

2019

Stress Preparedness for Law Enforcement Officers via Academic Training

Matthew Ridgeway Burke
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Public Policy Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Matthew R. Burke

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Timothy Bagwell, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Mark Gordon, Committee Member,
Public Policy and Administration Faculty

Dr. Tanya Settles, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Stress Preparedness for Law Enforcement Officers via Academic Training

by

Matthew R. Burke

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Policy & Administration

Walden University

January 2019

Abstract

Most law enforcement officers experience a traumatic event within the first 3 years of duty but may not receive proper mental health training in the police academy to prepare them for a career in law enforcement, and little is understood about police academy training regarding mental health. Using secondary traumatic stress (STS) as a conceptual framework, the purpose of this qualitative study was to understand the perspective of law officers on the usefulness of academy training to prevent or manage mental health issues that may arise from law enforcement duty. Data were collected from 35 law enforcement officers in a Southern state through an online, qualitative survey. These data were inductively coded and subjected to a thematic analysis procedure. Findings indicate that both STS and post-traumatic stress disorder (PTSD) are shunned topics in the law enforcement community. Additionally, respondents perceived that reconstructing police academy training manuals to include personal stress management and increasing awareness of STS may better protect law enforcement officers and enhance community relations while providing a more sustainable police force. The positive social change implications of this study include recommendations to police academies to include mental health training and preparation as part of early academy training to promote better mental health among police officers and reduce the negative effects of STS and PTSD.

Stress Preparedness for Law Enforcement Officers via Academic Training

by

Matthew R. Burke

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Policy & Administration

Walden University

January 2019

Dedication

I would like to dedicate this study in several ways. First, to my wife and children, who have spent countless years without me due to military service. Their support for my scholastic achievement and service to others speaks volume to their kindred spirit. Academia is challenging within itself. Imagine conducting Doctorate level research with two beautiful daughters yearning for your attention and climbing on your shoulders. Balancing life's priorities with personal goals proves rewarding if successfully realized. Thank you, Adina, Jasmine, and Liz for supporting my dream. I hope you follow.

Next, I would like to dedicate this to my Father in Heaven, his Son Jesus Christ, and the Holy Spirit who dwells among us. My combat injuries would have overtaken me numerous times without God inserting people into my life. My faith is stronger now after overcoming life-altering disabilities. Although I still struggle, I've come to terms with my new abilities. Veterans Farm, the Air Force Wounded Warrior program, Outdoor Experience4All, Team Young Gun'z, and many more nonprofits stepped up to get me back on my feet. To my fellow disabled Warriors, find purpose and meaning and you'll find reason - get back into the fight. I found my reason to live through my faith and family, applied those reasons by starting the hybrid nonprofit 10 CAN, Inc., and now thrive in service.

To my mom, who stood by me while others counted me a lost cause. I will be the first "Doctor" of the family, not because of my intelligence, but perseverance. My mother has been an elementary teacher for nearly 20 years. I have not witnessed another teacher within the Sumter County school system that has sacrificed and dedicated as much as

Darlene Lanham. You are truly my inspiration to master academia and become an educator at the highest level. Your fight to escape poverty is the inspiration that motivates my mission to help other families out of poverty.

To all the children and youth of our society who believe they are of average intelligence, set your aspirations beyond reach and strive to get there. Only by doing this shall you reach greatness. To all the families in poverty, there is hope, but you must work for it. To all the farmers, thank you for working through relentless and hazardous conditions to feed America. To Dr. Cheri Brodeur who aided in this endeavor and whose father suffered from PTSD from World War II. Lastly, to all the First Responders who maintain safety, security, life, and liberty even for those ungrateful people who challenge your character and will to serve. May the thin blue line of law enforcement be blessed for their uncalculatable courage. May your leadership have a revelation and become receptive to outside assistance. And may God provide peace that passes all understanding that allows you to overcome emotional duress.

Table of Contents

Chapter 1: Introduction to the Study.....	1
Background of the Study	2
Problem Statement	4
Research Questions.....	5
Purpose of the Study	6
Conceptual Framework.....	7
Nature of the Study	8
Operational Definitions.....	10
Assumptions, Limitations, Scope, and Delimitations.....	11
Assumptions.....	11
Scope	11
Limitations & Delimitations	12
Significance of the Study	13
Significance to Practice.....	16
Significance to Theory	16
Significance to Social Change	16
Summary	17
Chapter 2: Literature Review.....	19
Research Strategy.....	21
Conceptual Framework.....	22
Law Enforcement Vicarious Trauma Training.....	26

Vicarious Trauma and Secondary Traumatic Stress	29
Summary	34
Chapter 3: Research Method.....	36
Research Design and Rationale	36
Role of the Researcher	37
Methodology & Participant Selection.....	38
Instrumentation	39
Pilot Study.....	41
Procedures for Recruitment, Participation, and Data Collection	41
Data Analysis Plan.....	43
Issues of Trustworthiness.....	43
Credibility	43
Transferability.....	44
Dependability.....	45
Confirmability.....	45
Ethical Procedures	45
Summary	46
Chapter 4: Results	48
Introduction.....	48
Setting	49
Demographics	49
Data Collection and Analysis.....	49

Evidence of Trustworthiness.....	50
Credibility	51
Transferability.....	51
Dependability	52
Confirmability.....	53
Results.....	53
The Law Enforcement Officers	54
Mental Health Training Policies at the Police Academy	58
Summary.....	59
Chapter 5: Discussion, Conclusions, and Recommendations.....	61
Introduction.....	61
Interpretation of the Findings.....	62
The Police Officers Who Completed the Survey.....	63
Why Mental Health Preparedness is Important for Law Enforcement	
Officers Before a Traumatic Incident	64
Mental Health Training Policies at the Police Academy	65
Limitations of the Study.....	65
Recommendations.....	67
Implications.....	67
Conclusion	68
References.....	70
Appendix A: Survey	77

Appendix B: 10 CAN 2014 Pilot Study.....79

Chapter 1: Introduction to the Study

Public policy experts face the challenge of employing protocols that maintain public safety and security while protecting the health and welfare of law enforcement officers. Treating physical injuries and wounds is a refined process, but mental health is complicated. Therefore, this study was focused on how mental health preparedness can strengthen a law enforcement officer's resilience against the aftereffects of witnessing trauma. This study was also focused on academic training and how some law enforcement officers from various backgrounds and departments coped after a traumatic event (Lotan, Minshew, Lafferty, & Gibson, 2017). Additionally, this study provides a better understanding of how policymakers can prepare law enforcement officers before becoming involved in a critical incident.

Law enforcement officers are the front line of defense for communities and the country. But due to the stigma of being a victim, law enforcement officers are sometimes hesitant to admit their need for help in dealing with Post-Traumatic Stress Disorder (PTSD; Karaffa & Koch, 2016). However, it is often easier to prevent PTSD than it is to treat it (Rabinovich, 2016). This study revealed the lack of public policies that are available to protect the law enforcement community in the United States regarding training that may prepare officers to cope with traumatic events and prevent issues like PTSD and Secondary Traumatic Stress (STS).

In this study, law enforcement officers were surveyed to determine whether STS and PTSD can be better managed by academic training. PTSD most often results from being directly impacted by trauma while STS (for the purposes of this study) results from

indirect impact such as witnessing (Evcesa, Haugena, & Weissb, 2012.). The purpose of this study was to determine whether the law enforcement community felt that changes in public policies can better equip them to cope with STS and PTSD. To accomplish this, first it was necessary to provide a framework for the study as well as define terms; provide assumptions, scope and delimitations, and limitations; and provide the significance of this study.

Background of the Study

Direct and indirect exposure to trauma and the lack of mental preparedness are factors that can lead to STS and PTSD. For example, journalists who worked with the Jokela school shooting incurred PTSD by observation (Backholm & Björkqvist, 2012). Additionally, PTSD is not always immediate but can involve intrusive thoughts over a period (Bistoën, Vanheule, & Craps, 2014). It is important to better understand PTSD and STS, as psychological injuries are more difficult to recognize and overcome. Thus, police academy curriculum and how it addresses stress preparedness was the primary focus of this study.

The experiences of soldiers in combat are similar to law enforcement officers who have prolonged exposure to trauma, which is important to address through treatment and training. Because it is possible for military personnel with PTSD to remain functional and a productive member of their team (U.S. Department of Veterans Affairs, 2014), it is also possible to assist law enforcement officers to be the same. Combat can change an individual's perspective of self (Smith & True, 2014), which can correlate to law enforcement officers who may be experiencing hidden signs of STS or PTSD resulting

from incidents like the 4-hour siege at the Pulse Nightclub shooting. Additionally, indirect contact with trauma such as in post-intensive care unit family members experiencing anxiety issues and incidental contact to trauma are factors in STS (Conn & Butterfield, 2013; Petrinec & Daly, 2014). Therefore, STS is a possible threat to all law enforcement officers. With PTSD and STS in law enforcement officers left untreated, there should be more information on ways for seeking help (Evcesa et al., 2012). For example, preventative strategies can be used to intercept emotional strain that have been shown effective with first responders (Kleim & Westphal, 2012) as well as Bentley's (2005) psychological outlet concept. Although it is impossible for law enforcement officers to avoid traumatic situations, it is possible to provide psychological training to them. Therefore, this study was imperative to investigate policies that might better protect law enforcement officers before disasters through cognitive mental health training.

Most training curriculum is focused on law enforcement officers doing their job. While investigating the Florida police academy training manual, the findings indicated training cadets on dealing with individuals with mental health issues and not on personal coping skills (Florida Department of Law Enforcement, 2018). Based on a pilot study conducted by the nonprofit 10 CAN, Inc., many law enforcement officers feel that current policies are often detrimental to those who are struggling with STS or PTSD. These public protection policies determine if an officer is fit to perform their duties. But because STS and PTSD are considered detrimental and disqualifying factors in law enforcement based on present policies, many law enforcement officers suffer in silence (Karaffa & Koch, 2016). To address this issue, this study was focused on law

enforcement training at the police academy. Additionally, a better understanding of STS and PTSD must occur at the managerial level. There are minimal studies on law enforcement officers being trained for self-efficacy in mental health, though Patty (2015) identified inadequate mental health training in police academies. Therefore, it is imperative that policies are targeted that may provide coping mechanisms to future law enforcement officers.

Problem Statement

The law enforcement officers who respond to traumatic incidents are trained to execute their duties; however, few coping skills are part of law enforcement officers' training. Sustaining mental readiness is important and critical incident debriefings (CID) are presently used by law enforcement leadership. However, as military combat talk-therapy has shown, it is a reactive measure instead of a proactive approach (Bentley, 2005). Psychologists believe PTSD is synonymous to anxiety, depression, and guilt, and it results from exposure to traumatic events (PubMed Health, 2005). These findings can impact a law enforcement officer's career from policy-maker considerations. The problem is that most law enforcement officers do not self-report STS and PTSD. This study brings attention to policies that could protect law enforcement officers by introducing uniformed coping skills training in the police academy.

STS and PTSD can hinder individuals from participating in many independent and social activities, including a law enforcement officer's ability to interact with civilians. Typical symptoms of PTSD are intrusive thoughts, negative thoughts about self and others, memory lapses, avoidance, and loss of focus (White, 2014). PTSD can also

affect the brain and an individual's ability to safely function in public. Despite knowledge on PTSD, STS has not been universally studied in the law enforcement community and lacks data from indirect trauma experienced by law enforcement officers. Additionally, most medical providers offer two forms of assistance: medication and talk therapy (Smith & True, 2014), but these are not a complete resolution and reflect the reactive nature in public administration. Policies should be proactive in nature, protecting law enforcement officers from psychological trauma.

It is important to understand the validity of PTSD, the closely related signs and symptoms of STS, and how policies that govern academic training all connect in the law enforcement community. Frequently, policies are driven by experiences. The problem addressed in this study is that decades of traumatic experiences have occurred in law enforcement, yet there is little progress in policy development that protects the mental health of officers. The findings of this study indicate that officers want change, and the best place to start is at the foundation of their training.

Research Questions

1. Is PTSD and STS preventable through public policies?
 - a. Who are the police officers that completed the anonymous online survey?
 - b. Why is mental health preparedness important for law enforcement officers before a traumatic incident?
 - c. What mental health training policies exists at the police academy that better equip law enforcement officers to handle traumatic stress after graduation?

Purpose of the Study

The purpose of this study was to investigate possible enhancements to the police academy that mentally prepare law enforcement officers for encountering critical incidents. The research model most effective in capturing the importance of this study was qualitative. Through this, I used personal testimony data to provide credible information. In this study, I describe the psychological effects law enforcement officers face following a traumatic incident, compare academic articles, explore mental health training at the police academy, and develop strategic information that is relative to implicating necessary change (see Yuan et al., 2011).

Unprepared law enforcement officers who respond to incidents like the Pulse Nightclub shooting become emotionally distraught. To reduce the possibility of triggering flashbacks, an online survey was conducted that allowed law enforcement officers from across the state of Florida to anonymously provide input focused on their academic training. From these law enforcement officers, a percentage had 10+ years on the job to determine if on-the-job coping skills provided insight to policy development in academia. Comparing the mental preparedness of law enforcement officers who have experienced traumatic incidents and those who have not provided evidence to support the need for better training (Charles, 2012). Studying law enforcement officers who experienced direct trauma provided insight as to why PTSD is recognized immediately following catastrophic events in unconditioned personnel versus PTSD being slowly developed in a law enforcement officer who experienced numerous minor incidents over a period (Inslicht et al., 2011). Although emphasis is placed on stress debriefings, post-

disaster counseling, and treatment plans, few studies reveal interception techniques (Whealin, Ruzek, & Southwick, 2008). This data can enable better psychological protection for law enforcement officers against situations that prelude STS or PTSD and enhance public policies for law enforcement training.

Conceptual Framework

This is a policy-driven study of police academies in a Southern state. The conceptual framework that best fit this research is STS. STS captures the direct impact of indirect involvement at traumatic events, the mental preparedness of samples, and the longevity of an individual's mental health when indirectly exposed to critical incidents (Rhineberger-Dunn, Mack, & Baker, 2016). Many studies involve caseworkers, psychologists, and social workers, but few have involved STS in law enforcement officers. STS grounded this review on the premise that training and desensitization plays a vital part in mental health. This idea helped suggest a way to train law enforcement officers on psychological combat strategies.

In this conceptual framework, education, training, and law enforcement officer's overall resiliency and psychological readiness was investigated. Although many law enforcement officers experience direct trauma, most are affected indirectly. This framework helped consider the law enforcement officers who were not injured or wounded physically but witnessed a disaster and aftermath first-hand. In Chapter 2, a more in-depth analysis of STS through direct trauma is provided.

Although numerous law enforcement agencies are addressed in this study through anonymous survey, only one police academy was evaluated. Additionally, the

Department of Defense is another entity that was incorporated into this framework that enhanced data with military combat PTSD, including wounded warrior programs and the Veterans Administration while capturing philosophical concepts of clinical practitioners. This created a framework to address policies that are proactive in preparing individuals for situations like combat rather than reactively treating PTSD after. The overall objective in comparing law enforcement officers training programs to military predeployment training was to identify best practices and align policies that help law enforcement officers defend themselves against mental health issues. This correlation was achieved by surveying wounded warriors with PTSD to determine if they received desensitization training before deployment.

PTSD is an inhibiting factor, and if left unchecked could result in significant effects. Therefore, it is important that PTSD be addressed in the law enforcement community. Using STS as a conceptual framework balances the paradigm of policy, protection, and prevention. The goal of this study was to determine what education, if any, is in place to protect law enforcement officers' mental health. This study may help reduce the number of people diagnosed with PTSD by building more resilient personnel. Chapter 2 provides more insight by comparing the literature review.

Nature of the Study

The nature of this study was designed to help law enforcement officers be better prepared to face traumatic experiences and to overcome mental wounds through public policies that protect them. Law enforcement officers deploy to national, state, and local disasters, and stand ready to maintain justice and safety. Using a qualitative paradigm

enabled the opportunity to gain first-hand knowledge from law enforcement officers who have experienced trauma. Furthermore, recommendations from law enforcement veterans who suffer from PTSD holds more credibility than quantitative matrix comparisons. The STS investigated here is psychological after-effects law enforcement officers faced after responding to a traumatic incident. This study was designed with social change in mind by achieving the desired outcome through proper approach. The qualitative research method allowed me to survey a variety of law enforcement officers, administrators, training officers; dissect policies related to this matter; and collect evidence to support the concept of STS. The targeted population was Florida law enforcement officers who responded to incidents that involved death, destruction, or them being wounded in the line of duty.

In-depth structured surveying of law enforcement officers who responded to critical incidents provided a collection of data that was analyzed for plausible content. I first reviewed police academy curriculum to determine what mental health training, if any, was available; then I administered anonymous surveys via an electronic and secure format. Survey data were processed through NVivo that coded and interpreted qualitative information. By using a reliable and validated tool, the finalized report reflects as reliable. Using the proper instrument to establish the trustworthiness of the interview data was also important in addition to having dependable information that was measurable and validated. However, because there are limitations to coding details, discretion was used to protect samples (Creswell, 2009) including coding for security, securing the data, and

destroying it after 5 years. Written consent was also used to release the information they provide (with certain exceptions governed by the Institutional Review Board [IRB]).

Operational Definitions

The following are defined to help the reader understand terminology, law enforcement and military lingo, and terms used for this study.

Desensitization: Emotional detachment from a traumatic experience (Mrug, Madan, Cook, & Wright, 2015).

Homeostasis: The body's ability to heal itself (Torday, 2015)

Law enforcement officer: Trained individuals that uphold and enforce city, state, and federal rules and regulations. Sheriff, deputy, police, ranger, agent, detective, and investigator are some terms used to describe these individuals who may respond to disasters (Florida Department of Law Enforcement, 2016).

Post-traumatic stress disorder (PTSD): When an individual is directly impacted by an incident, medically diagnosed with a mental or psychological wound, and struggles with daily life (Evcesa et al, 2012).

Psych-combat: The ability of an individual to remain unattached to a traumatic experience, or the ability to stay mentally intact during a catastrophic event (Stinchcomb, 2007).

Secondary traumatic stress (STS): When an individual is indirectly affected by an incident, witness's trauma and has an emotional attachment to that incident (Conn & Butterfield, 2013).

Vicarious trauma: When a person is adversely impacted psychologically from an indirect trauma (Pulido, 2012).

Assumptions, Limitations, Scope, and Delimitations

Assumptions

In conducting this qualitative research, assumptions were made that may appear to be a reality but must be proven; however, some facts cannot be measured directly (Rubin & Rubin, 2011). Often, the subject matter is assumed to be of importance to those directly affected by research, but in this study many individuals did not want to participate. Another assumption was that law enforcement leadership would grant access to research their department and training program, which was not the case, leading to an adjustment in the approach and participant pool.

Before surveying law enforcement officers, one of the assumptions was that the fear of career repercussions would reduce the amount of freedom each law enforcement officer feels about discussing STS and PTSD, though this assumption was shown to be incorrect (Karaffa & Koch, 2016). An additional assumption regarding desensitization training at the police academy was that it will be well received and make a significant impact in minimizing STS and PTSD in law enforcement officers who experience vicarious trauma.

Scope and Delimitations

This study was focused on law enforcement officers who responded to critical incidents and their mental durability following. I investigated training policies and mandated training designed to mentally prepare law enforcement officers for events like

the Pulse Nightclub shooting. By surveying a ratio of law enforcement officers from across the state, a baseline was established that determined how the traumatic experience affected them. Most law enforcement training at police academies is focused on tactical maneuvers. Mental health conditioning occurs at random and in an unstructured manner. This study was focused on investigating the probability and effectiveness of integrating a psycho-combat session, desensitizing future officers to the prospect of incurring STS or PTSD.

Researching the effects of STS and PTSD on law enforcement officers was selected because it is important to defend the individuals who sacrifice for community protection and little research has been conducted on this phenomenon. The target officers who were studied were widely spread from across the state. This study explored the impact STS has had on these officers, and how desensitization training may have aided their ability to deflect mental scarring. Other elements that affect the psychological health of officers are family, finances, faith, and friends. Although these elements do affect an individual's wellness, I did not consider them and remain focused on academic training.

Limitations

The main limitation in this study was the skepticism and self-preservation of law enforcement officers. Eliminating this threat via surveys to participants allowed them to articulate concerns regarding training, vicarious trauma, and policies (see Creswell, 2013). Providing anonymous online surveys that allowed officers to provide input without sacrificing time away from their family or work and prevented the possibility of being triggered by PTSD.

Another limitation faced by this study was buy-in from law enforcement leadership. Although it was assumed that these leaders would be eager to improve the work environment and preparedness of their officers, many were reluctant to showcase their policy flaws. Therefore, the original plan of gaining participation from the law enforcement officers who responded to the Pulse Nightclub shooting changed to broadening the participant pool to make theological assumptions about the law enforcement officers who responded to the Pulse. Broadening this study overcame limitations by focusing on officers with similar experiences.

Significance of the Study

There have been many incidents in the United States where a law enforcement officer has witnessed traumatic situations. However, instruction does not currently contain a format that incorporates psycho-combat or mental health preservation. Ideally, homeostasis would allow healing of psychological issues through natural remedies. But researchers have investigated other ways to help with PTSD, including mental exercise (Potter, 2002), mindfulness (Thompson, Arnkoff, & Glass, 2011), and cognitive behavioral treatment (Whealin et al., 2008). Additionally, early interception of PTSD creates the improved success of the treatment plan (Kleim & Westphal, 2012). Most studies reflect a post-traumatic rehabilitation technique, but few incorporate strategies that protect law enforcement officers or military personnel from STS or PTSD. For example, although R4 Alliance (2016) determined that one of the most effective rehabilitation techniques for PTSD is outdoor recreational therapy, it still does not incorporate protection from PTSD (Bistoën et al., 2014). The gap in the literature that this

research filled is a proactive approach to mental self-defense, which can lead to better outcomes for officers' quality of life.

Law enforcement officers can become psychologically distressed by vicarious trauma (PubMed Health, 2005) or indirect involvement in a traumatic experience, which can lead to STS and PTSD. PTSD is often incurred through repetitive exposure and could have delayed manifestation (Bistoën et al., 2014), and law enforcement officers are exposed to physical and psychological trauma throughout their careers. Localized disasters often require a law enforcement officer to respond in their typical duty day, while other disasters require long-term deployments (multiday response). But there is a significant gap in research literature covering public policy regulating the duration of exposure for law enforcement officers during disaster response. To sustain the health and welfare of law enforcement communities, continual workload stressors must be balanced with protective policies and therapies. The findings of this study may be applied to support desensitization training at the police academy and quarterly training sessions at each department. Positive social change will occur with preventative training by empowering law enforcement officers through psycho-combat strategies for mental endurance and homeostasis.

PTSD disrupts social behavior (White, 2014); in law enforcement officers, it has led to ethical violations, excessive use of force, and being suspected as the culprit in some deadly shootings. Individuals with PTSD are less tolerant of rude or indignant behavior (Smith & True, 2014), as it affects their reactive traits to unpredictable situations (Thompson et al., 2011). Therefore, PTSD affects the social interaction

between law enforcement officers and citizens when disrespectful or irate behavior occurs. PTSD has also led to alcoholism, risky behavior, excessive work hours, divorce, and even suicide. Each person copes differently, even though many treatment plans are designed to fit all (Gersons, 1989). The result of these “blanket” policies has affected law enforcement officers such as those who responded to the Pulse Nightclub shooting. Therefore, the findings of this study may lead to the reduction of law enforcement suicides, excessive force complaints, and increased health and morale for officers. This study can be used to fill a substantial gap for policy makers developing legislation to protect law enforcement officers from psychological wounds. Researching the correlation between public policy and PTSD uncovered unnecessary psychological risks to law enforcement officers. Procedures must be created that protect disaster responders, provide a better understanding of PTSD in social mishaps between law enforcement and citizens, and influence self-identification of psychological wounds (Thompson et al., 2011). Connecting the relationship between traumatic exposure and PTSD may reinvent safety protocols that focus on mental health during disaster response and recovery. Intercepting or defending against STS and PTSD via public policy is the goal of this study.

Training seminars exist for law enforcement to learn how to interact with citizens who suffer from mental illnesses, but few educate leadership on internal signs and symptoms of STS and PTSD. Following an incident where law enforcement officers are involved directly or indirectly, leadership mandates they attend a CID. This CID instrument was explored to determine its ineffectiveness for law enforcement officers. Assisting a law enforcement officer who has PTSD is challenging when they are afraid of

the repercussions for self-reporting. Taking preventative measures to reduce the risk of incurring PTSD is a more reasonable approach and was the central focus of this study.

Significance to Practice

Findings from this study impact literature by providing evidence that show that proactive public policies for law enforcement officers could aid in the quality of job performance and duration of a career. Additionally, this evidence could be used by the Department of Defense and the military to reduce traumatized troops who face combat deployments and disasters.

Significance to Theory

This study suggests that preventative mental health is more efficient than reactive psychological health. Creating this proactive approach can reduce PTSD cases in military personnel, law enforcement officers, and social workers. The theory of educating law enforcement leadership on STS and PTSD may provide early help for law enforcement officers struggling in silence. This study can also create a premise on improving law enforcement/citizen relations.

Significance to Social Change

Findings from this research are made public and shared with participants, stakeholders, Congress, and policymakers. By sharing these results, STS and PTSD can be shown to not always be a debilitating diagnosis. By establishing a baseline of information, this study presents evidence useful to bring about change to police academies, military combat training, and other potential first responder training policies.

Summary

Though law enforcement officers who are physically wounded and injured heal, the emotional trauma is a more significant challenge. Public policy experts face the challenge of employing protocols to maintain public safety and security while protecting law enforcement officers during a disaster. Developing a policy that safeguards law enforcement officers is important and may be useful to protect the mental health of military personnel as well. Most medical providers offer two forms of assistance: medication and talk therapy, but these are reactive and are not a complete solution. Most studies indicate a post-traumatic rehabilitation technique, but few incorporate strategies that protect law enforcement officers from STS or PTSD. There was also a significant gap in research literature covering public policy that serves to protect law enforcement officers. The research questions were designed to find evidence to determine policy revisions or development at the academic level.

The purpose of this study was to reduce STS and PTSD by investigating policies that are designed to protect the mental health of law enforcement officers and enhance them. Current emphasis is placed on stress debriefings, post-disaster counseling, and treatment plans, but few studies reveal interception techniques (Whealin et al., 2008). The focus on STS and PTSD provided directional influence toward studying law enforcement officers' mental health. The goal of this study was to develop information that could lead to policies that protect law enforcement officers from incurring PTSD. Aiding, however, is difficult when law enforcement officers are afraid of the repercussions for self-reporting PTSD symptoms, and leadership has been resistant to change. Taking

preventative measures to reduce the risk of incurring PTSD is a more reasonable approach and was the central focus of this study.

Chapter 2: Literature Review

The law enforcement officers who respond to critical incidents are trained to execute their tactical duties; however, they are not mentally prepared to witness traumatic incidents. The purpose of this qualitative study was to examine law enforcement training to discern if psyche-combat was part of the curriculum and to investigate mental health trends of law enforcement officers. Results from this study can be used by law enforcement agencies, the Department of Defense, and branches of the military to gain data on combating STS and PTSD before an individual is mentally disabled from their job. The information collected from participants can provide insight to policymakers and law enforcement leadership. This study's results may help mentally prepare law enforcement officers for traumatic events, increase retention rates among law enforcement officers, and enhance public relations between law enforcement and citizens.

STS refers to the psychological duress of witnessing trauma without being directly impacted and physically wounded. Many researchers refer to STS and vicarious trauma as an individual suffering adverse emotional effects as a direct result of listening to traumatic experiences (Wills & Schuldberg, 2016). For this study, and to expand the defining attributes of STS, STS now includes being involved in an incident without physical injury. Findings may present subtle or drastic changes to policies that target mental health in law enforcement officers.

Though STS and PTSD affect officers' abilities to perform their duties, current treatment does not fully address these mental health issues affecting officers. Anxiety, depression, and hypervigilance are all psychological elements related to STS and PTSD

and occur from exposure to traumatic events (PubMed Health, 2005). A law enforcement officer may find it difficult to interact with civilians if they are struggling with STS or PTSD (White, 2014). But nearly all strategies for battling STS and PTSD are reactive (Bentley, 2005). Additionally, most treatment plans consist of pharmaceuticals and talk therapy (Smith & True, 2014). Following a traumatic experience in the law enforcement community, a CID is enacted. However, as military combat talk-therapy has shown, it is only a minor piece of holistic wellness. Research has also indicated mindfulness as a treatment approach (Arnkoff & Glass, 2011; Potter, 2002) such as cognitive behavioral treatment that can have the most significant and lasting effect (Whealin, Ruzek, & Southwisk, 2008). Kleim and Westphal (2012) added that early interception of PTSD creates the improved success of the treatment plan. Along with potential issues with these treatment options, psychological treatment is not well received by law enforcement officers. Exposing potential vulnerabilities of mental health could threaten a law enforcement officer's career (Karaffa & Koch, 2016).

Most studies reflect a post-traumatic rehabilitation technique, but few incorporate strategies that protect from PTSD. The research found in this chapter broadly reviews the challenges policymakers endure to protect the mental health of law enforcement officers who experience traumatic events while on duty. This chapter presents a review of the literature on the history of law enforcement training, public policies, desensitization and psyche-combat, and PTSD and STS. It also offers information on the Pulse Nightclub massacre, and how it affected the law enforcement officers who responded to it.

Additionally, the literature in this chapter suggests training that law enforcement leadership should consider in their day-to-day operations.

Research Strategy

This literature review was conducted to span various studies focused on information on taking proactive steps in combating mental health concerns in the law enforcement community (Borelli, 2015; Craun, Bourke, Bierie, & Williams, 2014; Hyman, 2004; Yuan et al., 2011). Much of the literature discovered is older than 5 years. But these older studies are often used as guides for policies in the law enforcement community. Using them helped capture the essence of tested information while using more recent investigations for comparison. Relevant literature for this case study was focused on the concepts evolving around traumatic stress in law enforcement. Additionally, I searched with the following keywords: *Post-Traumatic Stress Disorder/PTSD; Secondary Traumatic Stress/STS; law enforcement training; mental health training; desensitization training; vicarious trauma; police academy PTSD training; Critical Incident Debriefing; talk therapy; law enforcement coping skills, and law enforcement officers with PTSD*. These keywords were rearranged numerous ways to find literature in EBSCO, ProQuest, Google Scholar, Walden University Peer-Reviewed Articles and Journals, ScholarWorks, Social Work Abstracts, and ScienceDirect. There were approximately 100 articles that contain relative information for this study. After reading each section in depth, the information was organized, analyzed, summarized, and contrasted to determine the overall picture.

In addition to the literature search, peer review is an ideal approach that enhanced the credibility of this study. By demonstrating that a problem existed, law enforcement officers would recognize the need to face STS. A peer study that complemented this investigation is the University of Central Florida's study on law enforcement officers' suffering from PTSD. However, their study is still in progress and data is not releasable as of September 26, 2018.

Conceptual Framework

The current study was policy-driven regarding Florida police academies that trained the law enforcement officers who have responded to traumatic incidents throughout Florida. The conceptual framework that best fit this study was the influence of STS on public policies for policing. A survey was conducted to determine whether training existed at the police academy to prepare law enforcement officers for the mentally traumatic experiences they encountered on the job. Some studies have shown that contact with trauma victims could lead to STS and even PTSD (Warren, 2015).

STS captured the direct impact of indirect involvement at traumatic events, the mental preparedness of law enforcement officers, and the longevity of law enforcement officers' psychological health when indirectly exposed to critical incidents (Rhineberger-Dunn, Mack, & Baker, 2016). Most studies on STS focus on caseworkers, psychologists, and social workers, but few show STS in law enforcement officers. The STS phenomena grounded this review on the premise that training and desensitization plays a vital part in mental health. This focus can indicate a way to train law enforcement officers for psychological combat strategies.

The literature connected PTSD and STS and involved the law enforcement community as a direct proponent of inquiry. Although only three law enforcement agencies were addressed in this study, the Department of Defense is another entity that was incorporated into this framework. My focus was on wounded warrior programs and the Veterans Administration while capturing philosophical concepts of clinical practitioners. This provided a framework to address policies that are proactive in preparing military personnel for combat instead of reactively treating PTSD on return from a combat deployment. Comparing law enforcement training programs to military predeployment training helped identify best practices and align policies that help law enforcement officers defend themselves against mental health issues. PTSD is a well-known disabling condition in military combat personnel and has just received recognition in Florida as a disability for first responders. But little information is available regarding the impact of STS. Though PTSD is indicative of direct trauma, STS is a mental health condition from being indirectly exposed to trauma (Smith & True, 2014). Using STS as a conceptual framework balanced the paradigm of policy, protection, and prevention, and allowed for a theoretical conclusion between military combat personnel and law enforcement officers.

There is a distinct difference between STS and PTSD (Mordeno, Go, & Yangson-Serondo, 2017); although signs and symptoms appear similar, the difference involves experiencing trauma directly or indirectly. For example, violent media can indirectly affect viewers (Mrug et al., 2015). Furthermore, STS and PTSD can be correlated by comparing police officers who were directly involved in traumatic incidents and police

officers who were subjected to trauma indirectly (Warren, 2015). Being physically injured or wounded during a negative or traumatic incident is incomparable to witnessing trauma without a direct impact on physical health (Craun et al., 2014).

Although years of research and psychological training exists for PTSD, little has been studied on the effects of vicarious trauma. However, one example is Conn and Butterfield (2013), who researched the challenge police officers face when trying to cope with STS. Despite a lack of research, addressing STS can start with implementing psycho-combat, vicarious trauma, or STS training at law enforcement academies (Borelli, 2015). Desensitization training through repetition can also help in building mental fortitude (Mrug et al., 2015). Desensitization training is significant for morale and welfare for law enforcement officers (Rabinovich, 2016). Additionally, Yu et al. (2009) went more in-depth in precision training concepts that are easy to implement at academies and have proven results. Additionally, Lotan et al. (2017) examined the possible solution to vicarious trauma by introducing the idea of desensitization or resiliency training into law enforcement academies. Realizing the significance of PTSD and STS in law enforcement is the first step toward a healthy relationship between law enforcement and civilians and specified the link to this case study (Judith & Konstantinos, 2014).

Despite these training options to address STS, there is a negative stigma associated with law enforcement officers who struggle with STS or PTSD (Karaffa & Koch, 2016). Although there was validity for concern regarding on-duty law enforcement officers struggling with STS or PTSD, there must take place a transition in understanding

that STS and PTSD does not always cripple the subject nor pose a grave threat to others unless not otherwise treated. Therefore, this hidden wound can be more destructive when left untreated (U.S. Department of Veteran Affairs, 2014). For example, Warren (2015) claimed that every law enforcement officer who encounters vicarious trauma secretly struggles with STS. This indicates the need for policy makers to act.

In reviewing literature, the first gap existed with limited scholastic information available regarding law enforcement officers who respond to disasters and succumb to STS or PTSD, which led to using some older studies. For example, Benedek, Fullerton, and Ursano, (2007) also suggested that pharmaceutical and therapeutic interventions can help with addressing posttraumatic stress, though these are not frequently examined in law enforcement agencies. Gersons (1989) also revealed through clinical experiences that most police officers involved in traumatic incidents experience denial. Research for this study goes back at least as far as 1982 when Mitchell researched the psychological impact of the Air Florida 90 disaster on all first responders.

Although a significant gap existed for current literature regarding law enforcement officers with STS and PTSD, most research found was within a 10-year span. For example, Backholm and Björkqvist's (2012) research indicated that law enforcement officers can secondarily incur PTSD, which should be diagnosed as STS. Bistoën et al. (2014) also discovered that PTSD can have delayed manifestations and become evident after years of exposure to traumatic situations. Evcesa, Haugena, and Weissb (2012) provided evidence that coincided with clinicians' and psychologist's views, finding that STS and PTSD in first responders was prevalent.

Treating STS and PTSD is important, and it is important to have a proactive strategy more effective than rehabilitation (Kleim & Westphal, 2012). However, it is also important to understand work-related triggers that foster more effective outcomes (Duxbury, Higgins, & Halinski, 2014). For example, burnout involves law enforcement officers working long hours with continuous exposure to trauma (Loo, 2004). An important start to long-term recovery and protection is mental self-aid buddy care (Sovereign Health, n.d.). However, although self-reporting is ideal for individual care, it is not conducive for many law enforcement officers. That is why it is important for law enforcement managers to recognize symptoms of STS and PTSD such as anger and irrational behavior (Meffert et al., 2008). Understanding the personal identity crisis with individuals who suffer from STS and PTSD, policymakers can more effectively pursue long-range goals to protect law enforcement officers while rehabilitation specialist can influence change within individuals struggling to overcome PTSD.

Law Enforcement Vicarious Trauma Training

Law enforcement officers who responded to the Pulse Nightclub shooting or similar incidents with less critical incident experience may have struggled more with STS, whereas the responding officers who have witnessed numerous critical incidents struggled less with psychological trauma. Nonetheless, there is a need to introduce vicarious trauma training into law enforcement academies. This has been indicated by results on the Michigan Multi-Personality Test suggesting that the STS and PTSD law enforcement officers suffer from was a direct result of on-duty related incidents (Borelli, 2015). Another indication for better training is that training on PTSD has been focused on

dealing with someone who has suffered from an emotionally traumatic incident (Dally-Steele, 2017). Further, according to Warren (2015), bewilderment often lingers in the subconscious realm of law enforcement officers who are exposed to vicarious trauma. Police officers also externalize negative behaviors when over-exposure or trauma occurs (Karaffa & Koch, 2016; Warren, 2015). Therefore, implementing vicarious trauma training is significant for the health and wellness of law enforcement officers.

One option for training is desensitization training, which may enhance the resiliency of law enforcement officers, as desensitization can reduce symptoms of PTSD, empathy, physiological reactivity, and emotional distress (Mrug et al., 2015). Continuous exposure to redundant scenarios also lowers the body's psychological and physiological response (Mrug et al., 2015). Further, desensitization training for mental health patients has been shown to be the most effective rehabilitation tool for a psychologist, especially when it is systematic and medically reactive to PTSD and STS (Rabinovich, 2016). Finally, on-duty stressors that lead to PTSD and STS indicate that desensitization training may help prepare officers for this exposure (Judith & Konstantinos, 2014). Exploring desensitization procedures as a proactive training tool for law enforcement officers, instead of responsive to trauma after the incidents, can increase of resilience for law enforcement officers. Therapy presents itself as rehabilitation in nature, whereas training is designed to build strength and endurance.

In addition to desensitization training, Yu et al. (2009) discovered a type of training to strengthen the mental resilience of professionals in dangerous career fields such as law enforcement. Yu et al. emphasized three measures that provided a

complimentary service for current therapies in practice. First, providing game-based training applies “muscle memory” to cognitive behavior through visual coherence. Second, audio and visual are two important senses in law enforcement that absorb vicarious trauma the most; therefore, they must be numbed. Lastly, the “Theory of Cognitive Load – TCL” is the vital element in proactive mental health (Yu et al., 2009).

Though training is important, it is also important to address resistance to training and stigma. There is a dilemma in mental health reporting in law enforcement, as stigma prevents police officers from seeking mental health services (Karaffa & Koch, 2016). This can lead to issues such as suicide, excessive force, public complaints, and abuse of authority. The primary concerns among these officers are the stigma of victimization, weakness, and vulnerability. A law enforcement officer must be fully functional to carry out their duties. In rare circumstances, where an officer self-identifies mental health concerns, that officer is often “quarantined” from his/her duties and forfeit their gun. This goes beyond humiliation and pride and creates a stigma for officers that they cannot be trusted (Karaffa and Kock, 2016).

Reviewing the literature provided insight as to why PTSD is recognized following catastrophic events in unconditioned personnel versus PTSD being slowly developed by a law enforcement officer who has experienced numerous minor incidents over a period (Charles, 2012; Inslicht et al., 2011). Although emphasis is now placed on stress debriefings, post-disaster counseling, and treatment plans, few studies reveal interception techniques or psychological preparedness (Whealin, Ruzek, & Southwick, 2008). To solidify the importance of implementing desensitization, vicarious trauma, or psycho-

combat training in law enforcement academies to increase the health and morale of law enforcement officers, Thompson, Arnkoff, and Glass (2011) found that resiliency can be taught.

Vicarious Trauma and Secondary Traumatic Stress

Trauma comes in many forms. For law enforcement officers, it can be both direct and indirect. This study investigated literature related to the effects of PTSD, vicarious trauma, STS, and public policies that guide academic training. There is a common denominator between secondary trauma in law enforcement and indirect trauma in the military. With a significant influx of diagnoses for PTSD in military personnel returning from the war, one must ask one's self if what they suffer from is genuinely PTSD. Many of these soldiers, sailors, airmen, and marines have been indirectly impacted. Smith and True (2014) are correct: any form of trauma can reshape an individual's behavior. STS and PTSD both incorporate behavioral changes within their host, and this study opened the door for future studies to discern more truths and fill more gaps. While a breakthrough occurred that connected STS to law enforcement officers being indirectly impacted by traumatic incidents, it is the institute that trains these officers that has our full attention. STS may be intercepted with proper mental health training that teaches resiliency.

Bestowing Mordeno, et al. (2017) quantitative study 'Examining the dimensional structure models of STS based on DSM-5 symptoms', there is little behavioral difference between a patient who suffered direct trauma or indirect trauma. Their "Diagnostic Statistic Manual-IV (DSM-5)" challenged previous information on solely diagnosing

PTSD. Rather, Mordeno, et al. (2017) explored the possibility that STS was the culprit in a significant amount of vicarious trauma cases. Craun, et al. (2014) reinforced this theory in their “longitudinal study” of STS in law enforcement officers. They found that many traditional PTSD cases were actually STS. Vicarious trauma was the most significant factor in this three-year study. An officer’s coping mechanisms and training were secondary influencers. Mordeno, et al. (2017) quantitative research complimented Craun, et al. (2014) qualitative investigation with a forecast for a change.

There’s something about innocent victims being inhumanely hurt or killed that devastates the human psyche. Many law enforcement officers have protective instincts, and feel failure when children are hurt or killed. When a law enforcement officer encounters a child victim, they face an emotionally complicated incident that burns a negative image within their psychological database that often recalibrates that officer’s perspective. MacEachern, et al. (2011) explored how child abuse impacts law enforcement officers. According to their study, vicarious child-based trauma produces more emotional devastation than any other traumatic incidents (MacEachern, et al., 2011). Pulido (2012) isolated this phenomenon as STS. This entire qualitative study of how the responding law enforcement officers of traumatic incidents can be summed up in this article, but the gap in mental fortitude training remains. Albeit, while this case study evaluated emotional effects of vicarious trauma, the focus was to determine if academic desensitization training can strengthen the human mind to protect and instill a homeostasis process. According to Pulido (2012), this training hypothesis can influence ones’ rehabilitation post-incident. In 2013, Conn and Butterfield conducted a study

called: 'Coping with Secondary Traumatic Stress by General Duty Police Officers: Practical Implications'. According to this study, several variables inhibit or exhibit a law enforcement officers' ability to overcome and remain mentally healthy during and after incidents that cause STS. The outcome of this study parallels this author's theory for the vitality of desensitization training (Conn & Butterfield, 2013).

In a more recent study, Rhineberger-Dunn, et al. (2016) explored the vicarious ramifications faced by correction officers. This exploratory research targeted the law enforcement officers' childhood background, family, religious beliefs, and perceptions on human life. Rhineberger-Dunn, et al. (2016) discovered that officers with specific background characteristics may present more vulnerable to STS and PTSD. These results vary in favor of desensitization training and a keen sense of personal worth (Rhineberger-Dunn, et al., 2016). A further look back in historical research showed how long STS has been considered a variable. In 2004, Hyman explored how social support systems impacted Israeli Police Forensic Investigators suffering from STS and PTSD. Hyman (2004) proved STS a reality after meeting some resistance from this law enforcement community. Distinguishing the difference between PTSD and STS was an essential outcome of this study (Hyman, 2004). This research harnessed STS and PTSD to solidify the driving force in recommending change to policies.

In a more recent research, Day, Lawson, and Burge (2017) appealed to the phrase "shared trauma" and introduced unique terms; such as "posttraumatic growth, compassion fatigue, and vicarious resilience". This recent study proved to be the evidence required to distinguish the difference between PTSD and STS. While both are

debilitating conditions, STS is more common than PTSD. Based on that knowledge, most law enforcement officers may very-well have STS. If this is the case, then we must face STS head-on; rather than avoiding it and allowing STS to fester into full-fledged PTSD (Day, Lawson, & Burge, 2017).

According to Wills and Schuldberg (2016), individual personality traits change over the course of time. When trauma is incorporated into the picture, that course of the season tends to be drastically reduced; character traits change more rapidly. In their study of the California Psychological Inventory, a discovery was made that police work environment is at the top of being one of the most stressful and mentally hazardous workplaces in society (Wills & Schuldberg, 2016). Although there is no date for Menard and Arter's research article 'Police Officer Alcohol Use and Trauma Symptoms: Associations with Critical Incidents, Coping, and Social Stressors', there is a bounty of evidence that proves Wills and Schuldberg (2016) research was enhanced by Menard and Arter's (n.d.). The gap in Menard and Arter's research left social stressors open for exploration. Their focus was primarily on negative coping mechanisms like alcohol consumption, pornography, and other risky behavior. This study collaborated with historical studies of PTSD to generate a theory on STS (Menard and Arter, n.d.).

Charles (2012) conducted a mixed-methods study on PTSD resiliency and risk factors in police officers from the academy through their first seven years of service. Charles's findings confirmed the purpose behind this research project concerning desensitization of vicarious trauma at the academy level. Out of the 400 samples, signs of PTSD were evident in nearly everyone. However, Charles (2012) categorized them

according to intensity as “highly resilient, initially distressed with gradual improvement, and increasing distress”. These factors played a vital role in determining which law enforcement officer is more susceptible to STS and PTSD. Identified as “PTSD symptom trajectories” an officer’s family dynamics, childhood, chemical and psychological design, and education all play a part in STS and PTSD (Charles, 2012).

Inslicht, et al. (2011) provided evidence that supports Charles’s ‘Longitudinal studies of trauma in police officers. It is imperative to reflect on historical information that supports exploratory studies which fill gaps in the literature. Charles (2012) defends Inslicht, et al. (2011) position on chemical pre-disposition being a key factor in an officer being susceptible to PTSD or STS. In the Inslicht, et al. (2011) study, a conclusion was made that presented fact-based evidence proving that an officer’s body can be physiologically and psychologically weaker and more receptive to PTSD than other officers who may face similar circumstances. Yuan, et al. (2011) would argue otherwise.

In 2011, Yuan, et al., comprised a study that compared an officer’s self-worth to PTSD diagnosis. According to Yuan, et al. (2011), chemical make-up has little to do with an individual suffering from STS or PTSD. Instead, they provided evidence that suggests the main factors in PTSD diagnoses are “self-worth, beliefs of greater benevolence of the world, greater social support, and better social adjustment”. Would this then lead us back to education and training, or would it mean that we must take-on reshaping communities to foster more receptive feelings toward PTSD? Therefore, it is concluded that the approaches to studying STS and PTSD within the law enforcement community have both strengths and weaknesses inherent to the solution.

The Rhineberger-Dunn, Mack, and Baker's (2016) study of 'Secondary trauma among community corrections staff' demonstrated the qualitative methodology that personal data and affect is more important than analyzed data when researching the bridge between secondary trauma and mental health. Researchers in this discipline have approached the problem by studying the distinct difference between residential officers and probation officers. They proved that local correctional officers were less likely to succumb to STS or PTSD but admit that the study was designed to aid the corrections department with enhancing overall health and wellness for their officers. This rationale may be justified because probation officers interact with parolees on a more intimate level. In review, this study is synthesized by the influential effects criminal behavior has on subjects. The STS phenomena however, was not thoroughly investigated to realize the action-based impact but was designed as a listening-based impact. Meaning, this doesn't necessarily cover indirectly experiencing trauma but rather being affected by having a conversation. The research questions inherent to STS negatively impacting law enforcement officers, the lack of vicarious trauma training and policies for desensitization of police officers all justify the rationale for selecting the STS phenomenon concept in literature.

Summary

In this conceptual framework with the STS phenomenon being captured in a case study, I investigated laws, incentives and education, training, and law enforcement officers' overall resiliency and psychological readiness. While many law enforcement officers experience direct trauma, most are affected indirectly; also known as vicarious

trauma. This framework provided consideration for the law enforcement officers negatively impacted by traumatic incidents who were not injured or wounded but witnessed the event first-hand. As seen throughout this chapter, PTSD is much more defined and researched than STS. However, STS has approached the world of social science as a phenomenon primed up and ready to be studied. Some researchers believe the human body's chemical imbalance is to blame, while others argue that there is more of an outside influence on susceptibility to STS and PTSD. While the prime argument is both can be deterred by policies that train law enforcement officer's resiliency. To date, STS is known as a disruptive character trait that has a negative impact on law enforcement officers. Most explorations reveal that vicarious trauma is to blame for STS, while direct injury can be attributed to PTSD. There lacks enough evidence of STS becoming a factor of failed academia. This research identified education as a critical component of strengthening law enforcement officers against STS and PTSD. The results of this study will enlighten the public policy field of emergency management. In the next chapter, there is more in-depth analysis of the STS phenomenon.

Chapter 3: Research Method

The purpose of this study was to address the psychological state of law enforcement officers by introducing mental health training at police academies through public policy. Law enforcement officers face vicarious trauma when they respond to critical incidents such as vehicle accidents. For this study, STS and vicarious trauma refer morale and psychological trauma from witnessing trauma first hand without being physically harmed. Conversely, PTSD occurs when an officer is directly impacted (wounded, injured, had to kill someone, etc.; Yuan et al., 2011). This study addresses the psychological after-effects law enforcement officers face following a traumatic incident and policies that govern mental health training at the police academy as well as provides information that indicates a need for department or public policy change.

In this chapter the research design and rationale, role of the researcher, methodology selected, and trustworthiness of information is presented. This is a study of policies that govern police academy curriculum. Many law enforcement officers who respond to critical incidents face STS and PTSD. Findings point to a better psychological fitness program that enhances mental fortitude in future law enforcement officers.

Research Design and Rationale

A qualitative study with a survey allowed me to investigate STS and how Florida's police academy mental health preparedness training and policies are impacting law enforcement officers who respond to critical incidents without resiliency training. One primary research question and three subquestions were designed to probe potential concerns and resolutions. Data collection was extended throughout the state to provide a

more thorough view of STS and PTSD occurring in the officers that respond to critical incidents. The decision to investigate the Florida Basic Recruit Training Program and 35 officers from across Florida was because law enforcement leadership was not receptive to a collaborative study. Police academies have an influence on officers from the foundation of their training, though can be difficult to examine specific traditions and their influence on officers in the field (Warren, 2015). Most academies have uniformed state approved curriculum; therefore, researching a single police academy provided the necessary data, which was given through access to curriculum regarding the Florida Basic Recruit Training Program (Florida Department of Law Enforcement, 2018). Researching this curriculum allowed me to focus on policies that governs academic training, and the survey provided qualitative insight from law enforcement officers as to how effective or what modifications need to be changed at the academic level.

Role of the Researcher

As the executive director of the nonprofit 10 CAN, Inc. focused on healing morale wounds of law enforcement officers, it was important to approach this research through an unbiased perspective. In qualitative methodology, a researcher's role is one of the most influential parts of the outcome (Creswell, 2009). Researchers often play a role in the outcome of their investigation, steering or coercing information to fit their agenda (Creswell, 2009). Although being an active observer-participant in day-to-day operations of 10 CAN, Inc., my role in this qualitative research was as an observer. Remaining outside the purview of influence was the most effective position in extracting accurate data.

Managing influences on participants ensured that researcher biases were kept to a minimum. Routing questionnaires and surveys through the IRB, law enforcement leadership, and an impartial party prevented subjective evidence. Additionally, using emotional distance while interpreting the data reduced manipulation of answers. The most challenging obstacle in this study was overcoming law enforcement leadership's indifference to exposure. The secrecy and skepticism of morale wounds within law enforcement have plagued law enforcement officers for centuries (Karaffa & Koch, 2016). However, this study can provide findings that can improve quality of life for law enforcement officers.

Methodology & Participant Selection

This research was a qualitative study to investigate public policies that impact law enforcement officers who respond to traumatic incidents. The original design involved a case study on the 2016 Pulse Nightclub shooting that took place in Orlando, Florida. (Lotan et al., 2017); however, because direct access to these officers was denied, this study was expanded to include officers from across Florida. To provide enough evidence, personal insight from officers subjected to critical incidents was analyzed through survey data. The focus was training policies at the police academy, but insight from law enforcement officers was a critical element to capture a need for social change.

The population included law enforcement officers who responded to traumatic incidents like the Pulse Nightclub shooting in June of 2016 (Lotan et al., 2017). Participant selection was based on voluntary involvement, though a barrier that was overcome was the stigma associated with mental illnesses in the law enforcement

community. Using the snowball sampling technique via purposeful sampling, I posted an online survey on social media sites and connected with law enforcement support groups to refer the survey to officers who fit the criteria of being involved in some way with a traumatic event. Affirmation that the criteria were met was confirmed during the data analysis process. Saturation was determined once every platform viewed the survey and had their chance to participate, which resulted in 35 responses. An analysis of these officers on-the-job experiences, tenure, coping skills, direct or indirect involvement in the incident, academy and continuation training, and their perspective of the perception of PTSD and STS in law enforcement helped answer the three research questions. Investigating these elements provided sufficient data to indicate that more emphasis on personal mental health training policies (i.e., desensitization training, psycho-combat) can increase psychological fortitude in law enforcement officers.

Garnering buy-in from law enforcement leaders was difficult but did not hinder the progress of this research. Sheriffs, police chiefs, and other strategic leaders protect their officers from inside and outside threats. By not allowing direct access to the officers who responded to the Pulse Nightclub shooting, I was able to broaden the scope of officer involved incidents, which provided rich information. This investigation will be helpful once published through Walden University and released in digital format.

Instrumentation

Data collection was important to ensuring accurate and detailed information free from manipulation. Collection of information was completed using an online survey platform, academic curriculum investigation, and qualitative designed surveys for

anonymous input. Each data collection method had different resourcing. Surveys and academy policies were the two main focal points for data collection.

PTSD and STS can often be triggered by collecting data in observation, group setting, and interviewing (Rubin & Rubin, 2011). By using a survey (Appendix A), I was able to determine the stigma related to psychological wounds in law enforcement without compromising an officer's mental health (Karaffa & Koch, 2016). For instance, the stigma associated with PTSD in law enforcement often hinders officers from seeking help (Karaffa & Koch, 2016). Observation sheets helped identify individuals experiencing avoidance tactics during the independent pilot study without being confrontational, but these were not used in the current study.

Surveying law enforcement officers through a series of open-probe and multiple-choice questions provided ample information on the effects of STS. With a set of no more than 10 items (questions) designed to concentrate on the three central research questions, these anonymous surveys helped identify policies and changes to address for academies. Being sensitive to an officer's time was an essential aspect of gaining trust and mutual respect. Therefore, it was important to obtain data through surveys these officers completed in private.

Although the research of police academy curriculum was straight forward, anonymous surveys provided a continuum of information. Both progression and digression of mental health were factors subject to evaluation. These surveys were used to determine whether desensitization is key in career longevity and mental health stability. While these reports are obscured due to indifference and skepticism, there was

identifier questions that helped determine the officer's honesty and willingness to participate.

Pilot Study

An independent pilot study was conducted by the nonprofit 10 CAN, Inc. (2014) at the beginning stages of developing this nonprofit to better serve the first responder community. The initial approach began with an anonymous survey distributed to law enforcement officers who are affiliated with various police departments and officers known through therapeutic programs associated with 10 CAN, Inc. Included in this study was a recruitment tool to garner participants who were affected by traumatic incidents from which a telephone or face-to-face interview was scheduled. The purpose of this study was to gain a better understanding from first-hand accounts of how well equipped law enforcement officers are to handle traumatic situations, comparing critical incidents to that of military service, and seeking input on what first responders want and need for healing after being wounded on the job. Mental health rehabilitation tools are typically designed to help individuals who suffer from incidents which they were ill-equipped to handle in the first place. The goal for using this pilot study was to provide evidence of deficiencies in public policies that provide protection for law enforcement officers (Appendix B).

Procedures for Recruitment, Participation, and Data Collection

Data were collected from the following sources:

- Law enforcement training academies

- I e-mailed and called police academies around the state until one academy responded. It was noted that all academies in Florida use the same training manual.
- Pilot study
 - Data are confidential and securely managed by the nonprofit 10 CAN, Inc. The frequency of data collection events was weekly. Duration of data collection events was from 1-5 hours depending on certain resources and samples who participated. Data were recorded through video and writing. This study occurred in 2014 during the development of 10 CAN, Inc. and before this dissertation study was launched (Appendix B).
- Surveys
 - Anonymous online surveys were found to be the most effective in gaining participation and saturating the law enforcement community without law enforcement leadership approval.

The follow-up plan if recruitment results were too few participants was to focus on a broader spectrum of law enforcement officers.

Participants received a thank you card for their time after the survey. Briefing procedures provided each participant information that their privacy would remain confidential unless they provided information that may indicate their desire to hurt someone or their self. This situation did not occur and referrals to local crisis centers was not given. Follow-up interviews were not conducted. A debriefing with anonymous

findings may be presented to nonparticipating agency leadership once this research is published but only upon their request.

Data Analysis Plan

For each type of data collected specific to this dissertation at Walden University, this research identified:

- The connection of data to a specific research question correlated between the survey and research question(s).
- Nature of and procedure for coding in NVivo.
- Any software used for analysis, survey, or sampling.
- The manner of treatment of discrepant cases for which referrals had to be made.

Issues of Trustworthiness

Credibility

The strategies that were used to establish credibility are triangulation; peer reviewed articles; and saturation through survey deployment. Working with the Wounded Officers Initiative allowed triangulation. This strategic partnership brought invaluable credibility to the study by offering many leadership contacts within the local law enforcement community. Additionally, the Wounded Officers Initiative had resources for law enforcement leadership to utilize and provide nonclinical therapies for any officers who may struggle from STS or PTSD. Triangulation occurred through the Wounded Officers Initiative by connecting this study to law enforcement leaders, law enforcement officers, the police academy, and social media forums

Peer reviewed articles provides comparable data to assimilate circumstantial findings into credible information. Being that STS in law enforcement is such a new concept, and resiliency training at the police academies is not tested, peer reviewed articles that are considered scholastically approved aids in the defense of this Dissertation.

Saturation is a common themed approach in credibility. To verify the integrity of this study, saturation occurred by deviating from law enforcement departments and integrating target social media sites to acquire common themes among law enforcement officers who had responded to a traumatic incident. A sample of 35 participants was sufficient in saturation because each response yielded similar results. Fostering camaraderie among officers by sharing anonymous examples and testimonies from their peers provided the evidence required to assure them that STS is a problem and that participating in this study was necessary.

Transferability

The external validity of this study is contingent upon transferability. This investigation used appropriate strategies that enabled a variation in the participant pool. Additionally, the ongoing and evolving inquiry into STS provided continuous evidence through descriptive resourcing. The transferability of this study was primarily reliant upon the pliability of information gathered, analyzed, and published. However, some information may not be receptive to publication, in which this information is stored in the pilot study for further review.

Dependability

The dependability and reliability of this study are based on the triangulation approach. Single-focused research discovered a bias interpretation. However, it is proven that a reliable source has discerned through subject matter experts; like the Wounded Officers Initiative, law enforcement leadership, and agency psychologist.

Confirmability

Confirmability relies on appropriate strategies to establish credible data. Information gathered from this study was confirmed through reflexivity. Each partner in this study (10 CAN, Wounded Officers Initiative, law enforcement leadership, etc.) are identified for follow-up. However, anonymous participants remain hidden, and only their input available for verification.

Ethical Procedures

To conform to privacy laws and protect participants an agreement was developed that outlined protective procedures and remains within the boundaries set by the IRB. Additionally, upon approval (approval no. 07-19-18-0369483), the IRB documents are part of this Dissertation. Participants were treated with dignity and honor. These law enforcement officers sacrificed so much already, privacy is not something that will be jeopardized. None of the participants were physically examined, mentally probed, or psychologically evaluated. A series of 10 questions in a survey were given in electronic format to extract information regarding their professional experience and personal struggles with STS or PTSD. All ethical concerns related to recruitment materials and processes were addressed through the IRB. All concerns addressed were modified to

present a collection of data, including intervention techniques. If a participant withdrew early, refused to continue, or was adversely affected, the plan was to: attempt to overcome the participant's indifference, miscommunication, or skepticism; the second level was to recruit a replacement. Fortunately, all samples participated without incident. Institutional permissions, including IRB approval numbers, are included in this final draft.

All personal data collected remains confidential. Anonymous data is available for review by law enforcement leadership, support organization staff for the pilot study, and Walden University before publication. Only confidential data that cites self-harm or the harm of others would've been directly addressed through the proper channels, but this did not arise. Data is stored on the researcher's private desktop computer and flash drive. Dissemination of data is funneled through the Chairman of this Dissertation. Data collected will be destroyed five years from the time the Dissertation is approved and published.

Summary

Law enforcement officers are subjected daily to traumatic stress. They experience trauma first hand and vicariously. These officers struggle with STS and PTSD. For this study, policies that govern training law enforcement officer's resiliency against STS is the main subject of evaluation. STS produces signs and symptoms very similar to PTSD but is stimulated by different means. When a law enforcement officer responds to a scene where a traumatic event occurred or is indirectly involved in a traumatic incident, they

could develop STS; which if left untreated can progress into PTSD. Policies can better prepare these officers for the psyche-combat field ahead.

The hypothesis that academic training can reduce or prevent STS underwent strenuous evaluation of curriculum. The state of Florida's police academies was analyzed for mental health preparedness training. All academies across the state work from the same training manual 'The Florida Basic Recruit Training Program' (Florida Department of Law Enforcement, 2018). Therefore, a single access point proved efficient in data collection.

Data collected through anonymous surveys must be kept confidential. Any participant not willing to continue with the study was released only after attempts to overcome any issues had been made. This study remained within strict boundaries set forth by the IRB. The IRB outlined protocols to protect Walden University, the researcher, and the participants. Most of all, the IRB protects the data and ensures information gathered was relevant and applicable to this study. The research methodology, tools, and instruments were designed around these policies, because privacy matters.

Chapter 4: Results

Introduction

This research involved a study of law enforcement officers throughout Florida and a policy review of the Florida police academy training manuals to determine if officers are being psychologically prepared for critical incidents. STS is the phenomenological methodological approach that addressed the main research question: Is PTSD preventable through public policies? The subresearch questions were: (a) Who are the police officers that completed the unanimous online survey?, (b) Why is mental health preparedness important for law enforcement officers before a traumatic incident?, and (c) What mental health training policies exist at the police academy to better equip law enforcement officers to handle traumatic stress before graduation? This chapter includes the findings from the data analysis of 35 subjects and Florida's police academy training manual to address these research questions. The participating officers' experiences and academic curriculum were explored in the following fields: mental health preparedness, direct or indirect impact by a traumatic event, and education and training policies.

This chapter starts with an overview of the law enforcement atmosphere and public policies that guide mental health protection. Participants may influence the understanding of this study. Collection and data analysis procedures were reviewed along with the results which describe core themes in public policies. Finally, a summation provides a look at survey question results, which delivers evidence-based data to inform

legislators and policy makers, law enforcement leadership, and police academies on mental health preparedness of law enforcement officers before critical incidents.

Setting

Law enforcement officers from various backgrounds served as participants for this study. Although each department throughout the United States operates autonomously, police academies use uniformed curriculum approved throughout the law enforcement community. Gathering data from broad sources allowed this research to verify that governmental policy is targeted and not isolated academia.

Demographics

A total of 35 officers participated in the online survey. Although only a few officers were from the same department, more were from the same police academy. Due to anonymity, gender, race, age, and ethnicity were not determined. All officers graduated from the police academy and all had experienced some sort of tragic event while serving in the line of duty: vehicle accidents, fires, human acts of abomination, and shootings were the main traumatic incidents faced by these officers.

Data Collection and Analysis

One police academy in Florida was selected for this study. Another academy was contacted but did not respond. Each was contacted about the purpose of this study and the need to review academic material. Permission was granted to review the state of Florida's Law Enforcement Academy curriculum on June 28, 2018, by the director of public safety for the academy. This curriculum is taught at both of the academies that were contacted,

so conducting a singular study on The Florida Basic Recruit Training Program provided trustworthy data.

Data collected from officers was through an anonymous online survey (see Appendix A). Each participant reviewed the informed consent at the beginning of the survey and implied consent by completing the survey. To be eligible, the participant must have been a certified law enforcement officer or veteran of law enforcement who had graduated a police academy or law enforcement leadership. The survey was posted to Survey Monkey with multiple-choice questions. The estimated duration of taking this survey was four minutes. Each participant completed the survey in private from the comfort of their home, on their smart phone while on duty, or at their place of work. After reaching saturation of 35 participants, survey data were transcribed, coded, and analyzed. Data were reviewed to identify recurring themes, and the themes were used to code the data. There were three main themes: law enforcement officers are autonomous regarding self-care, psychological trauma often occurs in law enforcement, and minimal preventative mental health training exists.

Evidence of Trustworthiness

Trustworthiness is important for ensuring the quality, accuracy, reliability, and validity of data. Trustworthiness is the cornerstone for all researchers to build their study on. For this study, trustworthiness was reflected by information that is credible and dependable. The following sections include measures for trustworthiness in this study.

Credibility

The credibility of this study was captured in peer-reviewed articles, saturation, and triangulation. The Wounded Officers Initiative provided triangulation by focusing the research on matters most concerning to law enforcement officers. Focusing on these concerns while using an anonymous survey with Florida law enforcement ensured that assumptions made in this study were credible via data collected. I also used information retrieved in peer-reviewed articles, scholastic materials, and the pilot study to ensure the credibility of this study.

Surveys completed through an electronic platform provided unmanipulated data . The stipulation to complete the survey was that an individual had to have graduated from a police academy. Survey invitations were sent to law enforcement agencies, the two police academies intended to participate, and private social media groups that only contained officers. Qualitative analysis is referenced in the results section to support the findings.

Transferability

Transferability of the data ensured external validity. During this investigation, it was necessary to broaden the participant pool due to officers that responded to the Pulse Nightclub shooting being inaccessible. Broadening the survey reach to all officers in the state of Florida allowed assumptions to be made that reflect what the Orlando police department's officers endured. I also removed the case study element and aligned with a qualitative theme that captured emotional context from officers affected by critical

incidents. This transition allowed a broader application of results while remaining focused on training policies.

Descriptive measuring of STS in comparison to PTSD or vicarious trauma provided evidence that there is a modern difference between PTSD and STS and is flexible for public policies. This study's transferability contains possibilities for social change, but the focus remains on the public policies that protect or threaten law enforcement officers. The value of this study is reliant on data collection, data analysis, and interpretation of the findings. Purposive sampling was used in this case study to gain a greater depth of information about the police academies, and probability sampling was used to gain breadth of information from more officers around the state.

Dependability

PTSD has been extensively studied, yet STS is relatively new. There are countless articles and scholastic researches conducted that contains dependable data on PTSD. Proving dependability of data found in this research for STS was focused on reliability. Reliability is often defined through sustainable expectations and in different situations. Although this research was focused on policies that predicate mental health preparedness of law enforcement officers, the information is applicable to all first responders and military personnel. However, for dependability I gathered, maintained, and secured recorded data, e-mails, and surveys, providing the outline for other researchers to duplicate this study allows confirmation by replication.

Confirmability

Results from this study can be confirmed and corroborated by others. Credible data were collected directly from law enforcement officers and the Florida Law Enforcement Academy Basic Recruit Training Program (Florida Department of Law Enforcement, 2018). Adjustments were made for the partners of this study due to confidentiality concerns by law enforcement leadership. The anonymity of participants in both the independent pilot study that was accomplished by 10 CAN, Inc. and the online surveys do not hinder the confirmability of this study but fortifies it. Results from the survey are broadly confirmed by officers from across the state, and reliable data from the training manual used in police academies throughout Florida provides ample information. These resources can be used by other researchers to duplicate this study.

Results

The purpose of this study was to determine whether traumatic stress disorders are avoidable through academic training. The Florida police academy training manual was examined to determine what policies exist that mentally equip law enforcement officers for traumatic experiences. It was also important to analyze anonymous input from law enforcement officers who had been trained through the police academy, who experienced a critical incident, and who now struggle with symptoms of STS or PTSD. The research questions presented in Chapter 1 provided strategic flexibility to navigate this study in the direction needed to gather evidence of trustworthiness. These questions targeted two focus areas: law enforcement officers and the police academy. First, the results will cover the police officers who completed the online survey, then there will be an analysis on

why mental health preparedness is important for law enforcement officers before a traumatic incident, and lastly, the section will cover what mental health training exists that equip law enforcement officers to handle traumatic stress. Finally, evidence is provided that recommends further exploration of resiliency training for law enforcement officers at the academic level. Traumatic stress disorders may be combatable through preventable policies.

The Law Enforcement Officers

The law enforcement officers who completed the anonymous online survey were from across the state of Florida. Due to strict anonymity, no demographic information was collected. Following is a review of the survey questions and an analysis of the officers' responses:

What was your role during a traumatic experience you faced on the job?

Twenty-three of the 35 officers reported to be first on the scene, two were secondary responders, three were leadership, two conducted post-disaster response, and five were victims in the incident. This indicated that there were more than 65% of officers who face trauma arrive on scene without support, more than 14% become victims, and less than 10% is experienced leadership in the field. These results demonstrate that what officers face in their duty is raw and often unstable. These conditions heighten the state of mind and create mental health concerns.

How many years do you have on the job? Six officers had less than 6 years of experience, 13 had between six and 15 years, eight had more than 16 years of experience,

five were retired, and three were wounded in the line of duty. According to the data, most samples were from officers with 6 to 15 years of experience.

What is your family dynamic? Of the 35 officers who completed the survey, 18 were married with children, only five were divorced or separated, three reported being single, and nine reported being married with no children. That mean's over half of our law enforcement officers have children and a family to care for.

How does LEO leadership view traumatic stress? Incredibly, more than half reported that law enforcement leadership is unreceptive or ignores mental health issues. Ten reported that their leaders are aware and receptive and seek to provide aid, five reported that their leadership viewed mental health issues negatively and would remove officers who self-reported, and only two reported that their leadership advocates for better mental health policies. That means more than 51% of law enforcement leadership refuses to acknowledge the impact of traumatic stress on their officers. With leadership and policies being so closely aligned, it's vital that we note this.

Do you or someone you know struggles with traumatic stress? Nearly every officer who completed the survey reported that they or someone they know suffers from traumatic stress. 80% reported having struggles or knowing someone who is struggling, nearly 3% didn't know anyone suffering, over 11% were not sure of the signs or symptoms of traumatic stress, and almost 6% feared losing their job if they answered. With a majority of our police force struggling with some sort of mental health concern, it would be advantageous to create preventative policies to reduce PTSD/STS.

Did you attend a critical incident debriefing, and if so was it helpful? Three officers reported attending a CID and claimed that it was helpful, whereas seven reported attending but it being unhelpful. Twenty-five officers reported that a CID was not available to them. This data is inconsistent with the pilot study data, where 60% of the officers interviewed reported being forced to attend a CID. Therefore, this question remains open for further research to provide conclusive data.

What psychological preparedness training did you receive before the traumatic incident? Fifteen officers did not receive mental health preparedness training before the incident they experienced, 11 developed their own coping mechanisms through on-the-job experiences, four received stress training at the departmental level, and five reported receiving training at the academy.

What is the outlook from your fellow LEO on traumatic stress? Over 45% reported having no peer support because of the insensitivity of cohorts, 20% reported having peers that were compassionate and willing to help, nearly 30% reported that their peers are skeptic, and over 5% reported that their peers made fun of officers who struggled with mental health issues.

In your opinion, how can policies enhance quality of life for LEO? Three officers documented that better stress preparedness training at the academy would be effective, two wants to see better leadership, one thought post-disaster medical care was most important, whereas 21 of the 35 officers felt all three previously mentioned enhancements could better their health and morale. One officer reported that things are

good the way they are, and seven would like to see law enforcement receive equivalent services as military personnel benefit from.

If you were to change one thing about the Police Academy what would it be?

Eighty percent of the officers who took this survey would like to see police academies include traumatic stress preparedness training to the curriculum. Over 11% feels that desensitization training would be beneficial, and nearly 6% felt the training was adequate.

Why is mental health preparedness important for law enforcement officers?

According to the statewide survey, 91% of Florida law enforcement officers believe they were untrained to cope with the traumatic incidents they faced. A study of Florida's police academy training manual reveals that little attention is given to the mental health preparedness of future officers. Rather, each law enforcement agency incorporates mental health training at the departmental level. That's nearly 60,000 police officers and sheriff deputies being psychologically trained by 259 different police departments and 67 different sheriff departments (Florida Department of Law Enforcement, 2016).

Of the 35 law enforcement officers that took the survey, nearly every officer suggested initiating a policy that would more effectively prepare them for critical incidents. The most uniformed training these officers receive is at the police academy, because each of the 326 departments are uniquely organized through different management and policy-makers. To consolidate resiliency training at the state level through only 40 training centers would ensure uniformed curriculum and trauma preparedness (Florida Department of Law Enforcement, 2018).

Mental Health Training Policies at the Police Academy

In 2006, the Criminal Justice Standards and Training Commission developed a training manual for '*Stress Management Techniques*'. This mental health training curriculum was created in part by agencies that are directly involved with law enforcement officers: Broward County Sheriff's Office, Citizen of Marion County, Citizen of Volusia County, Daytona Beach Community College, Florida Department of Corrections, Florida Department of Environmental Protection, Fort Lauderdale Police Department, Gulf Coast Community College, Hillsborough Community College, Tampa Police Department, and Volusia County Sheriff's Office (Florida Department of Law Enforcement, 2006). The 11 lessons are: Administration and Orientation, Assessment of Stressors and Stress Reaction, Personal Stress Management Techniques, The Role of Nutrition in Managing Stress, The Role of Physical Fitness in Managing Stress, Dealing with Critical Incident Stress, Substance Abuse, Managing Change, The Role of Family and Friends in Managing Stress, Resources for Managing Stress, and Testing and Evaluation that covers a total of 40 classroom hours. The goal of this training is: "To enhance an officer's ability to deal with stressful situations and the cumulative stress that are inherent in the criminal justice profession" (Florida Department of Law Enforcement, 2006).

Review of this training manual revealed thorough education for coping mechanisms. However, resiliency through desensitization has not been explored. Cognitive education is an important aspect of preparation but lacks emotional application when involved in a traumatic incident (Kleim & Westphal, 2012). Duxbury, et al (2014)

focused a study on over-exposure of police officers and the counterintuitive policies that remain in place which compromises the mental health of law enforcement officers. In 2015, Fowler discovered that vicarious trauma or STS “compassion fatigue” jeopardized emotional stability of an individuals’ ability to function at high-performance levels. Law enforcement officers must be able to execute their duties without hesitation, or else they or an innocent civilian could lose their life. Therefore, the overarching analysis of this curriculum is that the absence of desensitization training reduces its overall effectiveness.

A second training manual called *Crisis Intervention* focuses 40 hours on teaching cadets how to execute their duties as a law enforcement officer in a traumatic situation; such as responding to a call where a Veteran suffering from PTSD is hostile (Florida Department of Law Enforcement, 2010). Whereas the main curriculum for Florida police academies has 12 chapters and over 500 pages of instruction, and averages nearly 6 months to complete (Florida Department of Law Enforcement, 2018). That’s approximately 120 days, 8 hours a day; 960 hours of academic training to become a law enforcement officer. In those 960 hours, only 40 are devoted to personal mental health. If samples collected are valid in their claim that STS and PTSD significantly reduce their ability to perform, then there should be a more in-depth policy that reduces traumatic stress disabilities.

Summary

This chapter presented the findings from policy-based research of the Florida police academy training manual and the anonymous survey completed by 35 law enforcement officers from across the state of Florida. The main themes that emerged

were extracted which provided evidence from analysis and reports from the participants. The findings supported that mental health preparedness is a vital component to a law enforcement officer's overall health and well-being. However, there are some inconsistencies that will require further studies in the future to enhance certain qualitative data. Most of the participants reported having little support, minimal training, and a desire for policy change to better equipment future officers.

One open-probe question could be formulated to capture the entire study in summation: *Is traumatic stress disorders preventable through academic training?* Researching police academy training policies discovered that mental health preparedness is being taught at the police academies, but resiliency through desensitization is not. Additionally, very little time in the academy focuses on the personal well-being of officers. Better equipping our law enforcement community with policies designed to protect their mental health is critical to the community at large.

The next chapter provides the summary of this research and recommendations on the way forward. This study, in conjunction with findings from the literature, synthesize and highlight this qualitative phenomenon of STS and informs this study of the police academy's mental health preparedness training. Limitations and recommendations for future research will fortify the purpose of these initial findings and the implications for policies and practices.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The nature of this study evolved around law enforcement officers being mentally prepared to face traumatic incidents. Law enforcement officers who have faced similar situations from across Florida took part in an anonymous online survey because directly accessing the officers from the Pulse Nightclub shooting was not possible. The purpose of this study was to examine police academy curriculum and public policies, measure wellness of law enforcement officers in the state of Florida, and assess if these officers received psychological preparedness training before graduating. A total of 35 officers from across the state of Florida responded by completing the survey. Additionally, 13 officers participated in an independent pilot study through the nonprofit 10 CAN, Inc. (2014). Snowball sampling occurred anonymously through peer-to-peer recommendations to participate in the survey via social media. Purposeful sampling targeted specific social media groups that contained only law enforcement officers and law enforcement departments' social media sites.

One main overarching research question drove three subquestions. The main question was: Is PTSD preventable through public policies? The three research subquestions addressed were: (a) who were the police officers that completed the anonymous online survey?, (b) why is mental health preparedness important for law enforcement officers before a traumatic incident?, and (c) what mental health training policies exist at the police academy to better equip law enforcement officers to handle traumatic stress before graduation? This qualitative study of the Florida police academy

training manual was focused on STS in law enforcement officers who have responded to critical incidents like the Pulse Nightclub shooting. Although these officers were not directly accessible through their departments, an attempt to reach them through social media to recruit anonymous participation in the survey was made. Officers from across the state of Florida took part in this survey, which provided enough data to make assumptions about the mental health preparedness officers receive at the academic level. Their feedback provided evidence that Florida's police academy curriculum does not contain adequate training to psychologically prepare officers before traumatic incidents.

Aside from survey data, upon review of the police academy's curriculum, I discovered that mental health awareness was reviewed but desensitization training does not exist. Further review discovered that mental health training occurs at the departmental level for active officers, and official mental health preparedness training uniformly organized across the state only covers 40 hours of curriculum at state approved academies. Therefore, assumptions can be made that many of the officers who responded to critical incidents were ill-prepared (mentally) to handle the death and destruction they faced.

Interpretation of the Findings

The findings are discussed in the following section to address the research questions in the study. To determine whether PTSD is preventable through public policies and academic training, I examined the responses of officers who have responded to critical incidents without resiliency training. Additionally, making assumptions that the mental health of law enforcement officers can be taught is inconclusive without academic

trials. Therefore, a qualitative analysis of officers from different departments and different academies can produce a scholastic hypothesis that policy change is required.

The Police Officers Who Completed the Survey

The first subquestion addressed the officers' experience, background, and family dynamics, but due to privacy, identifiable information (age, race, gender, ethnicity, etc.) was not collected. Of the 35 officers who completed the survey, six had one to 5 years of experience, eight had more than 16 years' experience, five were retired, three reported being wounded in the line of duty, and most participants had six to 15 years of experience. Twenty-seven officers were married, three were single, and five reported to be divorced or separated. Of the 35 officers who completed the survey, 100% had experienced a traumatic incident while serving on duty, nearly 43% reported being ill-prepared to face the incident, and almost 3% was not affected by the trauma. The 13 officers who completed the independent pilot study reported similar results with one exception; every officer in the pilot study communicated that the incident(s) cause psychological duress. They reported that their first serious traumatic incident, incidents where they had to discharge their weapon, and incidents involving children "haunted" them the most. This is comparable to the U.S. Department of Veteran Affairs (2014) findings regarding stress among combat servicemen and women. Warren (2015) also validated these findings in his study on how the frequency of trauma effects police officers.

This data is consistent with recent studies by Wills et al., (2016), Smith et al., (2015), and Pulido (2012). Additionally, MacEachern et al., (2011) validated that child

trauma is one of the most significant and longest lasting stressors on law enforcement officers and other first responders. Duxbury et al. (2014), Judith et al. (2014), and Karaffa and Koch (2016) also validated the pilot study findings that leadership, over-exposure, and peer support are the three main themes in an officer succumbing to mental health disorders or burn-out. Finally, Hyman (2004) suggested the important of social support and how each officer manages STS according to their personal composition and family dynamic, which has implications for future studies.

Why Mental Health Preparedness is Important for Law Enforcement Officers Before a Traumatic Incident

Law enforcement officers provided qualitative data from the first-hand experience that confirms the need for preventative mental health training. Results from this study indicate that much of the focus on an officer's mental health is reactive such as the CID, although over 71% reported in the anonymous survey that a CID was not available to them. But post-disaster support is important in overcoming a traumatic incident like the Pulse Nightclub shooting (Bistoien et al., 2014; Evcesa et al., 2012; Gersons, 1989). Moreover, conducting preventative training better prepares officers for serious traumatic incidents (Borelli, 2015; Kleim et al., 2012; Whealin et al., 2008). Conducting desensitization training at the academic level could potentially ward off psychological disorders (Yu et al., 2009), and over 91% of officers sampled would agree.

Of the 35 officers who completed the survey, 32 recommended preventative measures that would help them deal with trauma before it occurred. Twenty-seven suggested policies that would better protect officers during disasters and from over-

exposure. That means nearly 77% thought the training should be at the academic level, and only 8.6% preferred the current CID methods already in place. The next section reviews what type of mental health training these officers have available to them during qualification training.

Mental Health Training Policies at the Police Academy

The state of Florida's law enforcement training manual used at all police academies across the state covers mental health awareness curriculum, but no form of desensitization training exists. More thorough mental health training is provided through department curriculum, but it appeared in the findings that desensitization occurs on the job.

According to the survey results 15 officers felt they were not mentally equipped to handle what they saw on duty; that's nearly half of all officers being traumatized by simply doing their job. Findings from the pilot study discovered that over half of the officers used negative coping skills to deal with the stress, whereas less than half used positive coping mechanisms. Each of the 13 officers interviewed suggested some form of proactive mental health preparedness training that would help shield them from being emotionally wounded. Craun et al. (2014) conducted a longitudinal study of STS which proves STS is incurred indirectly. Findings from this study align with the data analyzed in this research, but there are limitations.

Limitations of the Study

Certain limitations of this case study presented problematic at first. Confidentiality, accessibility to specific officers, the gap in research, and gaining

partnerships with law enforcement departments proved to be the most significant limiting factors. Having access restricted to the officers being evaluated offered an opportunity to involve a broader database though. Theoretical assumptions are made about the officers who responded to the Pulse Nightclub shooting through a consensus being developed in data analysis. This provided the necessary evidence to prove these assumptions.

Yuan et al. (2011) found that PTSD in law enforcement is often ignored for self-efficacy of the department. Denying that traumatic stress is a problem and not allowing outside influencers limited this study's ability to reveal potential concerns. Warren (2015) described how trauma and violence changes an officer's outlook and view of citizens. Being morally wounded causes a rendition of the mind and soul. 100% of the time, according to the pilot study, officers with more than six years on duty reduce their circle of friends by 50%. Torday (2015) believes homeostasis can heal the mind and body, and in turn can reset an officer's outlook. However, Karaffa and Koch (2016) indicate that the negative perception of mental health issues in law enforcement will continue to hinder the healing process and limit future studies designed to help.

The next limitation evolved around the survey itself. With only 10 questions being developed to sample participants who have limited time in a fast-paced world, the information extracted proved less specific than desired. While this study is designed to focus on public policies, it navigated through the world of psychology. Gaining input from participants that were emotionally stressed limited the unbiased nature of this study (Meffert et al., 2008). There was a significant gap in research. Much of what is known about PTSD in first responders is more than 10 years old. While this information is still

relevant today, new discoveries can be made about preventing psychological trauma. The data in this study aligns with recommendations for building a healthier police force.

Recommendations

This study skims the surface of social change. Given the limitations of this study and potential for positive impact, a recommendation to continue researching methods of fortifying the mental health of our law enforcement community may significantly improve community relationships, reduce abuse of authority, and decrease suicide among first responders.

This study has discovered possible methods of preventative health but is limited to officers in the state of Florida who have already suffered the impact of trauma. Aspirations to unleash this research data for further studies across the country may uncover answers that are global. Implications exist within this study that fosters a better way of life for future first responders and military personnel. For example, STS/PTSD cannot be treated if it is viewed as a weakness or is shunned by leadership. The first step in utilizing this study for social change is applying it for internal awareness within the law enforcement community.

Implications

Positive social change is subjective to the reception of change within itself. If we build awareness in the public that law enforcement officers are suffering, would that reduce the number of attacks on officers throughout our country, or would it be perceived as a weakness? If law enforcement officers gain knowledge about why they behave the way they do post traumatic incident, would they seek out help? If policy-makers

recognized the potential of building a healthier police force, would they make the necessary adjustments that protect our protectors?

This study was both narrow and broad, in that it focused on one serious incident while sampling a large populace. It is not designed to prove or disprove methods, but rather investigates the possibility of applying desensitization training to prepare future law enforcement officers for the trauma they will eventually face. According to the pilot study 90% of law enforcement officers experience a traumatic incident within their first five years, and 70% of officers learn unhealthy coping skills that often leads to an indifference to public interaction. Of these 13 officers, ten reported having a difficult family life due to work stress, seven reported unplugging from society, and three were ready to find a new job. Don't we owe it to the men and women who protect us from tyranny, respond to our every beckoning call, and sacrifice their life for ours to at least attempt discovering a way to shield them from moral wounds?

Integrating desensitization training via gaming, visual aids, or other empirical methods is a simple adjustment to curriculum within the police academy. This study directly reflects input from officers who have completed the course, served in law enforcement, and have experienced a traumatic incident. Applying their knowledge to positive social change is the goal of this exploration.

Conclusion

This study used the phenomenological approach to research STS, mental health preparedness of our law enforcement officers, and conduct a study of Florida's police academy training manual. The results prove that mental health preparedness matters to

officers, that STS does exist in law enforcement communities, and that most leadership ignores the issue. Despite the efforts of post-disaster CID's, most officers do not find this helpful or are not provided a CID. This study also explored several important elements in the law enforcement culture; noting that most officers recognize mental health issues in other officers but are not receptive to STS/PTSD. Officers point out that mental health preparedness training at the police academy would be an excellent initiative to better prepare them for critical incidents. Many officers are first on scene and are responsible for stabilizing the situation. Findings from this investigation note that most officers are married with children yet have learned negative coping skills to deal with mental health concerns. The empirical evidence shared by these officers depicts that most of the officers who responded to the Pulse Nightclub shooting in 2016 experience STS and PTSD but have little support from their leadership. This study enhanced social change enterprises by providing data into what these officers find important and reveals underlying concerns for understanding STS and PTSD.

References

- Backholm, K., & Björkqvist, K. (2012). Journalists' emotional reactions after working with the Jokela school shooting incident. *Media, War & Conflict*, 5(2), 175-190. doi:10.1177/1750635212440914
- Benedek, D. M., Fullerton, C., & Ursano, R. J. (2007). First responders: Mental health consequences of natural and human-made disasters for public health and public safety worker. *Annual Review Public Health* 2007, 28(1), 55-68. doi:10.1146/annurev.publhealth.28.021406.144037
- Bentley, S. (2005). A short history of PTSD: From Thermopylae to Hue soldiers have always had a disturbing reaction to war. Retrieved from http://www.vva.org/archive/TheVeteran/2005_03/feature_HistoryPTSD.htm
- Bistoën, G., Vanheule, S., & Craps, S. (2014). Nachträglichkeit: A Freudian perspective on delayed traumatic reactions. *Theory & Psychology*, 24(5), 668-687. doi:10.1177/0959354314530812
- Borelli, F. (2015). The need for emotional trauma training. *Law Enforcement Technology*, 42(12), 8.
- Charles, M. (2012). Longitudinal studies of trauma in police officers. *European Journal of Psychotraumatology*, 3. doi:10.3402/ejpt.v3i0.19602
- Conn, S. M., & Butterfield, L. D. (2013). Coping with secondary traumatic stress by general duty police officers: Practical implications. *Canadian Journal of Counselling & Psychotherapy/Revue Canadienne De Counseling Et De Psychothérapie*, 47(2), 272-298.

- Craun, S. W., Bourke, M. L., Bierie, D. M., & Williams, K. S. (2014). A longitudinal examination of secondary traumatic stress among law enforcement. *Victims & Offenders, 9*(3), 299-316. doi:10.1080/15564886.2013.848828
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Dally-Steele, B. (2017, June 28). University police undergo special trauma training. *MN Daily*. Retrieved from <http://www.mndaily.com>
- Day, K. W., Lawson, G., & Burge, P. (2017). Clinicians' experiences of shared trauma after the shootings at Virginia tech. *Journal of Counseling & Development, 95*(3), 269-278. doi:10.1002/jcad.12141
- Dunning, C., & Silva, M. (1980). Disaster induced trauma in rescue workers. *Victimology, 5*(2-4), 287-297.
- Duxbury, L., Higgins, C., & Halinski, M. (2014). Identifying the antecedents of work-role overload in police organizations. *Criminal Justice and Behavior, 42*(4), 361-381.
- Evcesa, M., Haugena, P. T., & Weissb, D. S. (2012). Treating posttraumatic stress disorder in first responders: A systematic review. *Clinical Psychology Review, 32*(5), 370-380. Retrieved from <http://www.sciencedirect.com/>
- Florida Department of Law Enforcement (2016). *Criminal justice agency profile report*. Retrieved from <http://www.fdle.state.fl.us/CJSTC/Publications/CJAP/CJAP-2016/Statewide-Ratios.aspx>
- Florida Department of Law Enforcement. (2018a). *Criminal justice training centers*.

Retrieved from <http://www.fdle.state.fl.us/CJSTC/Training-Resources/Training-Centers.aspx>

Fowler, M. (2015). Dealing with compassion fatigue. *Education Digest*, 81(3), 30-35.

Gersons, B. R. (1989). Patterns of PTSD among police officers following shooting incidents: A two-dimensional model and treatment implications. *Journal of Traumatic Stress*, 2(3), 247-257.

Hyman, O. (2004). Perceived social support and secondary traumatic stress symptoms in emergency responders. *Journal of Traumatic Stress*, 17(2), 149-156.

Inslicht, S. S., Otte, C., McCaslin, S. E., Apfel, B. A., Henn-Haase, C., Metzler, T., . . .

Marmar, C. R. (2011). Cortisol awakening response prospectively predicts peritraumatic and acute stress reactions in police officers. *Biological Psychiatry*, 70(11), 1055-1062. doi:10.1016/j.biopsych.2011.06.030

Judith P. A., & Konstantinos, P. (2014). Friends under fire: Cross-cultural relationships and trauma exposure among police officers. *Traumatology*, 20(3), 182-190. doi:10.1037/h0099403

Karaffa, K. M., & Koch, J. M. (2016). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior*, 43(6), 759-777. doi:10.1177/0093854815613103

Kleim, B., & Westphal, M. (2012). Mental health in first responders: A review and recommendation for prevention and intervention strategies. *Traumatology*, 17(4), 17-24.

Loo, R. (2004). A typology of burnout types among police managers. *Policing: An*

International Journal of Police Strategies & Management, 27(2), 156-165.

- Lotan, G. T., Minshew, C., Lafferty, M., & Gibson, A. (2017, May 31). Orlando nightclub shooting timeline: Four hours of terror unfold. *Orlando Sentinel*. Retrieved from <http://www.orlandosentinel.com>
- MacEachern, A., Jindal-Snape, D., & Jackson, S. (2011). Child abuse investigation: Police officers and secondary traumatic stress. *International Journal of Occupational Safety and Ergonomics*, 17(4), 329-339.
- Meffert, S. M., Metzler, T. J., Henn-Haase, C., McCaslin, S., Inslicht, S., Chemtob, C., . . . Marmar, C. R. (2008). *A prospective study of trait anger and PTSD symptoms in police*. *Journal of Traumatic Stress*, 21, 410-416. doi:10.1002/jts.20350
- Menard, K., & Arter, M. (n.d.). Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors. *International Journal of Stress Management*, 20(1), 37-56.
- Mitchell, J. T. (1982, October). The psychological impact of the Air Florida 90 disaster on fire-rescue, paramedic, and police officer personnel. In R. A. Cowley (Ed.), *Mass casualties: A lesson learned approach, accidents, civil disorders, natural disasters, terrorism* (DOT HS806302). Washington, DC: Department of Transportation.
- Mordeno, I. G., Go, G. P., & Yangson-Serondo, A. (2017). Examining the dimensional structure models of secondary traumatic stress based on DSM-5 symptoms. *Asian Journal of Psychiatry*, 154-160. doi:10.1016/j.ajp.2016.10.024
- Mrug, S., Madan, A., Cook, E., III., & Wright, R. A. (2015). Emotional and physiological

- desensitization to real-life and movie violence. *Journal of Youth and Adolescence*, 44(5), 1092-1108. doi:10.1007/s10964-014-0202-z
- Patty, A. (2015, May 27). Police on the scrap heap — PTSD training for police cadets ‘inadequate.’ *The Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/>
- Petrinec, A. B., & Daly, B. J. (2014). Post-traumatic stress symptoms in post-ICU family members: Review and methodological challenges. *Western Journal of Nursing Research*, 38(1), 57-78. doi:10.1177/0193945914544176
- Potter, P. (2002). An integrative approach to industrial trauma within emergency service occupations. *Clinical Case Studies*, 1(2), 133-147.
- PubMed Health. (2005). Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0015860/>
- Pulido, M. (2012). Managing secondary traumatic stress: A training for first responders to children’s trauma. Paper presented at the 18th National Conference On Child Abuse & Neglect, Washington, DC. doi:10.1037/e522512014-134
- R4 Alliance. (2016). Programs of excellence serving our military family. Retrieved from <http://r4alliance.org/academic-library/>
- Rabinovich, M. (2016). Psychodynamic Emotional Regulation in View of Wolpe’s Desensitization Model. *The American Journal Of Psychology*, 129(1), 65-79.
- Rhineberger-Dunn, G., Mack, K. Y., & Baker, K. M. (2016). Secondary trauma among community corrections staff: An exploratory study. *Journal Of Offender*

- Rehabilitation, 55(5), 293-307. doi:10.1080/10509674.2016.1181132
- Rubin, H. J., Rubin, I. S. (2011). *Qualitative Interviewing: The Art of Hearing Data* (3rd Ed.). London: SAGE
- Sabatier, P. A., & Weible, C. M. (Eds.). (2014). *Theories of the policy process* (3rd ed.). Boulder, CO: Westview Press.
- Shafritz, J. M., Ott, J. S., & Jang, Y. S. (Eds.). (2016). *Classics of organization theory*. (8th ed). Belmont, CA: Wadworth, Cengage Learning. ISBN: 978-1-285-87027-4
- Smith, R. T. & True, G. (January 9, 2014). Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan. *Society and Mental Health*, July 2014; vol. 4, 2: pp. 147-161.
- Sovereign Health. (n.d.). PsychGuides.com. How to Help Someone with Post-Traumatic Stress Disorder. Retrieved on 7 April 2015 from <http://www.psychguides.com/guides/how-to-help-someone-with-post-traumatic-stress-disorder/>
- Stinchcomb, J. B., (2007). Searching for Stress in All the Wrong Places: Combating Chronic Organizational Stressors in Policing. Department of Criminology and Criminal Justice, Florida Atlantic University. pp 259-277
- Thompson, R. W., Arnkoff, D. B., & Glass, C. R. (October 2011). Conceptualizing Mindfulness and Acceptance as Components of Psychological Resilience to Trauma. *Trauma, Violence, & Abuse*; vol. 12, 4: pp. 220-235.
- Torday, J. (2015). Homeostasis as the Mechanism of Evolution. *Biology*, 4(3), 573–590. doi:10.3390/biology4030573

- U.S. Department of Veteran Affairs. (2014). *PTSD: National Center for PTSD. Relationships and PTSD*. Retrieved from <http://www.ptsd.va.gov/public/family/ptsd-and-relationships.asp>
- Warren, T. A. (2015). *The Effects of Frequent Exposure to Violence and Trauma on Police Officers*. ScholarWorks.
- Whealin, J. M., Ruzek, J. I., & Southwick, S. (April 2008). Cognitive–Behavioral Theory and Preparation for Professionals at Risk for Trauma Exposure. *Trauma, Violence, & Abuse*; vol. 9, 2: pp. 100-113.
- White, C. M. (April 16, 2014). 3, 4-Methylenedioxymethamphetamine's (MDMA's) Impact on Posttraumatic Stress Disorder. *Annals of Pharmacotherapy*, July 2014; vol. 48, 7: pp. 908-915.
- Wills, J. L., & Schuldberg, D. (2016). Chronic trauma effects on personality traits in police officers. *Journal Of Traumatic Stress*, 29(2), 185-189.
doi:10.1002/jts.22089
- Yu, X., Li, Z., Zhou, C., Zhuo, G., & Liu, Z. (2009). A Design Proposal of a Game-Based Professional Training System for Highly Dangerous Professions. *Proceedings Of The European Conference On Games Based Learning*, 388.
- Yuan, C., Wang, Z., Inslicht, S. S., McCaslin, S. E., Metzler, T. J., Henn-Haase, C., & . . . Marmar, C. R. (2011). Protective factors for posttraumatic stress disorder symptoms in a prospective study of police officers. *Psychiatry Research*, 18845-50. doi:10.1016/j.psychres.2010.10.034

Appendix A: Survey

1. What was your role during a traumatic experience you faced on the job?
 - a. Law Enforcement Officer (LEO) first on scene
 - b. LEO secondary response
 - c. LEO leadership
 - d. LEO post disaster response
2. Did you attend a Critical Incident Debriefing (CID), and if so was it helpful?
 - a. Yes. CID was helpful
 - b. Yes. CID was not helpful
 - c. No. CID was not offered
 - d. No. I elected not to attend the CID
3. What psychological preparedness training did you receive before the traumatic incident?
 - a. On the job coping mechanisms
 - b. Academic training through department
 - c. Academic training at the police academy
 - d. None. I was not prepared for what I witnessed
4. How many years do you have on the job?
 - a. 1-4
 - b. 5-9
 - c. 10-14
 - d. 15+
5. What is your family dynamic?
 - a. Single
 - b. Married
 - c. Married with children
 - d. Divorced
6. How does LEO leadership view traumatic stress?
 - a. Negatively. LEO who self-identify are removed from duty.
 - b. Aware and receptive. Seeks to aid in LEO rehabilitation.
 - c. Aware but unreceptive. Ignores issue.
 - d. Positively. Advocate for policy change that helps LEO.
7. Do you or someone you know struggles with traumatic stress?
 - a. Yes
 - b. No
 - c. Unsure
 - d. My answer could jeopardize my career or someone else's.
8. In your opinion, how can policies enhance quality of life for LEO?
 - a. Better traumatic stress training at the Police Academy
 - b. More receptive leadership
 - c. Better post-disaster medical care
 - d. All the above

- e. No changes need.
9. If you were to change one thing about the Police Academy what would it be?
- a. Add traumatic stress training to curriculum
 - b. Add desensitization training
 - c. Nothing, it's fine the way it is
 - d. Not listed.
10. What is the outlook from your fellow LEO on traumatic stress?
- a. They make fun of LEO who struggle with it
 - b. They do not recognize it as legitimate
 - c. They are empathetic
 - d. We provide clandestine support for one-another
 - e. Toughened

Appendix B: 10 CAN 2014 Pilot Study

Pilot Study

A pilot study was conducted by the not-for-profit 10 CAN, Inc. to research and develop methodologies that serve to enhance rehabilitation programs for disabled law enforcement officers, foster community awareness and support, and advance public policies which protect the quality of life (QOL) for all officers. This study was independent of Walden University and is not associated with this Dissertation study.

10 CAN's pilot study revealed three themes that were most significant to law enforcement officers: leadership, over-exposure, and peer-to-peer support. Anonymous face-to-face interviews with 13 law enforcement officers were conducted from two sheriff departments in Florida, two police departments in Florida, the Florida State Police, and one police department in a rural Kentucky town. Three officers were active, four officers had served at least two years but were no longer active, and six of these officers were injured or wounded in the line of duty.

Law Enforcement Leadership

Leadership was the most significant topic discussed during the interview process. 10 of the 13 officers noted that leadership fallacies were the number one factor in officers burning out, learning unhealthy coping skills, and ultimately suffering poor mental health. Only three of the officers noted that they had leaders who worked for them and did not conform to political pressures. One officer stated "I've worked for several bosses and have seen morale at all-time lows. Normally, these lows are the direct result of politicians...". Officers from smaller departments were 95% more satisfied with their leadership than officers from larger departments. "It feels like they care more about managing resources and manipulating numbers than leading their people" wrote an officer from a metropolitan department.

Based on this analysis, assumptions can be made that an officer's relationship with their supervisor is vital for QOL and longevity of service. Top leaders in law enforcement are obligated to enforce policies that are created at the state and federal levels. While there is an obligation to pursue programs and advocate for policies that better serve their officers, this study showed that leaders in charge of larger departments rely heavily on delegation techniques to maintain compliance with policies, build relationships that foster camaraderie, and maintain a pool of officers trained to enforce the law.

Over-Exposure

Warren's (2015) study disclosed that over-exposure during disasters or from multiple traumatic incidents often led to traumatic stress. Military troops frequently develop Post-Traumatic Stress Disorder (PTSD) from continuous exposure to combat. The U.S. Department of Veteran Affairs (2014) discovered that duration and frequency were as devastating on mental health as experiencing a traumatic incident. With this knowledge, interview questions were developed for this pilot study that targeted frequency of traumatic incidents and length of shifts for law enforcement officers.

While over-exposure was the second most important element in mental health, it was the paradigm of leadership that influenced these officers' outlook on this topic. 60% of these officers noted that they were forced to attend a Critical Incident Debriefings (CID) following traumatic incidents, 30% noted that a CID was not available to them, and 10% noted that they opted out of attending the CID. From the 60% that attended, 20% of the officers stated that it was helpful, and the other officers sought other coping mechanisms (I.E. alcohol, excessive work hours, and risky behavior were some of the negative trends; outdoor recreational therapy, exercise, and off-duty service (nonprofit, church, etc.) were some positive mechanisms identified). This is backed up by Menard and Arter (n.d.) and highlighted in one officer's comment "I felt trapped, imprisoned from the horrible things I had seen. Suicide was a compelling thought until I learned healthy coping mechanisms."

Over-exposure comes in multiple forms. For the military, it's the inability to escape from the combat zone. For law enforcement, it's often the countless responses to vehicle accidents, homicides, etc. that build up over time. Both military and law enforcement personnel face similar traumatic incidents. The difference is that law enforcement can escape to their haven at the end of their shift. This comparison sets the stage for a future study, but peer-to-peer support may prove it unnecessary if cohort awareness gains ground.

Peer-to-Peer Support

Camaraderie and peer support were noted as the third most important aspect of a law enforcement officers' career. Having a friend to lean on during times of stress was noted as one of the main positive coping mechanisms immediately available to the 13 officers. "I hang out with other officers because they get it" said one officer. Sovereign Health. (n.d.) notes that compassion and belonging are key characteristics in helping someone suffering from PTSD. Peer support is weighed so heavily among law enforcement officers because of the stigma of mental health issues within the law enforcement community (Karaffa and Koch, 2016). All 13 officers expressed concerns that addressing their distress with their leadership would compromise their job. "CID's don't penetrate the depth of morale wounds in which we suffer" stated an officer from an inner-city department. This finding proves that leadership is the most significant element in an officer's mental health. Leadership and policies are directly connected in protecting law enforcement officers.