets used in statistical analysis to determine whether an independent (predictor) variable can get used to predict an outcome on the dependent variable (Warner, 2013). For the purposes of Research Question 3, the regression analysis was

used to predict whether the score attained from the Attitudes for Seeking Professional Psychological Help (ATSPPH-SF) scale could predict a score on the Brief EAP Treatment Stigma Scale (BETSS-4). The ATSPPH-SF score was found to be statistically significant [B = -.086, 95% CI (-.110, -.063), $p < .05$], indicating that for every one unit increase in the ATSPPH-SF score the BETSS-4 score changed by -.086 units, as shown in Table 15 and Table 16, respectively. The model explained approximately 17.3% of the variability [*R*-squared = .173], as shown in Table 17. Therefore, the null hypothesis was rejected, and the alternative hypothesis was retained, stating that attitudes toward seeking professional psychological help predicts whether or not a police officer will access an EAP.

Table 15

RQ 3 Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	3.943	.181		21.825	.000	3.587	4.299					
ATSPPH_Avg	-.086	.012	-.416	-7.305	.000	-.110	-.063	-.416	-.416	-.416	1.000	1.000

Note. Dependent Variable is BETSS_Avg.

Table 16

RQ 3 ANOVA Output

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	44.677	1	44.677	53.364	.000[b]
	Residual	213.489	255	.837		
	Total	258.166	256			

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is ATSPPH_Avg.

Table 17

RQ 3 Model Summary

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	*F* Change	*df1*	*df2*	Sig. *F* Change
1	.416[a]	.173	.170	.91499	.173	53.364	1	255	.000

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is ATSPPH_Avg.

Statistical Assumptions for Research Question 4

As shown in Figure 7, the predictor variable is located on the X axis and the outcome variable is located on the Y axis. Figure 7 displays a normal distribution of dots on a normal probability-probability plot of regression. Next, as shown in Figure 8, there is a normal distribution of observations on the scatterplot with no outliers. For Research Question 4, both X and Y variables are quantitative. Upon examination of the model summary, the Durbin-Watson value was 2.12, slightly outside of perfect independence. Finally, the minimum residual was -1.88 and the maximum was 2.37. In summary, all statistical assumptions for Research Question 4 were met, as indicated by the aforementioned results.

Figure 7

RQ 4 Normal P-P Plot of Regression Standardized Residual

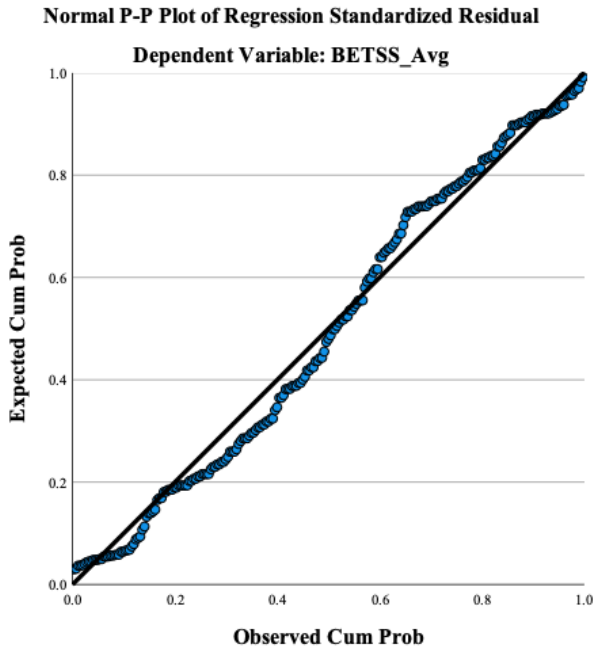
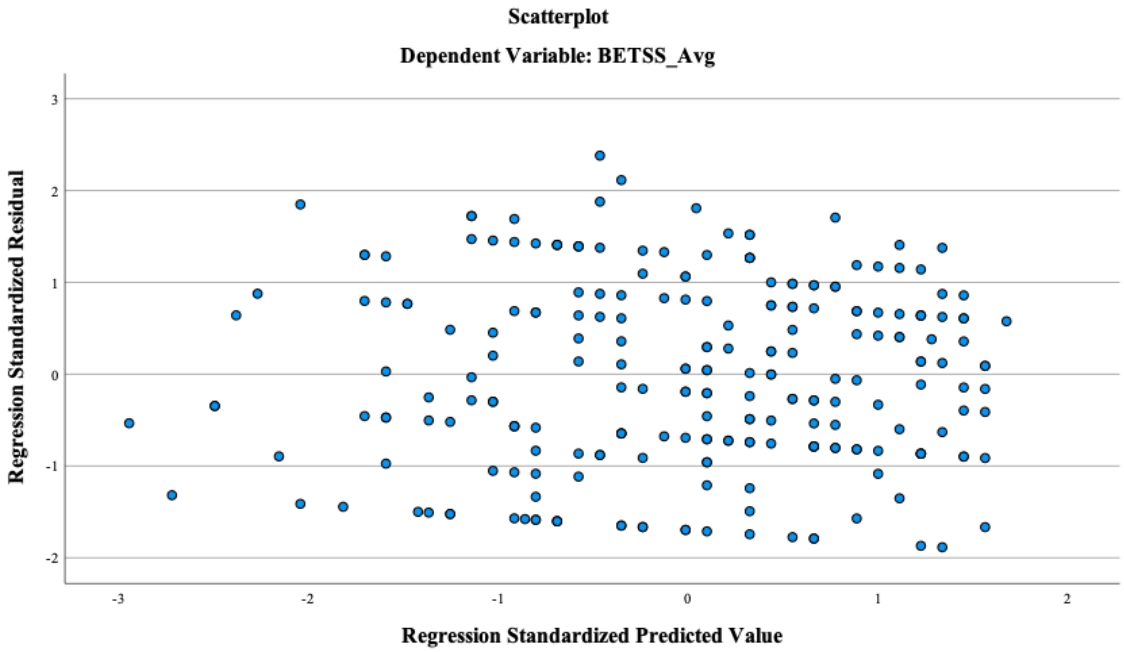


Figure 8

RQ 4 Scatterplot



Results for Research Question 4

Research Question 4 (RQ4): Do years of service predict whether or not a police officer will access an EAP?

$H_0$4: Years of service do not predict whether a not a police officer will access an EAP.

H_a4: Years of service predict whether a not a police officer will access an EAP.

To test Research Question 4, a linear regression analysis was performed. A linear regression gets used in statistical analysis to determine whether an independent (predictor) variable can get used to predict an outcome on the dependent variable (Warner, 2013). For the purposes of Research Question 4, the regression analysis was used to predict whether a respondent's years of police service could predict a score on the

Brief EAP Treatment Stigma Scale (BETSS-4). Years of police service was found to be statistically significant [B = -.016, 95% CI (-.030, -.001), $p < .05$], indicating that for every one unit increase in years of police service, the BETSS-4 score changed by -.016 units, as shown in Table 18 and Table 19, respectively. The model explained approximately 1.9% of the variability [*R*-squared = .019], as shown in Table 20. Therefore, the null hypothesis was rejected, and the alternative hypothesis was retained, stating that the years of police service predicts whether or not a police officer will access an EAP.

Table 18

RQ 4 Coefficients

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
Model		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	2.941	.133		22.172	.000	2.679	3.202					
	years a police officer.	-.016	.007	-.139	-2.156	.032	-.030	-.001	-.139	-.139	-.139	1.000	1.000

Note. Dependent Variable is BETSS_Avg.

Table 19

RQ 4 ANOVA Output

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	4.616	1	4.616	4.647	.032[b]
	Residual	235.397	237	.993		
	Total	240.013	238			

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is Please indicate, in a whole number, how many years you have been a certified (licensed) police officer.

Table 20

RQ 4 Model Summary

					Change Statistics				
Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate	*R* Square Change	*F* Change	*df1*	*df2*	Sig. *F* Change
1	.139[a]	.019	.015	.99661	.019	4.647	1	237	.032

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is Please indicate, in a whole number, how many years you have been a certified (licensed) police officer.

Statistical Assumptions for ANOVA Analyses

According to Verma and Abdel-Salam (2019), analyses involving ANOVA have the primary assumptions that need to get met prior to an interpretation of the results. The first assumption consists of ensuring the variables are independent. The second assumption to address in an ANOVA is normality. Testing for normality involves investigating the skewness. If the skewness statistic is less than two times the standard error, it is said to be free significant skewness (Verma & Abdel-Salam, 2019). Last, when

conducting an ANOVA, homogeneity of variances needs to get checked by interpreting the Levene's test for inequality of variances.

Statistical Assumptions for Research Question 5

The assumption that the variables in Research Question 5 have shown to be independent of each other. Verma and Abdel-Salam (2019) notes that the independence of variables in an ANOVA test is largely theoretical. Upon testing for normality, skewness statistic falls outside of an acceptable range (2 x 1.231 = > .151), as shown in Table 21. Next, as shown in Table 22, the Levene's test for equality of variances revealed a result of *p*-value of 1.621, which was more than the set *p* value of $p < .05$, as shown in Table 22. The hypothesis of equal variances was assumed. In summary, the statistical assumptions for Research Question 5 were not met, as indicated by the aforementioned results.

Table 21

RQ 5 Test of Normality

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
BETSS_Avg	262	1.00	5.00	2.6908	1.00422	-.047	.150	-.964	.300
rank/title	260	.00	9.00	2.5269	2.12433	1.231	.151	1.253	.301
Valid N (listwise)	260								

Note. Dependent Variable is BETSS_Avg. Independent Variable is rank/title

Table 22

RQ 5 Test of Homogeneity

		Levene Statistic	*df1*	*df2*	Sig.
BETSS_Avg	Based on Mean	1.621	7	250	.130
	Based on Median	1.453	7	250	.185
	Based on Median and with adjusted df	1.453	7	216.291	.185
	Based on trimmed mean	1.581	7	250	.141

Results for Research Question 5

Research Question 5 (RQ5): Is there a difference between rank and whether or not a police officer will access an EAP?

$H_0$5: There are no statistically significant differences between rank and whether a not a police officer will access an EAP.

H_a5: There are statistically significant differences between rank and whether a not a police officer will access an EAP.

To test Research Question 5, an analysis of variance (ANOVA) was performed. An ANOVA gets used in statistical analysis to determine if a statistical difference exists between two or more groups (Warner, 2013). For the purposes of Research Question 5, the ANOVA was used to determine if a statistical difference existed between the given ranks of police officers. Within the sample, 260 cases were analyzed. The ranks of captain and major had only one case each, so they were filtered out of this analysis due to the inability to perform post hoc tests when groups that have fewer than two cases.

The one-way ANOVA analysis indicated a statistically significant relationship between ranks of police officers and whether or not the officer would access an EAP does

not exist, as shown by the results in Table 23, [$F(7, 250) = 1.924$, $p = .066$). To further the examination, a Tukey post hoc test was performed, which also indicated that a statistically significant relationship does not exist between the ranks of police officer, senior police officer, corporal, sergeant, lieutenant, captain, chief, and other ($p > 0.05$ for all comparisons), as shown in Table 24. Therefore, the null hypothesis is retained, indicating that there is not a statistically significant relationship between ranks of police officers and whether or not they will access an EAP.

Table 23

RQ 5 ANOVA Results

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	13.257	7	1.894	1.924	.066
Within Groups	246.093	250	.984		
Total	259.350	257			

Note. Dependent Variable is BETSS_Avg.

Table 24

RQ 5 Tukey Post Hoc Comparisons

		Mean			95% Confidence Interval	
		Difference				Upper
Officer rank/title	Officer rank/title	(I-J)	Std. Error	Sig.	Lower Bound	Bound
Other (please specify)	Police Officer	-.34682	.25810	.881	-1.1358	.4421
	Senior Police Officer	-.11397	.30506	1.000	-1.0465	.8185
	Corporal	.20989	.38392	.999	-.9637	1.3834
	Sergeant	.06373	.27786	1.000	-.7856	.9131
	Lieutenant	.16444	.32039	1.000	-.8149	1.1438
	Captain	.28186	.47113	.999	-1.1583	1.7220
	Chief	.27353	.39540	.997	-.9351	1.4822
Police Officer	Other (please specify)	.34682	.25810	.881	-.4421	1.1358
	Senior Police Officer	.23285	.20945	.954	-.4074	.8731
	Corporal	.55672	.31337	.637	-.4012	1.5146
	Sergeant	.41055	.16737	.221	-.1011	.9222
	Lieutenant	.51126	.23120	.349	-.1955	1.2180
	Captain	.62869	.41566	.800	-.6419	1.8993
	Chief	.62035	.32734	.556	-.3802	1.6210
Senior Police Officer	Other (please specify)	.11397	.30506	1.000	-.8185	1.0465
	Police Officer	-.23285	.20945	.954	-.8731	.4074
	Corporal	.32386	.35305	.984	-.7553	1.4031
	Sergeant	.17770	.23336	.995	-.5356	.8910
	Lieutenant	.27841	.28267	.976	-.5856	1.1425
	Captain	.39583	.44634	.987	-.9685	1.7602
	Chief	.38750	.36550	.964	-.7298	1.5048

Officer rank/title	Officer rank/title	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
Corporal	Other (please specify)	-.20989	.38392	.999	-1.3834	.9637
	Police Officer	-.55672	.31337	.637	-1.5146	.4012
	Senior Police Officer	-.32386	.35305	.984	-1.4031	.7553
	Sergeant	-.14617	.32983	1.000	-1.1544	.8621
	Lieutenant	-.04545	.36638	1.000	-1.1654	1.0745
	Captain	.07197	.50354	1.000	-1.4672	1.6112
	Chief	.06364	.43350	1.000	-1.2615	1.3888
Sergeant	Other (please specify)	-.06373	.27786	1.000	-.9131	.7856
	Police Officer	-.41055	.16737	.221	-.9222	.1011
	Senior Police Officer	-.17770	.23336	.995	-.8910	.5356
	Corporal	.14617	.32983	1.000	-.8621	1.1544
	Lieutenant	.10071	.25307	1.000	-.6729	.8743
	Captain	.21814	.42821	1.000	-1.0908	1.5271
	Chief	.20980	.34313	.999	-.8391	1.2587
Lieutenant	Other (please specify)	-.16444	.32039	1.000	-1.1438	.8149
	Police Officer	-.51126	.23120	.349	-1.2180	.1955
	Senior Police Officer	-.27841	.28267	.976	-1.1425	.5856
	Corporal	.04545	.36638	1.000	-1.0745	1.1654
	Sergeant	-.10071	.25307	1.000	-.8743	.6729
	Captain	.11742	.45695	1.000	-1.2794	1.5142
	Chief	.10909	.37839	1.000	-1.0476	1.2658
Captain	Other (please specify)	-.28186	.47113	.999	-1.7220	1.1583
	Police Officer	-.62869	.41566	.800	-1.8993	.6419
	Senior Police Officer	-.39583	.44634	.987	-1.7602	.9685
	Corporal	-.07197	.50354	1.000	-1.6112	1.4672

Officer rank/title	Officer rank/title	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
	Sergeant	-.21814	.42821	1.000	-1.5271	1.0908
	Lieutenant	-.11742	.45695	1.000	-1.5142	1.2794
	Chief	-.00833	.51235	1.000	-1.5745	1.5578
Chief	Other (please specify)	-.27353	.39540	.997	-1.4822	.9351
	Police Officer	-.62035	.32734	.556	-1.6210	.3802
	Senior Police Officer	-.38750	.36550	.964	-1.5048	.7298
	Corporal	-.06364	.43350	1.000	-1.3888	1.2615
	Sergeant	-.20980	.34313	.999	-1.2587	.8391
	Lieutenant	-.10909	.37839	1.000	-1.2658	1.0476
	Captain	.00833	.51235	1.000	-1.5578	1.5745

Statistical Assumptions for *t* test Analyses

According to Verma and Abdel-Salam (2019), parametric analyses involving a *t* test need to consider statistical assumption prior to an interpretation of the results. The first assumption consists of ensuring the data does not contain outlier cases. The second assumption to address in a *t* test is ensuring that the dependent variable is measured at the metric level. The third assumption consists of confirming that the observations are independent of each other. Fourth, Verma & Abdel-Salam (2019) also indicate that the data obtained was drawn randomly. The final assumption to investigate in a *t* test considers normality. Testing for normality involves investigating a Kolmogorov-Smirnov test and a Shapiro-Wilk test to check for statistical significance (Warner, 2013). A result greater than the set alpha level indicates that a nonnormal distribution of cases may be present (Warner, 2013).

Statistical Assumptions for Research Question 6

For Research Question 6, the dependent variable, BETSS-4 score, is a metric level variable. The *t*-test results did not reveal outlier cases. The observations in the sample and within the *t* test were independent of each other. The assumption that the variables in Research Question 6 have shown to be independent of each other. By interpreting a Runs test on the independent variable of gender, the value of the Runs test revealed there were 56 runs and a *p*-value of .556, indicating a nonstatistically significant result, hence meaning that the sample is random. To test the assumption for normality, the Kolmogorov-Smirnov test and the Shapiro-Wilk statistics both indicate a *p*-value of $p < .05$, indicating that the data may differ from a normal distribution in the normality of gender, as shown in Table 25. In summary, the statistical assumptions for Research Question 6 were not met, as indicated by the aforementioned results.

Table 25

RQ 6 Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Please indicate your gender.	.525	260	.000	.371	260	.000

Note. Lilliefors Significance Correction

Results for Research Question 6

Research Question 6 (RQ6): Is there a difference between gender and whether or not a police officer will access an EAP?

$H_0$6: There are no statistically significant differences between gender and whether a not a police officer will access an EAP.

H_a6: There are statistically significant differences between gender and whether a not a police officer will access an EAP.

To test Research Question 6, an independent samples *t* test was performed. An independent samples *t* test gets used in statistical analysis to determine if the means between two groups are different (Warner, 2013). For the purposes of Research Question 6, the independent samples *t* test was used to determine if the means among gender were statistically significant in relation to the decision to access an EAP.

The descriptive statistics for the independent samples *t* test are shown in Table 26. Upon examination of the output for the independent samples *t* test, results revealed that the mean of female police officers ($M = 2.69$, $SD = 1.15$, $n = 30$) and male police officers ($M = 2.68$, $SD = 0.98$, $n = 230$) was not statistically significant at the 0.05 level of significance ($t(258) = 0.046$, $df = 258$, $p > 0.05$), as shown in Table 27. The means between female police officers and male police officers with respect to their BETSS-4 scores were approximately the same. Therefore, the null hypothesis which stated that there is not a statistically significant difference between gender of police officer and whether or not the respective gender will access an EAP gets retained.

Table 26

RQ 6 Group Statistics

	Please indicate your gender.	N	Mean	Std. Deviation	Std. Error Mean
BETSS_Avg	Female	30	2.6917	1.15349	.21060
	Male	230	2.6826	.98311	.06482

Note. Dependent Variable is BETSS_Avg.

Table 27

RQ 6 Independent Samples t test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
BETSS_Avg	Equal variances assumed	2.941	.088	.046	258	.963	.00906	.19484	-.37461	.39273
	Equal variances not assumed			.041	34.716	.967	.00906	.22035	-.43840	.45652

Note. Dependent Variable is BETSS_Avg.

Statistical Assumptions for Research Question 7

As shown in Figure 9, the predictor variable is located on the X axis and the outcome variable is located on the Y axis. Figure 9 also displays a normal distribution of dots on a normal probability-probability plot of regression. Next, as shown in Figure 10, there is a normal distribution of observations on the scatterplot with no outliers. For Research Question 7, both X and Y variables are quantitative. Upon examination of the model summary, the Durbin-Watson value was 2.07, slightly outside of perfect independence. Finally, the minimum residual was -1.82 and the maximum was 2.25. In summary, all statistical assumptions for Research Question 7 were met, as indicated by the aforementioned results.

Figure 9

RQ 7 Normal P-P Plot of Regression Standardized Residual

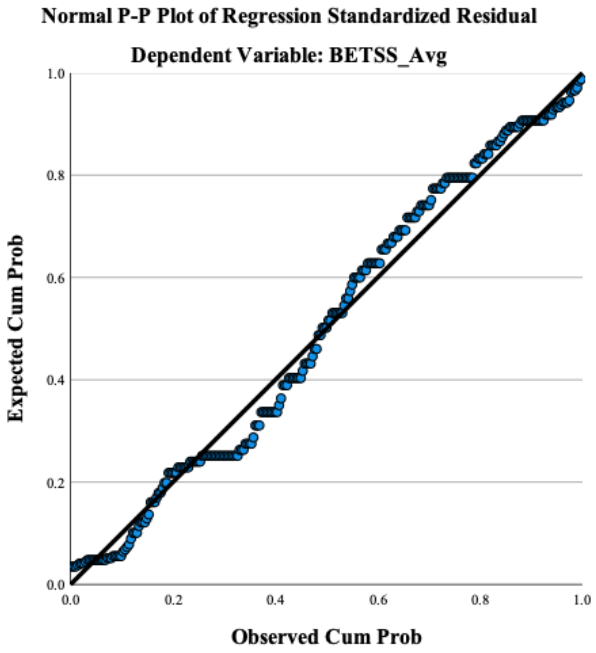
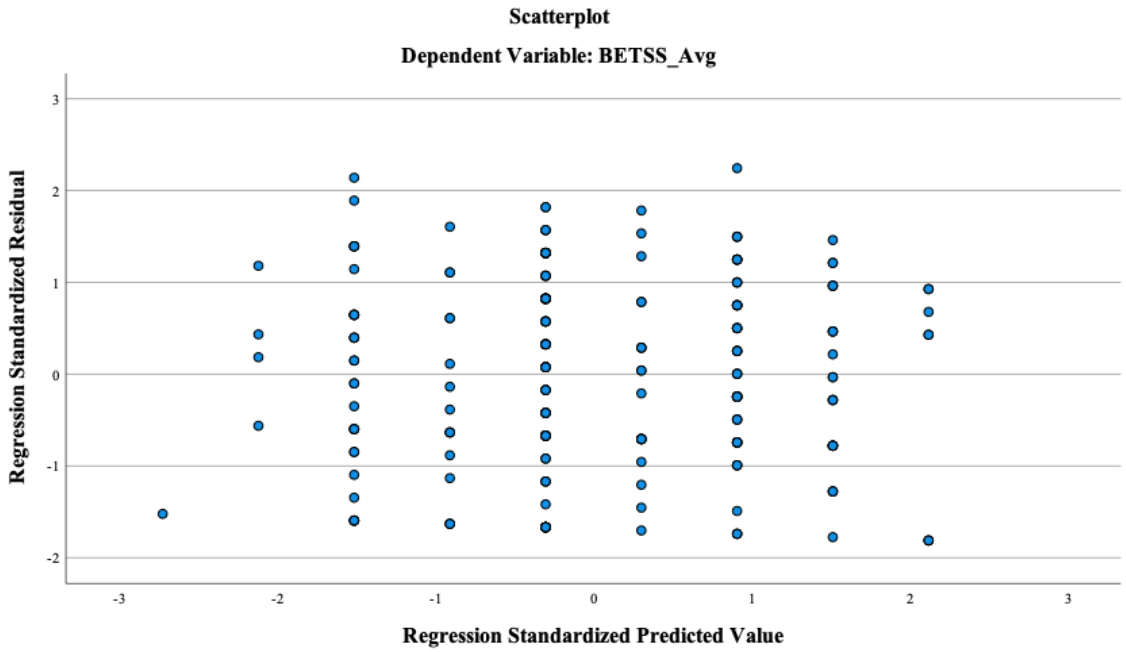


Figure 10

RQ 7 Scatterplot



Results for Research Question 7

Research Question 7 (RQ7): Do number of years of education predict whether or not a police officer will access an EAP?

$H_0$7: Number of years of education do not predict whether or not a police officer will access an EAP.

H_a7: Number of years of education predict whether or not a police officer will access an EAP.

To test Research Question 7, a linear regression analysis was performed. A linear regression gets used in statistical analysis to determine whether an independent (predictor) variable can get used to predict an outcome on the dependent variable (Warner, 2013). For the purposes of Research Question 7, the regression analysis was

used to predict whether the number of years of education that a respondent has completed could predict a score on the Brief EAP Treatment Stigma Scale (BETSS-4). Years of education was found to be statistically insignificant [B = -.036, 95% CI (-.111, .038), $p > .05$], as shown in Table 28 and Table 29, respectively. Therefore, the alternative hypothesis was rejected, and the null hypothesis was retained, stating that the years of education do not predict whether or not a police officer will access an EAP.

Table 28

RQ 7 Coefficients

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
Model		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	3.254	.590		5.518	.000	2.093	4.416					
	RECODE_Years_of_Education	-.036	.038	-.060	-.961	.337	-.111	.038	-.060	-.060	-.060	1.000	1.000

Note. Dependent Variable is BETSS_Avg.

Table 29

RQ 7 ANOVA Output

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.932	1	.932	.924	.337[b]
	Residual	259.251	257	1.009		
	Total	260.183	258			

Note. Dependent Variable is BETSS_Avg. Predictor (Constant) is RECODE_Years_of_Education.

Summary

The purpose of this quantitative study was to examine factors that may contribute to whether or not a police officer will access an EAP. Through the study, the contributing factors examined were self-stigma of seeking help, social stigma of receiving psychological help, attitudes toward seeking professional psychological help, years of police service, rank, gender, and years of education, and their relationship or predictable ability of whether the police officer would access an EAP or not. A one-way ANOVA, independent samples *t* test, and linear regression analyses were performed to address seven research questions.

Research Question 1 (RQ 1): Does the self-stigma of seeking help predict whether or not a police officer will access an EAP?

Research Question 2 (RQ 2): Does the social stigma of seeking help predict whether or not a police officer will access an EAP?

Research Question 3 (RQ 3): Do attitudes toward seeking help predict whether or not a police officer will access an EAP?

Research Question 4 (RQ 4): Do years of service predict whether or not a police officer will access an EAP?

Research Question 5 (RQ 5): Is there a difference between rank and whether or not a police officer will access an EAP?

Research Question 6 (RQ 6): Is there a difference between gender and whether or not a police officer will access an EAP?

Research Question 7 (RQ 7): Do number of years of education predict whether or not a police officer will access an EAP?

A linear regression analysis was performed to address Research Question 1. The analysis revealed that the self-stigma of seeking help predicts whether or not a police officer will access an EAP. A linear regression analysis was performed to address Research Question 2. The analysis revealed that the social stigma of receiving psychological help predicts whether or not a police officer will access an EAP. A linear regression analysis was performed to address Research Question 3. The analysis revealed that attitudes towards seeking professional psychological help predicts whether or not a police officer will access an EAP. A linear regression analysis was performed to address Research Question 4. The analysis revealed that the years of police service predicts whether or not a police officer will access an EAP. A one-way ANOVA was performed to address Research Question 5. The analysis revealed that there is not a statistically significant relationship between ranks of police officers and whether or not they will access an EAP. An independent samples *t* test was performed to address Research Question 6. The analysis revealed that there is not a statistically significant difference between the means of female police officers and male police officers and whether or not they will access an EAP. A linear regression analysis was performed to address Research Question 7. The analysis revealed that the years of education do not predict whether or not a police officer will access an EAP.

Chapter 4 presented information related to the data collection and analysis of the netted survey response information. Additionally, Chapter 4 covered the statistical

assumptions, whether the assumptions were met, and the results that were yielded in response to each research question. Finally, Chapter 4 indicated the retainment or rejection of each respective hypothesis.

Chapter 5 presents a reiteration of the purpose, nature, and reason for conducting this study. In addition, Chapter 5 provides an interpretation of the findings, limitations, recommendations, implications for positive social change, implications for practice. Finally, Chapter 5 includes a conclusion to the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to explore whether a statistically significant relationship existed between and among potential factors like self-stigma of seeking help, social stigma of seeking help, attitudes towards seeking professional psychological help, rank, gender, years of service, and years of education with regard to the use of EAPs by police officers. This study was conducted to fill a gap in literature by specifically focusing on perceived contributing factors related to police officers' underutilization of EAPs.

This study used an anonymous sample of police officers from across the United States. The data analyzed throughout this study was collected via the use of an online survey instrument, Survey Monkey. Subsequently, the Statistical Package for Social Sciences (SPSS) version 27 was used to perform the analyses of the research questions and the associated hypotheses.

The key findings of this study revealed that the self-stigma of seeking help, the social stigma of seeking psychological help, attitudes toward seeking professional psychological help, and years of police service predict whether or not a police officer will access an EAP. In addition, gender, rank, and years of education were found to be statistically insignificant to whether or not a police officer would access an EAP.

Interpretation of the Findings

This study provided an in-depth examination of variables perceived to have a statistically significant relationship to the underutilization of EAPs by police officers.

Although some of the findings supported this prediction, in contrast, the factors of years of education, rank, and gender, did not support the prediction. Limited research existed using the instruments and variables in relationship to EAPs and demographic factors targeting police officer participants. This study extended the knowledge in this field, as discussed in Chapter 2, by providing this focus, as well as confirmed the perceptions associated with stigma related to police officers seeking psychological help.

As discussed in Chapter 2, a stigma exists that revolves around police officers that have intentions to seek help, or for those who have already sought help for mental illness or for concerns that they may have (Jagdeo et al., 2009; Karaffa & Koch, 2016; Karaffa & Tochkov, 2013). My study confirmed the self-stigma and social stigma perception associated with seeking professional psychological help. Additionally, Stanley et al. (2016) discovered that one of the risk correlates for police officers who have attempted or completed suicide is that they may have felt organizational or perceived stigma for seeking mental health assistance. This study confirms that active police officers have a sense or recognize the existence of the stigma associated with seeking psychological help.

Previous literature did not provide information regarding the rank or years of education of police officers in relationship to seeking psychological help. This study extended the knowledge in the field by introducing these variables and providing the results of the analyses centered on rank and years of education. In contrast with the research hypotheses, this study found no statistical significance in the rank or years of education of a police officer associated with their BETSS-4 scores.

In addition, research mentioned in Chapter 2 suggested that the repeated exposure to stressful and traumatic incidents can lead to a host of symptoms for police officers, to include: depression, anxiety, fatigue, burnout, loss of sleep, stress, alcoholism, drug abuse, difficulty in maintaining personal relationships, irritability, marital problems, posttraumatic stress disorder (PTSD), acute stress disorder, and suicide (American Psychiatric Association, 2013; Cross & Ashley, 2004; Marchand et al., 2015; Moriarty & Field, 1990). In relationship to the independent variable of years of police service, this study extends and confirms this notion. There is a statistically significant relationship between years of police service and a higher BETSS-4 score, indicating that there is more of a sense of stigma towards using an EAP as the years of service increase. This is likely due to the increased number of exposures to traumatic and stressful events the longer that a police officer remains actively employed.

As noted by Blackmon (2014), police officers who retire voluntarily, and perhaps more significantly, through involuntary means, such as forced medical retirement, often find difficulty in transitioning from police work to retirement. The findings of this study supports the notion that officers recognize a stigma that exists in police work surrounding seeking psychological help, however, research within the literature review also indicated that officers tend to stray away from those services for fear of a forced medical retirement (Blackmon, 2014; Price, 2017).

Contrary to the findings in Chapter 2, there was not a statistically significant difference in gender and whether or not a police officer would access an EAP. However, this study did not focus attention on whether or not participants had actually used any

services, nor the frequency of use, if any. In addition, perhaps the anonymous and perceivably private nature of this study made it possible to make response selections without fear of judgment or others becoming aware of opinions related to responses in this study.

This study also extended the knowledge in this discipline by introducing the use of the BETSS-4 scale, the SSOSH scale, the SSRPH scale, and the ATSPPH-SF scale to the study of police officers. Previous research using this particular population to gauge the perceptions of stigma associated with police officers seeking professional psychological help was not located in literature prior to this study.

As noted within this study, the theoretical framework used in this study was the open systems theory. The results of this study, which have provided more empirical evidence of a stigma related to police officers' intentions or attitudes towards seeking psychological help, confirm the responsibility of the organization to keep the police officers' mental health and wellness in mind. As the results have revealed, both in research and in this study, longevity in policing may increase the stigma score of police officers as their tenure in police work continues. The departments and communities that police officers work for should become aware of this stigma to be able to recognize its impact on the officers. In turn, the officers and their wellness may have a direct relationship with the service that they provide to the community, therefore, it remains in the best interest of the department and the community to invest in the mental wellness and resources related to assistance that they can provide to police officers. The findings of this study further demonstrate the need for the organization to take ownership in the

wellness of police officers. As Shafritz et al. (2016) noted, the open systems theory suggests it is the obligation of the organization to consider its symbiotic relationship with the community that it provides service to and recognize that decisions that get made within have a reciprocal flow from the organization to the community and back again to the organization and its members. By using the open systems theory, the interpretations of the results of this study can provide the netted knowledge to various layers of stakeholders.

Limitations of the Study

One of the limitations to this study consisted of using online policing websites or social media policing-related forums to obtain survey participants. Due to the anonymous nature of the survey, I cannot state that the results of the study are generalizable to all members in the profession of policing. Since this study involved using convenience sampling, the generalizability of the results become limited to the sample of police officers that were collected rather than to the population of police officer from across the United States.

Additional limitations related to the sample may consist of the honesty of responses of the respondents, as well as the inability to verify the active status of their employment. While it is conceivable that the respondents provided their honest and true response selections, there was no way to prove or disprove them.

Another limitation of this study presented the possibility that the same respondent could have completed the survey more than one time. While it was possible to examine the IP address of each of the survey responses in this study, the belief of two or more

responses using the same IP address does not necessarily mean that a participant would have participated more than once in the survey. It could perhaps indicate that more than one officer from the same department used the same computer or device to complete the survey. Due to the anonymous nature of responses to the survey, a method did not exist to ensure that each respondent only submitted one survey, which could have potentially jeopardized the reliability.

The research was limited in time for the study to remain on organization websites or communication between the researcher and the website representatives became difficult, or nonexistent. Prior to the study, communication with policing websites indicated that the recruitment information and link to the survey would get posted on their website. However, once IRB approval was granted to begin data collection, that did not happen with all websites that previously agreed. While none of them officially disagreed at the time of data collection, there were some that did not respond to my communication at all. This limited what could have potentially netted more responses and promoted more generalizability of the profession.

Because this study did not focus on retired police officers, a barrier consisted of filtering out the responses from participants that indicated they are retired. While the responses from retired police officers are valued, they were unable to get used in the analysis because it was outside of the scope of this research. There were no known biases that could have influenced this study or the outcomes.

Efforts such as seeking multiple website sites to assist with links to the survey and multiple avenues to market the survey on social media groups were implemented to

address the above-mentioned limitations related to the accessibility of the survey, the number of respondents, and the time frame that the survey remained published.

While there were no discoveries that limited the trustworthiness, reliability, or the validity of the responses or results related to the execution of this study, a concern that was recognized was the disparity in responses of white and male police officers compared to other races and ethnicities, as well as female police officers. As indicated in Chapter 4, 93.4% of responses to this survey were from white police officers, and the sample included more male police officers (n = 230, 88.5%) than female police officers (n = 30, 11.5%) by a large amount.

Recommendations

As discussed in the limitations of this study, there are recommendations for further research in this area. First, having more respondents could help improve the generalizability to the population of police officers. While this study targeted police officers from across the United States, the anonymous nature restricted asking too many questions that may make it possible to identify participants, and in turn, perhaps could have lowered the response rates. Additional studies of this nature could target an equal number of female police officers, as well as equal numbers of racial/ethnic minority police officers to gain a more generalizable response rate.

As noted in Chapter 4 regarding rank, because there was one response from a Captain, and one response from a Major, their responses were removed. It is suggested that future studies could attempt to target more of these higher ranked police officers to also gain an empirical perspective from these ranks. While outside of the parameters of

this study, future studies may incorporate more survey questions related to the types of EAPs that exist in policing agencies, what services those EAPs provide, and implement more direct questions related to whether the police officers have used the EAP accessible to them, and if so, the frequency to which they have.

Additional research in the future may consider analyzing specific cities, states, regions of the United States, or individual police departments rather than specifically focusing on police officers from across the entire nation. Within the research, a focus may target perceptions or the use of EAPs by police officers in agencies that have experienced the suicide of a police officer compared to those agencies that have not.

Implications

Positive Social Change

Several opportunities to promote positive social change have emerged as a result of this study. First, the empirical evidence of the existence of stigma may help to begin to erode the stigma associated with using EAPs and seeking psychological help.

At the individual level, an increased use of EAPs by police officers may improve both personal and professional wellness, as well as potentially provide enough resources to a police officer with suicidal ideation that prevents him or her from maintaining that mindset. In turn, an improved wellness, at home or at work, can stimulate other areas of a police officer's life to improve, or at least not decline.

At an organizational level, highlighting the stigma associated with seeking help may also contribute to an increased use of the EAP services. While it may not erode the stigma altogether, the impression of organizational support may make it easier for the

police officers to use the resources afforded to them. Additionally, with a responsibility to the community, as the open systems theory suggests, the improved wellness of the officer can promote and improve the community-police relationship, given the symbiotic relationship that the police and the community have. From a financial perspective, the usage of EAPs, even at an increased rate, can potentially save the agency money when compared to forced medical retirement or the loss of an officer through suicide. Either scenario involves going through a hiring process and training a new officer, not to mention the emotional toll that those incidents can potentially leave on the stakeholders.

From the perspective of a society, as previously mentioned, the community-police relationship can improve when police officers and the community have a good working relationship. To build that relationship, the community needs to be assured that they are taken care of and watched over by police officers who are in peak condition. As society expects, police officers have an expectation to remain healthy to be able to endure a variety of incidents. To get included in that expectation should consider the mental wellness of the police officers. When police officers treat their community members with respect and serve to the best of their ability, the community may also thrive. The nature of the open systems theory has a reciprocal effect, however, there can also be a snowball effect. With that in mind, improving the wellness through the use of EAPs may help catapult wellness in many areas, to include the communities that police officers serve in, as well as society as a whole.

Methodological Implications

Using a cross-sectional quantitative study in this study to examine the factors related to the underutilization of EAPs by police officers discovered implications to consider in future research or practice. This study was able to have police officers engage in it as soon as they became aware and consented to participate, as well as for it to remain more generalizable to the population of police officers due to the nationwide dispersion of the survey. To improve generalizability, a future study involving the same methodology may entail a larger sample size of police officers. A future methodological practice may involve adding an element of qualitative research to ask for participant names if they would consent to future confidential contact. In that event, an implication may involve obtaining the lived experiences of police officers related to the use of EAPs.

Recommendations for Practice

While the cure for eroding the stigma associated with using EAPs may not rest on the community, agency, or police officer alone, some recommendations for practice can get taken into consideration. First, if a police officer can get assured and reassured that their counseling appointments or communication with counselors truly remains confidential, it may help promote EAP usage. Second, there may be an opportunity to set up a program for police officers or other public servants to take advantage of a more discreet counselling appointment, such as through virtual meetings or through the ability to use a different entrance to a clinic where their presence is not detected or by using meeting locations that do not involve the typical clinical setting. In connection with setting up appointments for police officers seeking assistance, a recommendation for

practice also includes working with counseling organizations such as the National Board of Counseling (NBC) to educate mental health counselors on the results of this study. Subsequently, it may be possible to pair mental health counselors that have experience working with police officers that are experiencing mental crises. The relationship made by connecting counselors with adequate credentials to police officers may provide a greater incentive for police officers to use EAPs and to give the police officers a sense that the counselor understands the perspectives from the lens of the police officers and what they have experienced in their careers.

Next, as a result of this study, it becomes more essential to promote mental health hep seeking among police officers. With the findings of this study and the open systems theory framework in mind, policing agencies have a responsibility to become more vested in the well-being of their police officers. In addition to previously mentioned suggestions related to the discreetness of accessing EAPs, this can get achieved through different avenues. First, as research in Chapter 2 indicated, peer support systems have proven beneficial to police officers, and subsequently to police agencies (American Psychiatric Association, 2013; Axelrod, 2018; Milliard, 2020; Van Hasselt et al., 2019; Violanti et al., 2017).

Furthermore, it becomes vital to make police agency administrators aware of the findings of this study to examine the empirical evidence that exists surrounding stigma and mental health. When agency administrators become aware of the findings, they can take organizational actions to promote wellness within their agencies. One method to accomplish wellness promotion may come from setting up a wellness committee, where

various activities can get sponsored by the agency that highlight both physical and mental wellness. An additional step may center on an employee having a “wellness” or “mental health day” where an employee may use their sick leave to decompress from personal or professional stressors that may impact their ability to perform their duties at peak performance, to include mental peak performance. The importance of the ability to use sick leave to step away from work permits the police officer to absorb how they may be feeling, as well as not put a police officer with a compromised or declining mental health in contact with the public. This may also contribute to a reduced level of absenteeism among police officers.

More importantly, as discussed in Chapter 2, police officer suicide has perhaps hit an all-time high. Research has indicated that the stigma associated with help seeking can contribute to reasons for suicidal ideology amongst police officers. By sharing the results of this study, the discussion surrounding mental health and police suicide may get brought to the forefront for training and policy development within the policing industry. Responding to a police officer suicide may also increase the chances of the development of acute stress disorder, posttraumatic stress disorder, or suicidal ideology or attempt by additional police officers close to the deceased officer or the agency. As literature covered in Chapter 2 indicated, traumatic and stressful events can also lead police officers to a fitness for duty evaluation (FFDE), which may trigger a forced medical retirement (Price, 2017). Forced medical retirement can create an additionally stressful transition for police officers, as Blackmon (2014) discovered. In combination with the findings of years of service having a significant relationship with the stigma associated

with an EAP, it becomes exponentially more important to monitor the years of service that a police officer has worked and incorporate methods to address mental health to officers, either through structured training or through a departmental policy that considers the wellness of police officers.

Recognizing years of service as a contributing factor to the underutilization of EAPs, a recommendation for practice and policy includes a consideration for the ability to voluntarily retire at a sooner point in a police officer's career. Within some states or cities, police officers can retire after 20 or 25 years of service, regardless of their age, and begin to draw a pension. Contrastingly, some states or cities require that pension funds will not get distributed until the officer has reached a specified age, for example, 55. This leaves room for a large number of police officers to remain in police work for 30 or more years well past their prime, which may contribute to employee burnout, mental health erosion, and potentially suicide. Retirement at an earlier age or with less required years of service may seem financially irresponsible, however, forced medical retirements or the suicide of a police officer may create unforeseen financial constraints that are exponential in comparison.

From a fiscal responsibility lens, also supported by Heffren and Hausdorf (2016), when acute stress and posttraumatic stress disorders are addressed sooner after a traumatic or stressful event occurs, the financial obligation to the agency remains much lower, in comparison to a longer timeframe. From the standpoint of fiscal responsibility, an agency can promote the use of EAPs soon after an incident, as well as provide

information to police officers to educate them on the signs or symptoms of stress disorders.

An additional policy implication may center on providing information regarding EAPs and their accessibility to newly hired police officers. Having the knowledge and access about EAPs to a new officer may help address the findings regarding years of service. Results of this study may also prove useful to other areas of public service, such as the fire service and emergency medical services. Additionally, the results of this study may provide some insight to EAPs regarding some of the factors that lead to an underutilization of the programs by police officers.

Conclusion

This quantitative study examined some of the perceived factors that may contribute to the underutilization of EAPs by police officers. The study revealed that the variables of self-stigma of seeking help, social stigma of receiving psychological help, attitudes towards seeking professional psychological help, and years of police service can predict an outcome on the Brief EAP Treatment Stigma (BETSS-4) scale. This study also revealed that gender, rank, and years of education are statistically insignificant to the BETSS-4 results.

As a result of this study, the findings related to stigma support previous research, as well as introduce the use of stigma measurement instruments within the population of police officers. The empirical evidence associated with the stigma regarding police officers seeking psychological help suggests that there is a need in police organizations, as well as in the communities the police officers serve, to stress the importance of

receiving psychological help through EAPs. Through the lens of the open systems theory, the results of this study also indicate that policing organizations and communities may benefit from an improved or well-maintained mental health of police officers, which can incite positive social change. Finally, in connection to the problem statement, the results of the study may make it more possible for police officers to cope with the stressful and traumatic events they endure throughout their career, as well as with hope, contribute to a reduction in police officer suicide.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Anderson, G. S., Di Nota, P. M., Metz, G. A. S., & Andersen, J. P. (2019). The impact of acute stress physiology on skilled motor performance: Implications for policing. *Frontiers in Psychology, 10,* 1-11. https://doi.org/10.3389/fpsyg.2019.02501

Arensman, E., Coffey, C., Griffin, E., Van Audenhove, C., Scheerder, G., Gusmao, R., Costa, S., Larkin, C., Koburger, N., Maxwell, M., Harris, F., Postuvan, V., & Hegerl, U. (2016). Effectiveness of depression–suicidal behaviour gatekeeper training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study. *International Journal of Social Psychiatry, 62*(7), 651–660. https://doi.org/10.1177/0020764016668907

Axelrod, J. (2018). Rescuing the rescuers. *American City & County, 133*(3), 2–8.

Babbie, E. (2017). *Basics of social research* (7th ed.). Cengage Learning.

Blackmon, K. (2014). *The Contribution of forced medical retirement to symptoms of depression, anxiety, and stress in law enforcement officers.* (Doctoral Dissertation, Nova Southeastern University).

Blue H.E.L.P. [Website]. (2020). *Officer Suicide Statistics.* Auburn, MA. https://bluehelp.org/resources/statistics/

Bullock, K., & Garland, J. (2018). Police officers, mental (ill-)health and spoiled identity. *Criminology & Criminal Justice: An International Journal*, *18*(2), 173–189. https://doi.org/10.1177/1748895817695856

Chapin, M., Brannen, S. J., Singer, M. I., & Walker, M. (2008). Training police leadership to recognize and address operational stress. *Police Quarterly, 11*(3), 338–352. https://doi.org/10.1177/1098611107307736

Chesemore, D. L. (2020). *Statistics*. Salem Press Encyclopedia of Science.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27. https://doi.org/10.1017/S0033291714000129

Cochran, W. G. (1977) *Sampling Techniques (3rd ed.).* John Wiley & Sons.

Cross, C. L., & Ashley, L. (2004, October). Police trauma and addiction: Coping with the dangers of the job. *FBI Law Enforcement Bulletin, 73*(10), 24–32. https://doi.org/10.1037/e311382005-006

DataUSA [Website]. (2020). *Police Officers: Race & Ethnicity.* Retrieved from https://datausa.io/profile/soc/police-officers

Davies, C. (2020). *A quick guide to quantitative research in the social sciences.* Open Textbook Library.

Donnelly, E., Valentine, C., & Oehme, K. (2015). Law enforcement officers and employee assistance programs. *Policing-An International Journal of Police*

Strategies and Management, 38(2), 206–220. https://doi.org/10.1108/PIJPSM-11-2014-0116

Duran, F., Woodhams, J., & Bishopp, D. (2019). An interview study of the experiences of police officers in regard to psychological contract and wellbeing. *Journal of Police and Criminal Psychology, 34*(2), 184–198. https://doi.org/10.1007/s11896-018-9275-z

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368–373.

Frankfort-Nachmias, C., & Leon-Guerrero, A. (2018). *Social statistics for a diverse society* (8th ed.). Sage Publications.

Fuller, J. (2016) *Juvenile delinquency: Mainstream and crosscurrents*, (3rd ed.) Oxford University Press

Garner, N., Baker, J., & Hagelgans, D. (2016). The private traumas of first responders. *Journal of Individual Psychology, 72*(3), 168–185. https://doi.org/10.1353/jip.2016.0015

Greenwood, K. L., DeWeese, P., & Inscoe, P. S. (2005). Demonstrating the value of EAP services: A focus on clinical outcomes. *Journal of Workplace Behavioral Health, 21*(1), 1–10. https://doi.org/10.1300/J490v21n01_01

Hansson, L., & Markström, U. (2014). The effectiveness of an anti-stigma intervention in a basic police officer training programme: A controlled study. *BMC Psychiatry, 14,* 1-8. https://doi.org/10.1186/1471-244X-14-55

Heffren, C. D. J., & Hausdorf, P. A. (2016). Post-traumatic effects in policing: Perceptions, stigmas and help seeking behaviours. *Police Practice & Research: An International Journal, 17*(5), 420–433. https://doi.org/10.1080/15614263.2014.958488

Hess, K., Hess-Orthmann, C., & Cho, H. (2014) *Police operations: Theory and practice* (6th ed.) Delmar Cengage Learning.

Heyman, M., Dill, J., Douglas, R. (2018). *The Ruderman white paper on mental health and suicide of first responders*. [White paper]. Retrieved from https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfb

Iowa State University Self Stigma Research Collaborative [Website]. (2020). *SSOSH Scale.* Ames, IA. https://selfstigma.psych.iastate.edu/ssosh-scale/

Jacobson, J. M., Jones, A. L., & Bowers, N. (2011). Using existing employee assistance program case files to demonstrate outcomes. *Journal of Workplace Behavioral Health, 26*(1), 44–58. https://doi.org/10.1080/15555240.2011.540983

Jagdeo, A., Cox, B. J., Stein, M. B., & Sareen, J. (2009). Negative attitudes toward help seeking for mental illness in 2 population-based surveys from the United States and Canada. *The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie, 54*(11), 757–766.

Johnson, J. D. (2008). Employee assistance programs: Sources of assistance relations to inputs and outcomes. *Journal of Workplace Behavioral Health, 23*(3), 263–282. https://doi.org/10.1080/15555240802242866

Joseph, B., Walker, A., & Fuller-Tyszkiewicz, M. (2018). Evaluating the effectiveness of employee assistance programmes: a systematic review. *European Journal of Work & Organizational Psychology, 27*(1), 1–15. https://doi.org/10.1080/1359432X.2017.1374245

Karaffa, K. M., & Koch, J. M. (2016). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior, 6*, 759. http://doi.org/10.1177/0093854815613103

Karaffa, K. M., & Tochkov, K. (2013). Attitudes toward seeking mental health treatment among law enforcement officers. *Applied Psychology in Criminal Justice, 9*(2), 75–99.

Knapp, S. J. (2020). Facts, theories, and perspectives on suicide. In Suicide prevention: An ethically and scientifically informed approach. (pp. 7–32). *American Psychological Association.* https://doi.org./10.1037/0000145-002

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47,* 138-143.

Kotera, Y., Green, P., & Sheffield, D. (2019). Mental health attitudes, self-criticism, compassion and role identity among UK social work students. *British Journal of Social Work, 49*(2), 351–370. https://doi.org/10.1093/bjsw/bcy072

Krakauer, R. L., Stelnicki, A. M., & Carleton, R. N. (2020). Examining mental health knowledge, stigma, and service use intentions among public safety personnel. *Frontiers in Psychology, 11,* 1-7. https://doi.org/10.3389/fpsyg.2020.00949

Lacko, B. (2017). Founder and pioneer of Systems Theory Ludwig von Bertalanffy: 45th anniversary of his death. *Acta Informatica Pragensia, 6*(1), 70–73. https://doi.org/10.18267/j.aip.100

Langbein, L. (2012). *Public program evaluation: A statistical guide* (2nd ed.). ME Sharpe.

Marchand, A., Nadeau, C., Beaulieu-Prévost, D., Boyer, R., & Martin, M. (2015). Predictors of posttraumatic stress disorder among police officers: A prospective study. *Psychological Trauma : Theory, Research, Practice and Policy, 7*(3), 212–221. https://doi.org/10.1037/a0038780

McCreary, D. R. & Thompson, M. M. (2006). Development of two reliable and valid measures of stressors in policing: The operational and organizational police stress questionnaires. *International Journal of Stress Management, 13*(4), 494-518. https://doi.org/10.1037/1072-5245.13.4.494

McLellan, R. K. (2017). Work, health, and worker well-being: Roles and opportunities for employers. *Health Affairs, 36*(2), 206–213. https://doi.org/10.1377/hlthaff.2016.1150

Milliard, B. (2020). Utilization and impact of peer-support programs on police officers' mental health. *Frontiers in Psychology, 11,* 1-8. https://doi.org/10.3389/fpsyg.2020.01686

Milot, M. (2019). EAP treatment stigma as a barrier to employee help-seeking: Predictors and validation of a brief scale for its measurement. EASNA Research Notes. Volume 8, Number 2. https://easna.org/publications-research-notes/

Moriarty, A., & Field, M. W. (1990). Proactive intervention: A new approach to police EAP programs. *Public Personnel Management, 19*(2), 155–161. https://doi.org/10.1177/009102609001900204

Nanavaty, B. R. (2015). FBI -- Addressing officer crisis and suicide: Improving officer wellness. *FBI Law Enforcement Bulletin*, 3–8.

New Jersey program to prevent police officer suicide first in U.S. (2019). *Mental Health Weekly, 29*(31), 8. https://doi.org/10.1002/mhw.32019

Nunes, A. P., Richmond, M. K., Pampel, F. C., & Wood, R. C. (2018). The effect of employee assistance services on reductions in employee absenteeism. *Journal of Business & Psychology, 33*(6), 699–709. https://doi.org/10.1007/s10869-017-9518-5

Officer Down Memorial Page [Website]. (2020). *2019 Line of Duty Death report.* Fairfax, VA. https://www.odmp.org/statistics.

Ohan, J. (2018). Stigma. In E. Braaten (Ed.), *The SAGE encyclopedia of intellectual and developmental disorders* (pp. 1571-1573). Sage. https://doi.org/10.4135/9781483392271.n484

O'Hara, A. (2017, Oct. 3). It's time we talk about police suicide. The Marshall Project. https://www.themarshallproject.org/2017/10/03/it-s-time-we-talk-about-police-suicide

O'Sullivan, E., Rassel, G. R., Berner, M., & Taliaferro, J. D. (2017). *Research methods for public administrators* (6th ed.). Routledge.

Paesen, H., Maesschalck, J., & Loyens, K. (2019). Beyond police culture : A quantitative study of the organisational culture in 64 local police forces in Belgium. *Policing: An International Journal, 42*(5), 814–831. https://doi.org/10.1108/PIJPSM-12-2018-0171

President's Task Force on 21st Century Policing. (2015). *Final report of the President's Task Force on 21st century policing.* Washington, DC: Office of Community Oriented Policing Services.

Price, M. (2017). Psychiatric disability in law enforcement officers. *Behavioral Sciences & the Law, 35*(2), 113–123. https://doi.org/10.1002/bsl.2278

Ramchand, R., Saunders, J., Osilla, K. C., Ebener, P., Kotzias, V., Thornton, E., Strang, L., & Cahill, M. (2018). Suicide prevention in US Law enforcement agencies: A national survey of current practices. J*ournal of Police and Criminal Psychology.* https://doi.org/10.1007/s11896-018-9269-x

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* Sage.

Richmond, M. K., Pampel, F. C., Wood, R. C., & Nunes, A. P. (2017). The impact of employee assistance services on workplace outcomes: Results of a prospective, quasi-experimental study. *Journal of Occupational Health Psychology, 22*(2), 170–179. https://doi.org/10.1037/ocp0000018

Richmond, M. K., Shepherd, J. L., Pampel, F. C., Wood, R. C., Reimann, B., & Fischer, L. (2014). Associations between substance use, depression, and work outcomes: An evaluation study of screening and brief intervention in a large employee

assistance program. *Journal of Workplace Behavioral Health, 29*(1), 1–18. https://doi.org/10.1080/15555240.2014.866470

Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process* (4th ed.). Sage.

Shafritz, J. M., Ott, J. S., & Jang, Y. S. (Eds.). (2016). *Classics of organization theory.* (8th ed). Wadsworth, Cengage Learning.

Sharp, M.-L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic Reviews, 37*(1), 144–162. https://doi.org/10.1093/epirev/mxu012

Siegel, L. & Welsh, B. (2017). *Juvenile Delinquency: Theory, Practice, and Law* (13th ed). Cengage Learning.

Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review*, *44*, 25–44. https://doi.org/10.1016/j.cpr.2015.12.002

Steele, P. (2005, September). *Employee assistance programs: Then, now, and in the future.* Presented at the Center for Substance Abuse Prevention's Knowledge Exchange Workshop, Tacoma, Washington.

Survey Monkey [Website]. (2020). *Sample size calculator. Retrieved from* https://www.surveymonkey.com/mp/sample-size-calculator/

Survey Monkey [Website]. (2020). *Choose a plan that works for you. Retrieved from https://www.surveymonkey.com/pricing/?ut_source=header_upgrade*

Teh, J. L., King, D., Watson, B., & Shuang Liu. (2014). Self-stigma, anticipated stigma, and help-seeking communication in people with mental illness. *PORTAL: Journal of Multidisciplinary International Studies, 11*(1), 1–18. https://doi.org/10.5130/portal.v11i1.3295

Thoen, M. A., Dodson, L. E., Manzo, G., Piña-Watson, B., & Trejos-Castillo, E. (2019). Agency-offered and officer-utilized suicide prevention and wellness programs: A national study. *Psychological Services.* https://doi.org/10.1037/ser0000355.supp (Supplemental)

United States Bureau of Labor Statistics [Website]. (2016). *Employer-provided quality-of-life benefits*. Washington, D.C.: March. Retrieved from https://www.bls.gov/opub/ted/2016/employer-provided-quality-of-life-benefits-march-2016.htm#:~:text=Bureau%20of%20Labor%20Statistics,-The%20Economics%20Daily&text=In%20March%202016%2C%2054%20percent,flexible%20workplace%20(6%20percent).

United States Bureau of Labor Statistics [Website]. (2020). *Occupational employment statistics*. Washington, D.C.: July. Retrieved from https://www.bls.gov/oes/current/oes333051.htm

United States Department of Labor (2004). Occupational Safety and Health Administration. *Occupational safety and health act of 1970* [reprint]. Retrieved from https://www.osha.gov/Publications/OSH-ACT-reprint-3-09-04.pdf

United States Federal Bureau of Investigation [Website]. (2020). *2019 Crime in the United States: Table 74, Full-time law enforcement employees.* Retrieved from https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/tables/table-74/table-74.xls#overview

United States Department of Veterans Affairs: PTSD National Center for PTSD [Website]. (2020). *Acute stress disorder.* Retrieved from https://www.ptsd.va.gov/understand/related/acute_stress.asp

United States Office of Personnel Management [Website]. (2020). *What is an employee assistance program (EAP).* Retrieved from https://www.opm.gov/faqs/QA.aspx?fid=4313c618-a96e-4c8e-b078-1f76912a10d9&pid=2c2b1e5b-6ff1-4940-b478-34039a1e1174

Van Hasselt, V. B., Klimley, K. E., Rodriguez, S., Themis-Fernandez, M., Henderson, S. N., & Schneider, B. A. (2019). Peers as law enforcement support (PALS): An early prevention program. *Aggression & Violent Behavior, 48*(1–5). https://doi.org/10.1016/j.avb.2019.05.004

Velazquez, E., & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health : A state-of-the-art review. *Policing: An International Journal, 42*(4), 711–724. https://doi.org/10.1108/PIJPSM-09-2018-0147

Verma, J. P., & Abdel-Salam, A.-S. G. (2019). *Testing statistical assumptions in research.* Wiley.

Violanti, J., Owens, S., McCanlies, E., Fekedulegn, D., & Andrew, M. (2019). Law enforcement suicide: a review. *Policing: An International Journal, 42*(2), 141–164. https://doi.org/10.1108/PIJPSM-05-2017-0061

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-337.

Vogel, D. L., Wester, S. R., Hammer, J. H., & Downing-Matibag, T. M. (2014). Referring men to seek help: The influence of gender role conflict and stigma. *Psychology of Men and Masculinity, 15*(1), 60-67. https://doi.org/10.1037/a0031761

von Bertalanffy, L. (1950). The theory of open systems in physics and biology. *Science, 2872*(111), 23-29. https://DOI:10.1126/science.111.2872.23. Retrieved from: https://science.sciencemag.org/content/111/2872/23

von Bertalanffy, L. (1972). The history and status of general systems theory. *Academy of Management Journal, 15*(4), 407–426. https://doi.org/10.2307/255139

Wagner, W. E., III & Gillespie, B. J. (2019). Using and interpreting statistics in the social, behavioral, and health Sciences. Sage. https://doi.org/10.4135/9781071814284

Warner, R. M. (2013). *Applied statistics: From bivariate through multivariate techniques* (2nd ed.). Sage.

Wester, S. R., Arndt, D., Sedivy, S. K., & Arndt, L. (2010). Male police officers and stigma associated with counseling: The role of anticipated risks, anticipated

benefits and gender role conflict. *Psychology of Men and Masculinity, 11* (4), 286-302. https://doi.org/ 10.1037/a0019108

Wheeler, C., Fisher, A., Jamiel, A., Lynn, T. J., & Hill, W. T. (2018). Stigmatizing attitudes toward police officers seeking psychological services. *Journal of Police and Criminal Psychology, 36,* 1-7. https://doi.org/10.1007/s11896-018-9293-x

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: epistemological, theoretical, and methodological differences. *European Journal of Education, 48*(2), 311–325. https://doi.org/10.1111/ejed.12014

Appendix A: BETSS-4 Permission

1/13/2021 Mail - Michael Leary - Outlook

Re: Use of Workreach Brief EAP Treatment Stigma Scale (BETSS-4)?

[redacted]

Thu 12/3/2020 3 19 PM

[redacted]

Hi Michael,

For sure - the scale is publicly available and can be downloaded at the below link along with scoring instructions, etc.

https://www.workreachlab.com/betss-4

Best of luck with your doctoral work!

Marc

On 2020-12-03 4 08 p.m., Michael Leary wrote:

Good afternoon. My name is Michael Leary and I am a doctoral candidate working on my proposal for Walden University. Through my literature review and methods sections, I have came across Dr. Milot's article *Stigma as a barrier to the use of Employee Assistance Programs (2019).* Within Dr. Milot's article, there is mention of an internally created "Workreach Brief EAP Treatment Stigma Scale (BETSS-4)." The focus of my dissertation is looking at personal and organizational factors related to police officers' underutilization of employee assistance programs. With that in mind, I am asking if I would be able to have access to this scale as a scale that I would be able to use in my study? If you would prefer a more formal request, please let me know. If I have not contacted the correct email, please forward to the appropriate individual.

Your assistance is greatly appreciated!

Respectfully,

Michael Leary

PhD Criminal Justice Student

Walden University

Ph. [redacted]

--

Marc Milot, PhD

Research Psychologist / Data Scientist,

Managing Director & Consultant

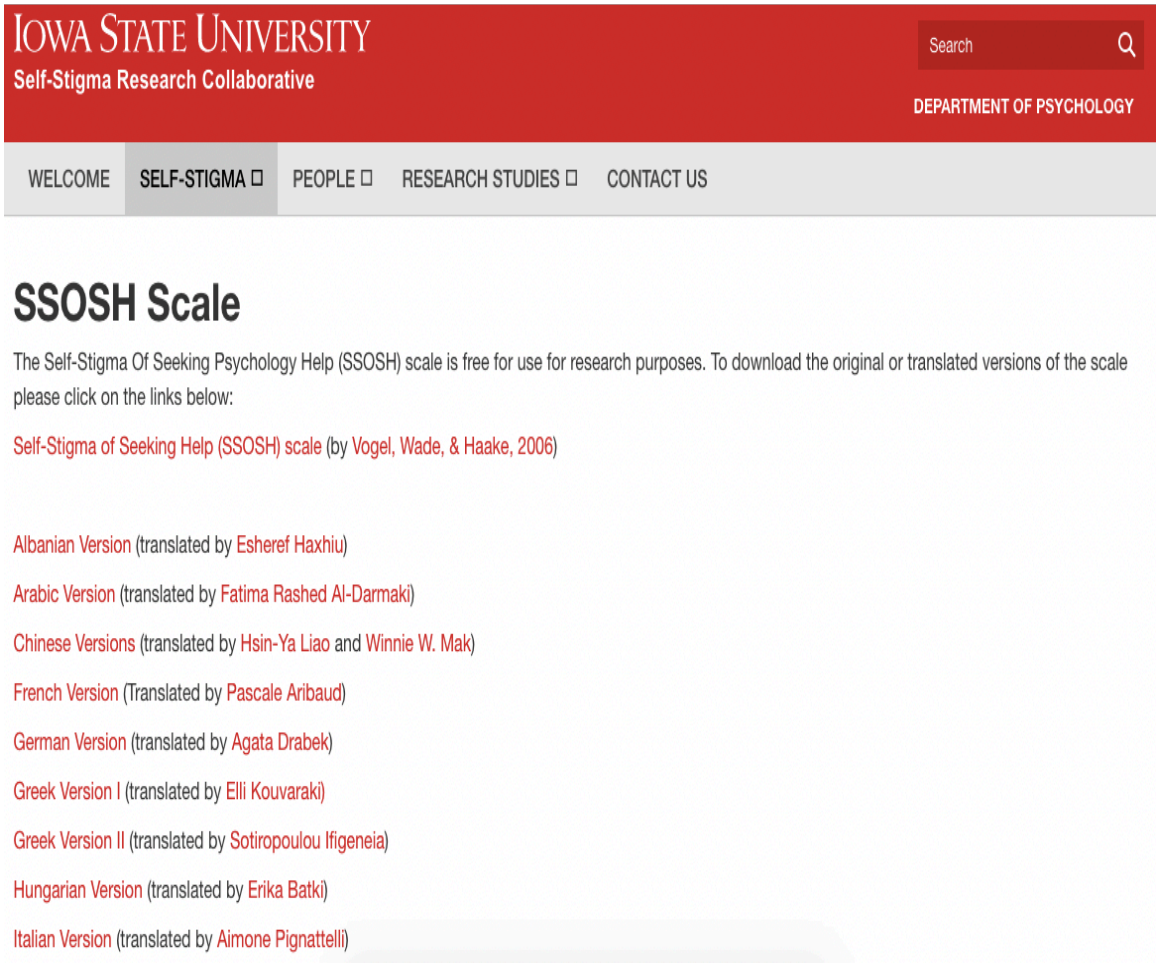
WORKREACH® LAB

https://outlook.office.com/mail/inbox/id/AQMkADEzNzMyZDI0LWE4NWYtNGQ0OS1hMzE3LTdiOWRjNGFmZTU2ZQBGAAAD1cA3hDPaSU2VyF54MZKqe… 1/2

1/13/2021 Mail - Michael Leary - Outlook

Research + data science + technology in employee assistance and mental health

Appendix B: SSOSH Permission



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Self-Stigma Research Collaborative

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SSOSH Scale

The Self-Stigma Of Seeking Psychology Help (SSOSH) scale is free for use for research purposes. To download the original or translated versions of the scale please click on the links below:

Self-Stigma of Seeking Help (SSOSH) scale (by Vogel, Wade, & Haake, 2006)

Albanian Version (translated by Esheref Haxhiu)

Arabic Version (translated by Fatima Rashed Al-Darmaki)

Chinese Versions (translated by Hsin-Ya Liao and Winnie W. Mak)

French Version (Translated by Pascale Aribaud)

German Version (translated by Agata Drabek)

Greek Version I (translated by Elli Kouvaraki)

Greek Version II (translated by Sotiropoulou Ifigeneia)

Hungarian Version (translated by Erika Batki)

Italian Version (translated by Aimone Pignattelli)

Appendix C: SSRPH Permission

RE: Use of Stigma Scale for Receiving Psychological Help

Good,Glenn E [redacted]
Mon 12/7/2020 2:19 PM
To:
Michael Leary <michael.leary1@waldenu.edu>
Cc:
古宮　昇(noboru) <noboru@osaka-ue.ac.jp>

1 attachments (23 KB)
stigma scale.doc;

Michael,

Good luck with your study!

Glenn

****

Glenn E. Good, Ph.D.
Dean and Professor
College of Education
University of Florida
[redacted]

****

Notice: We appreciate your understanding during COVID as we strive to continue our tradition of timely excellence.

From: Michael Leary <michael.leary1@waldenu.edu>
Sent: Friday, December 4, 2020 8:58 PM
[redacted]
Subject: Use of Stigma Scale for Receiving Psychological Help

Dr. Good,

I hope I have located the Dr. Glenn E. Good that once served at the University of Missouri-Columbia. Hi, my name is Michael Leary and I am a doctoral candidate student at Walden University. While conducting my literature review for my doctoral dissertation, I came across your article "Emotional Openness as a Predictor of College Students' attitudes toward Seeking Psychological Help" by Noboru

Komiya, Glenn E. Good, and Nancy B. Sherrod University of Missouri—Columbia (2000). Within the article, it mentions a Social Stigma for Receiving Psychological Help Scale (SSRPH) and lists you as the contact person for the article. I am curious whether you are willing to share these scales and the scoring methods so that I may use them in my dissertation, which focuses on the factors that equate to police officers' underutilization of employee assistance programs. Any help you can offer would be extremely appreciated!

Respectfully,
Michael Leary
PhD Criminal Justice Candidate
Walden University
[redacted]

Appendix D: ATSPPH-SF Permission

Attitude Formation

There is now a sufficient backlog of research suggesting that gender and, to a lesser extent, subcultural ties affect one's attitudes about seeking professional psychological aid. As has been repeatedly demonstrated, women generally are more inclined to favor seeking professional help than men are (see previous citations), and within certain ethnic groups, those who hold strong cultural affiliations are less inclined to favor seeking professional help than are those who identify with the broader American culture (Atkinson & Gim, 1989; Price & McNeill, 1992; Sanchez & Atkinson, 1983). First we need to know whether these influences are peculiar to seeking help for *psychological* problems and to *professional* sources of aid. For example, perhaps women are more inclined than men to seek help for many types of problems and, considering just emotional problems, from nonprofessional sources (such as friends, radio talk-show hosts, astrologers) as well as from professional practitioners. Second, we should try to identify and isolate developmental antecedents of the help-seeking orientation to see if variations in the hypothesized antecedents will explain away the gender or subcultural distinctions. For instance, if certain factors in socialization cause women to be more willing to seek help, will these same factors account for attitudinal differences within each gender?

The Contact Hypothesis

There are a variety of studies suggesting that contact with the discipline of psychology, its practitioners, or with mental health facilities promotes favorable attitudes toward seeking psychological aid (Fischer & Cohen, 1972; Gelso & McKenzie, 1973; Kligfeld & Hoffman, 1979; Morgan, 1992; Murstein & Fontaine, 1993; Tijhuis, Peters, & Foets, 1990). Collectively these studies imply that contact leads to positive attitudinal change, and under certain conditions, such as in a psychological crisis or conflict, favorable attitudes lead to overt help-seeking. However, neither the specific nature of the factors responsible for attitude change nor the relation of attitudes to subsequent attitude-appropriate behaviors has been determined.

Role of Attitude in the Help-Seeking Process

At this time it cannot be assumed that attitude scores, as measured either by the present shortened scale or by Fischer and Turner's original version of it, will necessarily translate into actual help-seeking behavior. The nature of the relationship between these measures and postattitudinal behavior is unclear and has yet to be specified. Theoretically, attitude is only one component in a help-seeking scenario (Fischer, Winer, & Abramowitz, 1983). Just how attitude functions to influence behavior under different circumstances must be systematically investigated.

Further Uses of the Brief Scale

The scale devised in this study should prove useful for relevant future studies. It appears to have all the psychometric properties of the original scale (except the original version's complex structure), but it contains only one third as many items. Because of its brevity, it should be easier to use and less obtrusive, an important consideration for research in a sensitive area.

The scale is intended only for use in research; it is not a clinical device and should not be used for clinical purposes (such as to screen applicants to determine those best suited for psychotherapy), unless that is an explicit aspect of a research design. Researchers may use the scale in any way helpful to their projects, and they need not contact the authors for permission.

Correspondence concerning this article should be addressed to Edward H. Fischer, Department of Clinical Research, The Institute of Living, 400 Washington Street, Hartford, CT 06106.