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Factors Affecting Mental Health Seeking Behaviors of Law Enforcement Officers

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Factors Affecting Mental Health Seeking Behaviors of Law Enforcement Officers

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ABSTRACT

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The intent of this study was to elicit perspectives from law enforcement counselors, clinicians, chaplains, and peer group leaders for factors affecting law enforcement officer's (LEOs) seeking mental health assistance. The law enforcement and mental health communities have gone to great lengths to ensure assistance is available to LEOs in an effort to counter the stress and trauma associated with the policing profession. Past studies attempted to elicit LEOs attitudes on mental health services, generating mixed results and were unable to establish why available services were underutilized. This study employed a qualitative methodology to elicit perspectives on this phenomena from Northern California based law enforcement clinicians, counselors, chaplains and peer group leaders. To date, very little research has centered on the counselor's viewpoint in order to investigate their lived experiences while assisting the subculture of LEOs. Using R. Lazarus's (1983) theory of stress and coping as well as Ajzen's (1991) theory of planned behavior as the foundations of this study and incorporating Zola's (1973) help-seeking behavioral model, themes emerged regarding the perceived factors affecting LEOs decision to seek assistance. The rich narratives of these dedicated professionals, both the law enforcement and mental health communities could use these insights to create or enhance mental health services for LEOs to meet evolving societal demands. In addition, more research needs to be conducted to identify factors affecting mental health seeking behaviors in other trauma sensitive professions, such as firefighters and soldiers, to identify prevailing themes these professions may share.

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CHAPTER I: INTRODUCTION

America's core workforce consists of a few noble and selfless professions which perform services and fulfill duties to uphold the values of living in a free democratic society (J. H. Skolnick, 1975; S. Walker & Katz, 2012). These noble professions include (but are not limited to) those dedicated to teaching our children, rescuing us from tragedy, defending America against enemies both foreign and domestic as well as those policing our communities. First-responders such as firefighters, emergency medical workers, and law enforcement officers (LEOs) provide vital public services and are often regarded as heroes. These first-responders are members of trauma-sensitive professions, due to chronic exposure to dangerous situations, occupational hazards, and trauma at a higher rate than members of any other profession (J. M. Violanti & Paton, 1999). Of these at risk first responders, LEOs or those in protective services are among the most vulnerable to stress and trauma based on (a) their continuous exposure to violent encounters, (b) the atrocities committed by fellow humans, and (c) being forced to make split-second life and death decisions (I. V. Carlier, Lamberts, & Gersons, 1994; M. Reiser & Geiger, 1984).

Numerous researchers have investigated and compared the physical and psychological impacts of the LEO profession to the physical and psychological impacts of war many American soldiers face in various war zones across the globe (Cobb, Skolnick, 1975; Ferrell & Hamm, 1998; Henry, 1995; Janowitz, 1964; Paton & Violanti, 1976, 1996; Rothberg & Wright, 1999; Williams, 1987). One major difference is America's LEOs do not travel to foreign locations for battle and later regroup away from the hazardous area. But LEOs are repeatedly exposed to the same dangerous conditions in their assigned areas, at times for decades or the length of a career. For example, LEOs

assigned to cities such as Detroit, Michigan or Oakland, California, both of which led the

nation in violent crimes and murders in 2015, will likely serve their entire careers in these

cities from the same law enforcement agency (Federal Bureau of Investigations, 2015).

This repeated exposure to acute stress, violence, and danger has and will continue to

adversely affect LEOs physical and psychological well-being if left undetected and

untreated (Dowling, Moynihan, Genet, & Lewis, 2006; Komrad, 2012; J. H. Skolnick,

1975). Evidence from major studies have overwhelmingly demonstrated how LEOs with

routine exposure to stress and trauma had an increased risk of developing not only serious

mental illnesses but also chronic medical conditions, depression, substance abuse, and a

shortened life span by nearly 25 years (Karney & Crown, 2007; Komrad, 2012; National

Alliance of Mental Illness, 2013; Tucker, 2015; J. M. Violanti & Paton, 1999).

Although every level of government has established educational programs and

made counseling and/or mental health assistance readily available to first responders,

LEOs continue to significantly underutilize these services (Berg, Hem, Lau, & Ekeberg,

2006; Lamb, Weinberger, & DeCuir, 2002; Meyer, 2001; Shallcross, 2013). Countless

experts have investigated LEOs attitudes towards seeking mental health care and have

developed theories explaining why this profession largely underutilizes the available

resources (Karaffa, 2012; Karaffa & Tochkov, 2013; Kirschman, Kamena, & Fay, 2014;

Meyer, 2001; Tucker, 2015). These studies resulted in the creation of an unprecedented

number of resources and programs offered to LEOs to help them cope with stress and

trauma; however, subsequent studies revealed LEOs continue to underutilize the services,

continuing the negative cycle affecting LEOs well-being.

As a society, we have progressed in our understanding and treatment of mental illness, which is evident by the number of advocacy groups, informational campaigns, treatment options, and availability of care (Carter, 2010; P. Corrigan, 2004; Komrad, 2012). In contrast, LEOs have hardly changed their approach to seeking mental health assistance even as society's demands consistently have thrust the police into new unfamiliar missions and responsibilities (Scrivner, 2014). Much of what is known about treating and counseling the unique subset of LEOs has been published by the dedicated professionals within the fields of psychiatry and psychology, but several unknown aspects of offering care to this profession still remain (Kirschman et al., 2014). To bridge the gaps in awareness and to promote help-seeking behaviors in LEOs, it is important to develop a clearer understanding of the matter from the perspective of law enforcement counselors, chaplains, and peer group leaders who support LEOs to maintain positive mental health and personal balance.

Background

The profession of policing has consistently been recognized as one of the most dangerous and stressful professions in the world (Brough, 2004; Meyer, 2001; Pendleton, Stotland, Spiers, & Kirsch, 1989; J. M. Violanti, 1981). Research over the past 50 years has focused on the impacts of work stress, exposure to trauma, and the negative consequences the profession has on LEOs. Although studies investigating the mental well-being of LEOs has led to the creation of several awareness campaigns and assistance programs, this portion of first responder corps still underutilizes available resources, which contributes to shortened life span, increased risk of illnesses, and elevated suicide rates (Karney & Crown, 2007; National Alliance of Mental Illness, 2013; O'Hara,

Violanti, Levenson, & Komrad, 2012; Tucker, 2015; J. M. Violanti & Paton, 1999). The studies and research probing the factors affecting the well-being of LEOs also appear to coincide with the added roles and responsibilities being forced onto law enforcement during this same period of time. To understand the current state of the LEO profession, the evolutions of policing and mental health in America must first be reviewed.

History of Policing in America

The history of policing in America can be traced back to the colonial period, where volunteers from various settlements were initially formed into alliances to assist the community with a variety of social services (Archbold, 2013). The early informal roles of police were community oriented, which included lighting gas street lanterns and returning intoxicated citizens to their homes (H. A. Johnson, 1988). By the mid-1800s, a more modern, dedicated approach to policing emerged in the United States. This approach focused on law and order, deterring crime, and attending to social welfare matters within the community (Langworthy & Travis, 2003). As the profession of policing solidified in America, several approaches and models of community policing emerged, establishing time honored/foundational tenets of modern policing (Kelling & Moore, 1988).

Modern Policing

LEOs have witnessed the rapid evolution of modern community policing's ebb and flow in an effort to counter, combat, and thwart emerging threats, trends, crimes, and disasters. The list of roles for modern police officers continues to grow as LEOs are thrust into new responsibilities and situations far beyond the scope of traditional community policing and public order, some of which resemble military styled operations

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(Janowitz, 1964; Rothberg & Wright, 1999; Williams, 1987). These new and growing roles have introduced LEOs to emerging and escalating dangers, threats, and stress which the law enforcement community was not prepared or trained to oversee; the negative consequences ultimately continue to be detrimental to LEOs personal and professional lives (Rothberg & Wright, 1999; J. H. Skolnick, 1975; Williams, 1987).

Over the past 30 years, the law enforcement community has held increasingly critical roles in the declared wars on drugs, terrorism, and now cybersecurity, all of which have been assimilated into what is now considered modern policing. The continuous modification of roles and priorities for today's police has created confusion and controversy across the nation (Perez, 2010). Society's expectations and demands of the police continuously spike and wane with each new major media event or trend, but the public's perception of LEOs roles often does not align with the authority of police in our communities (S. Walker & Katz, 2012; J. H. Skolnick, 1975). Modern LEOs as first responders are now exposed to rampage shootings, terrorist attacks, and public uprisings, which the police are observed responding to and using the same military styled tactics, gear, and weapons used by our soldiers on the battlefield. Consequently, the law enforcement community has been scrutinized for using paramilitary tactics and use of force at these events, which created discord between police and the community and has further isolated LEOs from the communities they are sworn to protect (Abdollahi, 2002; J. M. Violanti & Paton, 1999).

Police Characteristics

In today's world of modern law enforcement, citizens are drawn to the profession for many reasons. These reasons include serving their communities, continuing family

traditions, and pursuing a challenging career as well as for the sheer nobility of the position (Archbold, 2013; Manning & Van Maanen, 1978). Based on the realities of the profession and exposure to stress, violence, and trauma, much of the training LEOs undergo is centered on retaining control in volatile situations and remaining vigilant (J. H. Skolnick, 1975; Henry, 1995). To prepare LEOs for the emerging threats they face in the community, the police have adopted paramilitary styled training addressing tactics, self-defense techniques, and mastery of several weapons systems (Gharibian, 2015). Training and on-the-job experience with seasoned LEOs are the elements which fortify bonds of tradition and solidarity. The entry phase is also when new LEOs become indoctrinated into police culture or subculture, where they begin to view the world through a unique cultural lens establishing LEOs behaviors, values, and personality (J. P. Crank, 1998).

Much of the empirical research has drawn comparisons between the subcultures of law enforcement and military soldiers, both of which center on their chronic exposure to trauma (Cobb, 1976; Ferrell & Hamm, 1998; Henry, 1995; Janowitz, 1964; Paton & Violanti, 1996; J. H. Skolnick, 1975; Rothberg & Wright, 1999; Williams, 1987). These researchers have also noted how these types of trauma-sensitive professions, especially law enforcement, are less of an occupation and more of a way of life (Manning & Van Maanen, 1978). Due to the nature of the policing profession and continuous exposure to the criminal element of our society, the subculture of LEOs becomes (a) untrusting of outsiders, (b) secretive, (c) hypervigilant as a self-preservation tactic, and (d) dependent upon each other for survival (Niederhoffer, 1967; Reiss & Bordua, 1967; J. H. Skolnick, 1975; Westley, 1970; Wilson, 1978). Additionally, LEOs who feel isolated from the

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community they serve are less likely to seek help for matters such as depression and

hypervigilance/borderline paranoia (Henry, 1995). The lack of treatment or assistance

increases the LEOs risk of negative impacts to their physical and mental well-being (P.

Corrigan, 2004; J. H. Skolnick, 1975).

The Impact of Trauma and Stress

Trauma is a Greek word meaning to wound or pierce. According to the American

Psychological Association (2016), trauma is defined as an emotional response to a

terrible life event such as an accident or natural disaster. Working definitions of stress

explain it as the "process by which we perceive and respond to certain events, called

stressors that we appraise as threatening or challenging" (Myers, 2004, p. G-13). Stress

itself arises not solely from the events, but rather from how each person appraises the

stressor or event (R. S. Lazarus, 1998). Due to their routine exposure to stress and

trauma, first responders and military personnel are in professions holding the vast

majority of positions recorded as the most stressful and dangerous occupations in

America (Bureau of Labor Statistics, 2013).

Of all the high-risk occupations, police work is one of the most trauma-sensitive

career fields, due in part to the frequent exposure to violence and emotionally disturbing

events (Carlier & Gerson, 1992; I. V. Carlier et al., 1994). This chronic exposure to

stress, violence, and trauma places the police at an increased risk of having detrimental

impacts to the physical and psychological well-being of both LEOs and their families.

Those LEOs not offered or not utilizing coping mechanisms, assistance, or treatment

have an elevated risk of not only behavioral or psychological disorders such as PTSD, but

they are at an increased risk for developing physical health complications as well (Tucker, 2015).

The Police and Mental Health in the Community

Of the many new roles and responsibilities forced upon LEOs, a growing trend involves viewing the police as community gatekeepers to mental health assistance for citizens in crisis (Carter, 2010; S. Walker & Katz, 2012; Lamb et al., 2002). LEOs are often the first to contact citizens experiencing a behavioral crisis, which forces the police to use their authority and discretion regarding the immediate future of these citizens (Carter, 2010). The law enforcement and mental health communities have begun to form partnerships as the response rate to mental health events escalates across the nation (Lamb et al., 2002). These partnerships have proven fruitful in several major cities across the nation; however, LEOs are not receiving adequate training to meet the demands of mental health crises. Without sufficient training and awareness, these LEOs lack guiding principles needed to identify mental health crisis signs and symptoms in citizens, their fellow officers, or themselves after experiencing a traumatic event or stressor.

History of Mental Health, Illness, and Diagnosis in the United States

The history of mental health illnesses and care has continuously evolved over the last century. As new medical advancements and treatments developed, the field of mental health care transitioned from in-patient, asylum styled care to treatment in a clinical out-patient setting aided by experimental prescription medication and alternative counseling methods (Shorter, 1997). Due to social pressure and negative associations of mental illness, the terms for mental health disorders changed from madness or insane to a

less stigmatized label by identifying psychological disorders as nervous conditions (J. L. Herman, 2015; Shorter, 1997). Modern mental health matters are now discussed openly, and television ads introduce society to the latest in anti-psychotic medication.

Each year nearly 60 million adults, or one in four, in the United States suffer from a diagnosable mental disorder (Kessler, Chiu, Demler & Walters, 2005). According to the Carter Center, mental illness is the leading cause of disability in the United States, Canada, and Western Europe, wherein it inflicts more damage than cancer, heart disease, or diabetes (Carter, 2010). But despite extraordinary advancements in the mental health field and the abundance of resources available, less than 60% of Americans with a mental health condition actually seek assistance (Carter, 2010). Studies investigating this phenomenon revealed evidence suggesting the major deterrents from seeking mental health assistance were/are stigma, stereotypes, misinformation, and fear of living with a diagnosed mental illness (Carter, 2010; P. Corrigan, 2004; Komrad, 2012).

Mental Health Counselors, Clinicians, Chaplains, and Peer Group Leaders

Psychiatrists, psychologists, clinicians, counselors, chaplains, and peer group leaders have contributed significant advancements in the fields of psychology, psychiatry and mental health counseling. Over the past 40 years, the fields of counseling and psychology have begun to develop specialized training to provide tailored treatment for specific professions, cultures, and illnesses. The emergence of police psychology in the 1980s is an example of this specialized care. Police psychology was intended to fill the void of traditional counseling by imbedding police psychologists within a law enforcement agency to meet LEOs unique needs. Police psychologists, chaplains, and peer group leaders are trained to offer assistance and to treat LEOs through crisis

intervention and debriefings after a traumatic event (Zelig, 1988). In addition to this specialized subset of counselors, several levels of government now offer a peer-led/peer-assisted group, such as the Employee Assistance Program (EAP), which allows LEOs to seek assistance in a confidential environment shielded from some of the perceived barriers (Kirschman et al., 2014).

Help-Seeking Behavior

A history of societal stigmas has acted as barriers interfering with individuals' seeking assistance, which is known as their help-seeking behaviors. The term help-seeking behaviors is controversial mainly due to its subjectivity and these behaviors are affected by each person's characteristics, history, and behavioral norms. Research exploring this topic has noted how seeking assistance is very challenging because it requires those in need to actively seek assistance from others due either to illness or health (Zola, 1973). One of the help seeking models Irving Zola (1973) developed, explained how an individual's seeking assistance for a symptom or illness is either driven or delayed by one or more of the following five social triggers: (a) interpersonal crisis, (b) perceived interference with work activities, (c) perceived interference with social/leisure activities, (d) sanctioning by others who insist help be sought, and (e) symptoms persist beyond arbitrary time limit set by the affected person.

Studies suggest the average American delays doctor visits for physical injuries, aches, and pains until the issue affects their ability to work or enjoy life. In general, people will often resist and delay seeking medical attention for physical problems for many years, yet "resistance to seeking professional help for mental problems is even higher" (Komrad, 2012, p. 51). Some experts in the field suggest how seeking assistance

for mental health related matters is delayed by up to a decade, which coincidentally is the estimated period of time a mental health disorder generally takes to manifest and begin to present in their behavior (Insel, 2013). Psychologists suggest much of the resistance in seeking assistance is attributed to humans' desire to control both our environment and ourselves, so consequently people tend to fear anything which threatens their sense of perceived control over their own thoughts and mental process (Komrad, 2012, p. 55). This tendency to delay seeking assistance increases the potential for psychological issues to develop into serious illnesses if left undiagnosed and untreated.

Help-Seeking Behaviors of LEOs and Perceived Barriers

Before being trained as an LEO, each officer belonged to a community outside of the law enforcement profession and assimilated society's views, norms, and definitions of acceptable behavior. Individual LEOs choose whether to accept or reject societal attitudes, stigmas, and negative connotations associated with mental health disorders, illness, and diagnosis. Assimilating societal views into their norms can become a factor or barrier which affects their mental health help-seeking behaviors. In addition to these societal views, the unique LEO subcultural characteristics such as distrust of outsiders, secretiveness, confidentiality concerns, and fear of appearing weak or undependable by their fellow officers, can influence the recognition and labeling of treatment seeking behavior and ultimately act as barriers to seeking care (Gharibian, 2015; Mojtabai, 2007).

The culture of masculinity within law enforcement has perpetuated a stigma towards mental health treatment based on the premise that the career field emphasizes traditional male traits, such as power, dominance, toughness, courage, independence, success, control, and invulnerability (Möller-Leimkühler, 2002). The male dominance

factor in policing, where only approximately 13% of LEOs are women, has been identified as a barrier to help-seeking behaviors (Langton, 2010). Therefore, seeking mental health assistance, asking for help, or discussing emotions and feelings violate norms both within the subculture and placed on LEOs by the public (Gharibian, 2015).

Theoretical Framework

Research suggests how coping mechanisms for adults who encounter stress and trauma can profoundly impact their ability to overcome the event and regain balance and control over their lives (R. S. Lazarus & Folkman, 1984). LEOs, first responders, and military personnel constitute a unique subset of the population due to chronic exposure to trauma and occupational stress, which places greater urgency on the need for coping mechanisms and available resources. Some research suggests stress, or the perception of stress, is objective (Anshel, Robertson, & Caputi, 1997); however, each LEO has different experiences, biases, and self-stigmas, factors causing LEOs to perceive events differently or more subjectively (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, (1986).

Icek Ajzen's (1991) theory of planned behavior explores people's behavior intentions and explains behaviors over which people can exert self-control. This model was/is used to predict a wide range of health behaviors and intentions, including self-medicating and health services utilization. Ajzen's model includes six constructs which affect behavioral intentions and the overall outcome of seeking or delaying assistance. These six constructs represent a person's actual control over his or her behavior: (a) attitudes, (b) behavioral intention, (c) subjective norms, (d) social norms, (e) perceived power, and (f) perceived behavioral control. The theory also takes into account the

attitudes, perceptions, and behavioral norms of the person as well as those of the person's social/peer group. Ajzen's theoretical beliefs and constructs will be vital and ground this study while exploring police counselor's perspectives to identify the main factors affecting LEOs decisions to seek mental health assistance.

Gaps in Literature

A wealth of information has been gathered from the studies and investigations into similarly related matters of LEOs and mental health assistance. However, the subculture of LEOs is overly-cautious, even distrusting, of outsiders and is laden with concerns of confidentiality, which has limited the sample sizes of past studies and has generated mixed findings (Zundel, 2010). Countless studies over the past 40 years have focused on the causes of stress within the LEO profession to determine if the causes of stress were internal or external. However, neither isolating the sources of stress nor developing services to aid LEOs has rectified the lack of utilization of available resources. One major gap in the literature examining available services is the absence of LEOs feedback and experiences after receiving treatment to determine if the services were beneficial.

An issue in past studies has been the methods used to select samples of LEOs. These research methods resulted in recruitment of a sample from an isolated microcosm of LEOs within a specific state, county, or agency. However, LEOs perform their roles and serve the public at every level of government, e.g. federal, military, state, county, and municipality. Each LEOs experiences and exposure to stress and trauma will therefore vary depending on missions, geographic location, and level of government. Studying LEOs perceptions of universal issues which affect the law enforcement community will

require broader sampling of the police population. This same rationale would apply to this study, wherein sampling counselors, chaplains, and peer groups specializing in LEOs mental health needs. Sampling counselors from the various levels of government could identify universal patterns, trends, and effective models of treatment.

The available literature presents an overwhelming amount of data explaining why society avoids seeking mental health care. Abundant information also exists describing the differences between LEOs and the rest of society. But it is unclear whether or not LEOs perceive greater or fewer biases, barriers, and fears to seeking mental health assistance than the rest of the public perceives. The available literature generated by police clinicians and counselors encourages building trust with LEOs and highlights LEOs defining characteristics and attitudes towards mental health. However, these professionals do not offer their own perceptions of the factors affecting LEOs mental health seeking behaviors. Much of what is documented about treating LEOs has been generated as a result of counselors sharing LEOs experiences. However, there is limited information regarding the perceived effectiveness of LEO counselors, chaplains and peer group leaders.

<div align="center">**Statement of the Research Problem**</div>

As the climate of violence, civil unrest, and scrutiny of the law enforcement community increases in America, so will the importance of viable counseling options so LEOs can meet the increasing demands for well-functioning officers (Scrivner, 2014). As new criminal trends and threats emerge, society will heavily rely upon LEOs to respond, protect, and serve their communities and families. The psychological byproducts of increased exposure to occupational stress, trauma, and violence have

proven to be devastating to the psyches of LEOs, their families, and their peer-groups (Komrad, 2012; J. M. Violanti & Paton, 1999). Although mental health assistance and services are readily available to LEOs at every level of government, these defenders of our communities significantly underutilize the available services compared to their fellow first responders (Shallcross, 2013). Though numerous studies have attempted to examine LEOs attitudes and positions on seeking mental health assistance, the occupational exposures to trauma and stress continue to take a toll on this subset of the population with no reprieve in view (Gharibian, 2015; Karaffa, 2013; Meyer, 2001; Sink, 2015).

Two specific problems pertinent to this study exist. First is the lack of literature on the perceptions, experiences, and lessons learned from mental health professionals who specialize in counseling LEOs (Kirschman et al., 2014). The vast majority of past researchers have attempted to ascertain the core of this problem from the perspective of the LEO and to document the characteristics of the policing subculture (Niederhoffer, 1967; Reiss & Bordua, 1967; J. H. Skolnick, 1975; J. M. Violanti, 1995; Westley, 1970; Wilson, 1978). But the act of counseling is considered an intimate interaction between counselee and counselor, so counselors can also offer valuable perspectives on how to approach, connect with and treat LEOs. Second, past studies examining LEOs and mental health assistance have focused on very small, isolated samples of the law enforcement community. Larger sample sizes would be needed in order to determine if there are any universal trends and cures applicable to LEOs in all levels of government.

Research exploring the detrimental consequences of underutilized mental health services indicated the police lead the nation in suicides and how stress of the profession is shortening their lives by up 25 years (Karney & Crown, 2007; Mental Illness, 2013;

National Alliance of J. M. Violanti & Paton, 1999; Tucker, 2015; J. M. Violanti, 1995).

According to the National Study on Police Suicide (2012), police officer suicides

occurred at twice the rate of the rest of society, and LEOs were twice as likely to die by

suicide than by being killed by a felon in the line of duty (O'Hara et al., 2012). The

Director of the National Institute of Mental Health, Thomas Insel (2013), reported there

are 38,000 suicides in America per year, or one every 15 minutes. He asserted how 90%

of all suicides are related to a mental illness, such as depression, bipolar disorder,

schizophrenia, anorexia, or borderline personality conditions.

Major breakthroughs have occurred in the related field of medicine based on a

focus of isolating causes of ailments or illnesses and developing early interventions or

prevention strategies, such as vaccinations, annual physicals, and blood sample analyses.

Prevention and early detection in the field of medicine has reduced morbidity and

mortality rates by 85% for some of the most fatal diseases (Carlat, 2010). In contrast,

psychological issues are generally not treated until a behavioral change is observed,

which could be up to 10 years after the onset of a mental illness (Insel, 2013). Numerous

studies have investigated the full-spectrum of impacts psychological disorders can create

if left undiagnosed and untreated (Dowling et al., 2006). Empirical research also reports

the high success rates of very treatable mental health conditions (Komrad, 2012).

According to the National Institute of Mental Health (NIMH), treatment success rates

were reported as 85% for major depression, 80% for panic disorders, 80% for manic

depression, 60% for obsessive compulsive disorder, and as high as 75% for schizophrenia

(NIMH, 2015).

Many of the police psychologists, counselors, chaplains, and peer group leaders

have experienced great success offering assistance or coping mechanisms and treating

LEOs who are suffering from occupational stress and trauma. Though these counselors

have generated and documented much of the information on treating LEOs, few have

attempted to address the real or perceived factors affecting the help-seeking behaviors of

the police (Kirschman et al., 2014).

Purpose Statement

The purpose of this phenomenological study was to identify and describe the

personal and organizational factors promoting and limiting law enforcement officers

(LEOs) seeking mental health assistance following a stressful/traumatic event.

In addition, it was the purpose of this study to explore the impacts of promoting

and limiting factors affecting LEOs seeking mental health assistance from the perspective

of mental health professionals.

Finally, it was the purpose of this study to identify and discover the

recommendations mental health professionals have for reducing barriers and promoting

awareness and support for health seeking behaviors within both the mental health and law

enforcement communities.

Research Questions

1. How do mental health professionals perceive and understand the factors and
    impacts that limit and promote law enforcement officers in seeking mental
    health assistance following a stressful/traumatic event?

2. What recommendations do mental health professionals have for promoting
    awareness and support for health seeking behaviors within both the mental

health and law enforcement communities?

Research Subquestions

1. What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?

2. What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?

3. What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors?

4. What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health seeking behaviors?

5. What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?

Significance of the Study

Over the course of the last 50 years, America has welcomed back countless soldiers returning from warzones around the world. The Veteran's Administration (VA) and the Department of Defense (DoD) identified how soldiers returning from war were suffering from psychological issues which negatively affected their personal and professional lives, and how these issues were not resolving themselves or getting better with time (Marmar, et al., 2015). This occurrence has prompted the DoD and VA to spend countless resources to explore why their available mental health services were being underutilized (Acosta et al., 2014). This issue strongly resembles the phenomenon being observed in LEOs, and the impacts on the personnel are closely related. Both the law enforcement community and the military attempted to mitigate the impacts of this

mental health epidemic by embedding psychologists within agencies and units in an effort to destigmatize the act of seeking care (Acosta et al., 2014; Zelig, 1988). Although the DoD, VA, and law enforcement communities have made valiant efforts to destigmatize mental health assistance and to diminish the negative impacts of mental health illnesses to their personnel, these two groups continue to be plagued by anxiety, depression, self-medication, PTSD, and suicide (Acosta et al., 2014; Karakiliç, 2007; O'Hara et al., 2012; J. M. Violanti, 1995).

Research and treatment methodologies convey the core of psychological trauma is "disempowerment and disconnection from others" (J. L. Herman, 2015, pp. 133-134). Research also asserted the uniqueness of the counseling relationship because it is based on an alliance while promoting recovery and empowerment. Currently, limited literature addresses the perspectives of police psychologists, chaplains, and peer group leaders regarding the programmatic or cultural factors affecting LEOs mental health seeking behaviors (Kirschman et al., 2014). The majority of the research highlights the LEO subculture, unique characteristics, and attitudes towards mental health assistance as potential barriers (Karaffa, 2013; Tucker, 2015). Few studies have focused on factors such as the effectiveness of LEO counseling programs or whether or not police psychologists, chaplains, and peer group leaders are offered adequate training, background, and resources to meet the psychological needs of this unique subset.

This study focused on perspectives of the professionals specializing in treating and counseling LEOs in an attempt to elicit their lived experiences related to treating LEOs as well as to further investigate how to promote effective counseling strategies. The vast majority of past studies probing these problems have attempted to explore the

issues from the LEOs perspectives, but this approach has yielded mixed results and has failed to generate viable options or sustainable change (Karaffa, 2013; Meyer, 2001; Gharibian, 2015). By eliciting the perceptions of police counselors, chaplains and peer-group leaders, this study can capture the rich narratives and lived experiences of this counseling subset. This information is needed to compare and contrast with the vignettes as well as with data from past studies on LEOs (Kirschman et al., 2014). Comparing this study's narratives to past studies and the literature could potentially identify gaps and shortcomings in current approaches to mental health assistance programs as well as possible alternate approaches/enhancements to current programs.

Not exploring additional viable solutions to solve these issues can negatively impact the public if LEOs do not receive the mental health assistance needed to remain high-functioning and vigilant. Occupational trauma and stress has produced countless casualties in the law enforcement community as well as an immeasurable number of walking-wounded who currently bear no visible signs or scars from the profession (J. M. Violanti, 1997). These phenomena were consistent over the past 40 years and are in dire need of a new perspective and approach. By eliciting perspectives from police counseling professionals, a multitude of strategies could be identified to minimize the criticism of any one single approach and to elucidate the intrinsic and extrinsic barriers or factors preventing LEOs from seeking care.

The findings from this study would be applicable to the law enforcement and mental health communities serving LEOs throughout the United States. Interviewing these police psychology specialists could yield qualitative data to further illuminate the factors leading to underutilization of available services. Additionally, the data from these

interviews may help identify potential oversights, gaps, and viable alternatives in LEO

counseling programs, which can help meet the future needs of LEOs as the demands on

LEOs continue to evolve.

Definitions of Terms

Law Enforcement Officer. Any individual having served in the realm of protective

services as an officer, agent, or employee of the government, authorized by law to engage

in the prevention, detection, or investigation of any violation of criminal law or

authorized by law to supervise sentenced criminal offenders.

First Responders. Any person, such as a police officer, firefighter, or Emergency

Medical Technician (EMT), who is trained in urgent medical care and other emergency

procedures and is prepared to respond and assist at the scene of an accident or disaster.

Stress and/or Stressors. The process by which an individual perceives and

responds to certain events called stressors which they appraise as threatening or

challenging.

Trauma. An emotional response to a terrible event like an accident, rape, or

natural disaster and is derived from a Greek word meaning to wound or pierce.

Help-Seeking Behavior. A set of behaviors and intentions regarding seeking out

assistance from others related either to illness or health.

Stigma. It is generally viewed as a mark or label imposed by others which leads to

devaluation, discrimination, and humiliation and generates stereotypes, fear, and

rejection.

Psychiatry/Psychology/Mental Health Counseling. A branch of medicine dealing

with psychological disorders, behavior, and mental processes.

Police Psychologists, Counselors, Chaplains, and Peer Group Leaders. Any individual trained or certified to offer counseling, consoling, and treatment specifically to LEOs.

Intrinsic Motivation. An incentive or desire to perform a behavior effectively for the activity itself rather than for the benefits that might be gained.

Extrinsic Motivation. An external reward/incentive to engage in a specific act which avoids punishment.

Delimitations

This study was delimited to police counselors assisting LEOs in Northern California associated with either the West Coast Post-trauma Retreat (WCPR), the First Responders Support Network (FRSN) who met the following criteria:

1. Be a trained/certified clinician/counselor, chaplain, or peer group leader;

2. Has received specialized training related to the counseling of LEOs;

3. The majority of their counseling duties involve first responders/ LEOs; and

4. Are actively working with LEOs now or has done so within the last five years.

Organization of the Study

Chapter I provided an overview of the problem being explored as well as the significance and premise of this study. The chapter presented the core background as an overview to the challenges faced within the law enforcement and mental health communities regarding providing psychological services to LEOs. The purpose of this study was to offer police counselors a platform to share their perceptions/perspectives on LEOs underutilization of available services.

Chapter II provides an examination of the literature available on LEOs and mental health seeking behaviors. This chapter begins with a historical overview of policing, the progression into modern policing, and the negative impacts expanded roles have had on LEOs. The chapter also examines the history of psychiatry, the evolution of counseling, and how help-seeking behaviors factor into seeking assistance. The chapter then addresses the phenomenon of police counseling services being underutilized as well as the associated factors for this issue.

Chapter III focuses on the methodology used in this study. The study design and data gathering and analysis processes are also addressed. The rationale behind selecting a qualitative ethnography is explained in detail. The population and sample are also described in depth, and so are the criteria used to select the sample. Chapters IV and V address the findings of the study, the conclusions which can be drawn from the data, and the application for the law enforcement and mental health communities.

CHAPTER II: REVIEW OF THE LITERATURE

This chapter presents a review of literature on the major components of the underutilization of police counseling services and the potential barriers to, or factors promoting mental health help-seeking behaviors of LEOs. The chapter begins by examining the history of policing, the evolution of modern policing, and the occupational stressors and trauma associated with expanded roles of the law enforcement community. The literature review explores the characteristics and subculture of the LEO profession and the culture's effects on mental health help-seeking behaviors of LEOs. Also addressed is the evolution of mental health services, societal views of mental disorders, the roles of police psychologists and counselors, and the effects of psychological disorders if untreated. This literature review also provides a theoretical framework from which the researcher was able to understand the process of help-seeking behaviors and the barriers, real or perceived, affecting LEOs decision to seek assistance.

History of Policing in America

Origins of American Models of Policing and Early Police Roles

The origins of English and American models of policing can be traced to ancient Rome during the reign of Augustus, who is credited with creating laws and decrees for property and crimes (Nisbet, 1964). According to Augustus's system, soldiers, quaestors, and magistrates were given the authority to enforce Rome's laws and investigate crimes (Nisbet, 1964). As civilizations rose and fell throughout history, the role of the police constantly evolved to meet the changing needs of society, as it continues to do today. The American models of law enforcement and policing are deeply rooted in early English models employed in America after the initial colonial settlements were formed

(Archbold, 2013). The American colonists from England instituted the constable watch system comprised of volunteers from these settlements which formed alliances to assist the community with a variety of social services (Archbold, 2013; Bohm & Haley, 2005). The earliest informal roles of these colonial volunteer police were mainly community service oriented, where they were required to light gas street lanterns and assist intoxicated citizens to their homes, but had limited enforcement roles (H. A. Johnson, 1988).

By the mid-1800s, a more modern, dedicated approach to policing began to emerge in America. The early approaches focused on law and order, deterring crime, and attending to health and social welfare matters within the community (Langworthy & Travis, 2003). As policing became more of a solidified profession in America, several approaches or models of community policing emerged and formed the time honored and foundational tenets of modern policing currently being employed (Kelling & Moore, 1988). As society's needs continued to change, so did the policing tenets, which began to emphasize protecting life and property, maintaining peace and public order, preventing crimes, regulating traffic, and regulatory enforcement (Leonard & More, 1974). Although the structure of policing in America was changing, those drawn to the profession still came from the same neighborhoods they served (Monkonnen, 1981).

Rapid Evolution of Policing and Reform

Based on the evolution of the tenets of policing, the roles and responsibilities of LEOs began to evolve and encompass additional non-traditional roles. Early 20th century police organizations continued to be heavily involved in social services such as operating soup kitchens and shelters for the homeless as well as assisting the poor

(Langworthy &Travis, 2003). This period witnessed escalating crime rates, public

corruption and political interference, and influence over police matters, which resulted in

major reforms providing the police with increased autonomy and an independent status

(Fogelson, 1977; Haller, 1976; Lane, 1975). Police historian D. R. Johnson (1981),

expressed the "Triumph of reform" (p. 105) which occurred between 1920 and 1965 were

vital to promoting and establishing the professionalization and standardization of modern

policing.

Policing in the 20th century witnessed changes to standardization of procedures,

organizational structures, and the introduction of science, through which evidence

preservation practices, fingerprint technology, and offender identification systems began

to further advance the profession as a specialized field (Bailey, 1995; Langworthy &

Travis, 2003). These new advancements redefined the role of police, wherein the

primary roles of the police shifted from social services or public servants to crime

fighters and public protection (Bohm & Haley, 2005; Manning & Van Maanen, 1978).

At the forefront of this modern policing revolution were leaders such as August Vollmer,

also called the father of American policing, who pioneered many of the modern practices,

approaches, and techniques which have propelled the art of policing into the modern

version still visible today (Rennison, 2014).

Modern Policing and First Responders

Over the past 50 years, law enforcement agencies have witnessed the rapid

evolution of community policing, which has continuously changed to counter, combat,

and thwart emerging threats, trends, crimes, and disasters (Perez, 2010). These roles

have continuously expanded to meet society's needs and perceptions, thus forcing LEOs

to increase their involvement in expanding areas to meet community expectations. Unfortunately, the ideals of the police and of the public do not always align with each other, therefore creating conflicts between society's expectations for the police and *vice-versa*.

Evolution of Policing in America

Over the past 50 years, the law enforcement community has held increasingly critical roles in major historical events when called upon for riot control or to restore order in major U.S. cities during the civil rights movements, demonstrations, labor struggles and war protests. More recently police have found themselves increasingly attempting to neutralize racial tensions after highly-publicized officer involved shootings (Richardson, 2015). Additionally, from the past few decades to present, law enforcement agencies have held vital roles in the declared wars on drugs, terrorism, and cybersecurity, all of which were assimilated into what is now modern policing (Langworthy & Travis, 2003; Manili & Connors, 1988). As duties for modern policing continue to grow, LEOs are thrust into situations far beyond the scope of traditional community policing, social services, and public order, which at times closely resembled military styled operations (Janowitz, 1964; Rothberg & Wright, 1999; Williams, 1987).

The demand on modern LEOs has inserted them into emerging and escalating dangers, threats, and stress the law enforcement community was neither prepared nor trained to oversee, and the negative consequences ultimately continue to be detrimental to LEOs personal and professional lives (Rothberg & Wright, 1999; J. H. Skolnick, 1975; Williams, 1987). Today's LEOs are exposed and expected to respond to rampage shootings, terrorist attacks, mass casualty events, and public uprisings, which in some

cases have required them to respond using the same military tactics, gear, and weapons soldiers use on the battlefield (Janowitz, 1964; Rothberg & Wright, 1999; Williams, 1987). In many cases, the law enforcement community's employment of paramilitary styled tactics, gear, and weapons drew public criticism. Police agencies subsequently expressed or justified utilizing military or paramilitary actions in an attempt to neutralize the escalations of criminal and terrorism related violence encountered in the streets of this nation (Hill & Beger, 2009; Muzzatti, 2005). The law enforcement community has been scrutinized for implementing paramilitary tactics which has created discord between police and the community, further isolating LEOs from the communities they protect (Abdollahi, 2002; Kraska & Kappeler, 1997; J. M. Violanti & Paton, 1999).

Paradoxes of Police Work

One of this nation's founding fathers, John Adams, was credited with coining the phrase that America was created to be run by a "government of laws, and not of men." At times, certain community's viewed the roles and presence of the police as the implementation of a police state thereby infringing on the principles and liberties of living in a free society. Bittner (1967) expressed the existence of police in a free society has created a paradoxical situation, wherein the police are authorized to use coercive force or the act of coercing/obtaining compliance to resolve a variety of social and civic situations. In addition, Perez (2010) related police work creates several paradoxes in society:

> Our culture expects officers to deal with violent people and almost impossible
> situations in a legally defensible way. When they do not adhere to our idealized
> notions of how the law should work–even if they accomplish their tasks

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effectively–we rail against police 'excess' and demand they behave themselves. To some extent, the police take up the slack and fill in a large gray area on the streets of America. Society depends on them to behave in high-handed intimidating, and sometimes ugly ways to accomplish the rather 'dirty' job of making the streets safe for the rest of us. But when police are guilty of excesses, society effectively blames them for being out of control. People want it both ways; they want effective policing, but they also want clean and pure legality. The police must deal with gun-toting gangsters, deranged psychopaths, serial rapists, child molesters, and violent individuals of all types. The public wants the police to take effective action in creating social order wherein there are fewer guns, drugs, gangs and crime. People expect the police to do 'whatever it takes' to achieve these goals. Often, they do not much care how the police achieve them. They will not tolerate growing crime and disorder. (p. xii)

Paradoxical views coupled with expanded roles requires much emphasis to be placed on police discretion, which generates complexities regarding the most effective forms of public input regarding police decision-making because ideal legality rejects police discretion and autonomy (Davis, 1975; Goldstein, 1977). Further complicating modern policing is the lack of sufficient tools to accomplish their numerous, often conflicting tasks; therefore, that which is effective is not always within the letter or intent of a law, since the actions considered to be legal does not necessarily work (Perez, 2010). According to Janowitz (1964), policing in a democratic society creates dilemmas wherein the police are required to maintain order and be accountable to the rule of law; however, the laws are often incompatible and might be viewed as antagonistic to the ideology of a

free society. As the roles and expectations of LEOs have changed, so have society's

perceptions when compared to the fundamental mission of the police. Conflicting views

have added to the psychological strain and stress resulting from trying to perform two or

more incompatible roles.

Society's Expectations versus Fundamental Duties of the Police

Developments throughout history have mandated the style and model of policing

to adapt to meet the public's ever-changing expectations (S. Walker & Katz, 2012).

Societal views regarding the roles of police vary from community to community;

however, these perceived roles at times are starkly different than the average law

enforcement agency's mission statements (Langworthy & Travis, 2003). As new trends

begin to emerge in American communities (drugs, homelessness, human trafficking, sex

offenders, etc.), the community expects the police to proactively be aware of the trends

its citizens see, which is dependent upon public trust and cooperation with the police

(Bohm & Haley, 2005). S. Walker and Katz (2012) expressed when society is asked

what role the police should play in a free society:

> Too often the answers to these questions are vague and simplistic. People say the
>
> police should 'protect and serve' or 'enforce the law.' Such answers, however,
>
> avoid all the important issues. Policing is extremely complex, involving difficult
>
> questions about the police role, the fair treatment of citizens, police organizations,
>
> and the recruitment, training, and supervision of police officers. (p. 3)

The 1990s gave rise to community based policing centered on forming

partnerships and trust between the police and the community as active counterparts to

control, report, and reduce crime. In subsequent years, the communities have placed too

much responsibility and demands on the police, and the community's involvement has waned. Russell (2015) conveyed how as a society has given up their rights/authority and have subsequently relinquished those duties to the police, but become upset when police intervene on matters believed to be outside of what they should be involved in. This approach has created a further divide between the police and the communities they have sworn to defend; however, public outcry regarding crime rates has led to an increase of the size of the law enforcement community.

According to Bohm and Haley (2005), the United States has more police departments per capita than any other nation in the world, mainly for the purposes of allowing local communities to retain some level of control over enforcement matters. The Bureau of Justice Statistics (BJS) (2016) reported during the 2012 consensus, there were nearly 18,000 public law enforcement agencies, which reportedly had grown from 14,000 agencies in 1992. The BJS 2012 census reported there were over one million full-time officers serving in an LEO capacity, the majority of which were employed by local police departments operating at the municipal level. The reported numbers of full-time officers had increased by 400,000 since 1992.

Although the number of LEOs has increased, the continuous modification of roles, missions, and priorities for today's policing has created confusion and controversy across the nation (Perez, 2010). With growing numbers in both law enforcement agencies and officers, societal demands also continue to grow based on current and projected violent criminal trends. For future generations of police to meet the varying demands of society, it will become vital to train and equip LEOs to meet these demands

and equally vital for citizens to gain a better understanding of the roles, characteristics, and culture of policing to form lasting partnerships.

Police Characteristics, Culture and Subculture

The profession of policing is comprised of a diverse subset of the population who are drawn to the career field for a multitude of reasons ranging from public service, family traditions, the challenge of policing, or the sheer nobility of the position (Archbold, 2013; Van Maanen, 1973). Several other career fields could claim these same reasons; however, what makes law enforcement different is how most consider it not just a job but a way of life, because policing includes a mindset and a belief system and is supported through a unique culture or subculture (Manning & Van Maanen, 1978). Notwithstanding the fact the culture of policing perpetually places LEOs in dangerous, violent, and often unwinnable situations, the support officers offer each other makes this subculture most closely related to the comradery observed in soldiers on the battlefield (Cobb, 1976; Ferrell & Hamm, 1998; Janowitz, 1964; Rothberg & Wright, 1999; J. M. Violanti & Paton, 1999; Williams, 1987).

Training and Induction into the LEO Culture

Much of the empirical and ongoing research on LEOs has drawn direct comparisons between the cultures of law enforcement and military soldiers based on their chronic exposure to trauma and organizational structures/hierarchy (Cobb, 1976; Ferrell & Hamm, 1998; Henry, 1995; Janowitz, 1964; Paton & Violanti, 1996; Rothberg & Wright, 1999; J. H. Skolnick, 1975; Williams, 1987). Assimilation into the culture of policing often begins when entry level training is initiated and new recruits progress through a curriculum preparing them for the perils they face in the community. Most

LEO training programs have implemented paramilitary styled training regimens, centered on team work, working under stress, and uniformity (Langworthy & Travis, 2003). Police training is centered on crime control, self-defense techniques, situational awareness, and mastery of weapons systems and inserts the notion how all aspects of police work are inherently dangerous (Birzer & Tannehill, 2001; Gharibian, 2015; Paton & Violanti, 1996).

The initial phase and entry into the profession is also when new LEOs become indoctrinated into the police culture and begin to view the world through a unique cultural lens based on other officers' lived experiences, which then establishes police behavior, values, and personality (J. P. Crank, 1998). Entry level training initiates the process of "police socialization," during which new LEOs learn the values, skills, knowledge, attitudes, and behaviors of policing (Langworthy & Travis, 2003, p. 241). According to Paton and Violanti (1996), during initial training, LEOs are generally informed they are different, elite, and more courageous than the average person, which might relay a false sense of invulnerability/bravado. This false perception of invulnerability could prove to be devastating to officers if they are injured, if a partner is injured, or if they lost control of a dangerous situation or person (Paton & Violanti, 1996).

Initial LEO training is generally followed by on-the-job training with a seasoned LEO or field training officer, where core cultural characteristics fortify bonds of tradition and solidarity are bestowed onto the trainee. These core law enforcement cultural characteristics are centered on (a) a heightened sense of duty and mission, (b) action oriented ideologies, (c) cynicism and pessimism, (d) suspicion and vigilance, (e) isolation

and solidarity, (f) conservatism, (g) machismo and sexism, and (h) pragmatism (Bacon, 2014; J. P. Crank 2014; J. H. Skolnick, 2011; Waddington, 1999). J. P. Crank (2014) asserts these unique cultural ideals and experiences are what binds LEOs together, creating solidarity and trust.

According to J. P. Crank (1998), police culture, similar to other cultures, is the subset's way of understanding and thinking about worldviews. Specifically, the police culture offers a structure from which LEOs view their role in the world and subsequently generates their individual police personality. Through research, police scholars have developed a distinction between police culture and what is referred to as canteen culture exhibited by LEOs. Hoyle (1998) stated the "cop culture" refers to the perceptions implied or expressed by LEOs during the course of performing their duties, whereas "canteen culture" refers to the way officers use cultural themes and communicate with peers to establish their shared identity (p. 75). The canteen culture provides LEOs a safe environment to share fears and vent frustrations about the role of and demands on the police. However, although the canteen perceptions have some impact on LEO behavior, these views are not believed to cause LEOs to act or behave differently (Hoyle, 1998).

J. H. Skolnick (1975) declared how police work, on a minute by-minute, day to day basis, is filled with the potential for violence and the LEO culture stresses being careful and vigilant. J. P. Crank (2014) expanded this rationale by stating how the culture of policing is rooted in local experiences and exposure, wherein LEOs create meaning and gain knowledge through interactions which assist LEOs to problem solve through sharing experiences. In essence, each LEO will have different experiences and views, affecting how the culture adapts over time.

Within the culture of policing, there is a certain level of mysticism and folklore around the insurmountable amount of knowledge and experience gained only through performing the duty, which for seasoned LEOs brings prestige, respect, and status within the law enforcement community. Although certain individuals, e.g. family members and other fellow first responders, congregate around the fringe of the police culture, these outsiders never gain acceptance because they lack the first-hand experience (Henry, 1995). The exclusivity of the LEO culture makes it difficult for outsiders to be part of the group, and thus outsiders are not considered part of the culture by association/position (Henry, 1995). Even new officers must undergo social initiations such as hazing or being required to experience gruesome aspects of police work before being accepted into the culture (Henry, 1995).

Bacon (2014) conveyed the aforementioned aspects of police culture are directly tethered to the formal structures of law enforcement organizations established by management and are continuously oriented to legitimize coming police practices to the public. The police culture is characterized by uniform dress, a rigid rank hierarchy of authority, detailed mission statements, and a code of conduct which LEOs are held accountable against. The subculture subsequently refers to the widely accepted practices which emerge and to officers' shared understandings about the law enforcement mission and standards (Bacon, 2014).

Characteristics of the LEO Subculture

The subculture within policing is a distinct and select sect, with its own characteristics and code of conduct associated to the fraternal order differs from other first responders. According to Henry (1995), the dynamic of the police subculture is one

that spills into the LEOs professional and personal attitudes, behaviors, and lives. Much

of the more macho elements viewed in the police subculture are believed to be rooted in

societal patriarchal beliefs and are not unique to law enforcement (Waddington, 1999).

Henry further described the subculture of LEOs as "insular and clannish, with its own

language, values, customs and membership [deriving] from the assimilation of these traits

and other attributes. Police subculture is xenophobic and suspicious, almost to the point

of paranoia" (p. 95).

Based on the type of work performed and the reliance on each other for safety,

LEOs embody a highly cohesive, tight knit subculture whose bonds are fortified by

facing dangerous situations and protecting each other in all facets of life (J. M. Violanti,

1995). J. H. Skolnick (1975) elaborated how the potential for violence within policing

both bonds LEOs together and isolates them from others, wherein the subculture acts as a

buffer to protect fellow officers from dangers. The profession and subculture of LEOs

represents a highly cohesive/tight knit community that "take[s] care of their own" (J. M.

Violanti, 1984, p. 18). Therefore, much emphasis and value are placed on being

trustworthy and dependable (Henry, 1995).

The inherent dangers of policing requires LEOs to trust, confide in, and count on

fellow officers, a value which if broken could result in being ostracized or labeled weak

or undependable within the subculture (Henry, 1995). Many similarities have been

drawn between the police and soldiers, who bond over and depend on each other for

safety (J. H. Skolnick, 1966). Police subculture characteristics coupled with the

continuous potential for harm by being exposed to the criminal element generates a

general distrust of outsiders, increased potential for hypervigilance as a self-preservation

tactic, secretive behavior, and ultimately dependence on fellow LEOs for survival (Niederhoffer, 1967; Reiss & Bordua, 1967; J. H. Skolnick, 1975; Westley, 1970; Wilson, 1978).

Vigilance and hypervigilance. In general, police work on a minute by-minute basis is filled with potential for violence, which stimulates LEOs to be vigilant, often to threshold of paranoia or hypervigilance (J. H. Skolnick, 1975). An elevated state of awareness translates into officers being attuned to deception and to the precursors of violence, placing them in a continuous state of vigilance for self-defense purposes (J. H. Skolnick, 1975). Although vigilance is encouraged in high threat professions like policing and combat, chronic exposure to threats (real or perceived) can affect an LEOs judgment and their physical and/or cognitive reactions, creating a harmful state of hypervigilance or paranoia (K. M. Gilmartin, 1986; K. M. Gilmartin, 2002; J. H. Skolnick, 1975). A prolonged state of hypervigilance or paranoia-like symptoms can force LEOs to withdraw deeper into the police subculture and withdraw from the community to protect their brethren from the potential dangers awaiting them (K. M. Gilmartin, 2002; J. H. Skolnick, 1975).

J. M. Violanti (1995) expounded on the kind of violence LEOs are subject to on a regular basis. J. M. Violanti's study of the police profession and modern policing revealed police work:

> involves a continual barrage of boredom interspersed with acts of violence, deceit, and human misery. Many officers are exposed to a subculture of violence in which they encounter death almost daily. The average citizen generally does not

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witness in a lifetime the amount of death and violence a police officer experiences

in one month. (p. 5)

Encountering death in most settings is a symbolic event evoking an encounter with one's

own mortality, and few occupations outside the medical profession deal with the volume

and intensity of deaths in their most unpleasant forms (Henry, 1995; Wenz, 1979). Due

to these routine encounters with death and human suffering, LEOs go to great lengths

within their subculture to project or demonstrate their aloofness, indifference, and

invulnerability to the primal emotional responses dealing with death typically invokes

(Henry, 1995)

In routine policing scenarios, LEOs are called upon to interact with members of

the community in potentially volatile physical and/or social settings where the roles,

laws, and outcomes are poorly defined (Henry, 1995). In these uncertain settings, the

police are forced to remain vigilant because history and training have emphasized how

they might be "called upon to use deadly force under highly ambiguous circumstances"

(Henry, 1995, p. 94). This ambiguity demands LEOs to remain vigilant, and many have

adopted the mindset of "It is better to be judged by twelve than carried by six" (Herbert,

1998, p. 361), meaning breaking the law and being tried for the crime would be better

than endangering their own lives. This statement symbolizes one of the many mindsets

prolonged exposure to threats and hypervigilance generates, wherein the subculture

becomes accepting of "overkill" and the "never explain, never apologize" (Perez, 2010,

p. xxi) dynamic that this level of vigilance leads to.

Perceived imperviousness to injury or loss of control. As mentioned in

previous sections, LEOs entry level training establishes the importance of control tactics

and remaining vigilant, and it creates the mindset wherein LEOs are courageous and impervious to external dangers. Based on the realities of the profession and exposure to trauma and violence, much of police work is about controlling oneself and others, and "the public calls cops when control has been lost" (Kirschman, et al., 2014, p. 9). If an LEO loses control over a situation leading to the injury of a partner, they might cope by blaming themselves or by withdrawing from their tight-knit subgroup, thereby limiting whom they can ask for assistance (Henry, 1995). J. M. Violanti (1995) asserted how regardless of the problems, LEOs are reluctant to or refrain from asking for help because they do not want to appear weak or vulnerable to peers in the subculture.

Bonafacio's (1991) studies on the psychological effects of police work revealed LEOs suffering from a serious injury had the potential to derail their framework of physical and psychological self-image or belief of invulnerability. Bonafacio's study further elaborated on the psyche of an injured officer:

> Gone is the feeling that he has met the requirements of being omnipotent to satisfy his ego ideal. He consciously feels depressed and angry at himself for messing up, but unconsciously feels the very painful loss of his body's invulnerability and his omnipotent mastery of any and all dangers. This loss leads to feelings of shame that he has lost what he once had. He is not the man he once was. Injured officers speak of their single wish to return to the job and to be the person they were before the injury. They are wishing to recapture their lost self-concept of being immune from harm. (p. 185)

M. Reiser's (1974) study on the organizational stresses of LEOs focused on the relationship police have with death and how the subculture's aloofness towards death

denies the inevitable psychic toll of repeated encounters with human mortality. In his

research, M. Reiser associated the term "John Wayne syndrome" to describe the police

profession's impact on officers, which was characterized by:

> Cynicism, over-seriousness, emotional withdrawal and coldness, authoritarian
>
> attitudes, and the development of tunnel vision…The syndrome appears to
>
> develop as a result of shaping influences within the organization, particularly the
>
> peer group, but it is also part of a developmental process which helps protect the
>
> young officers against emotions as well as outside dangers while he is maturing
>
> and being welded by experience. Frequently, part of this developmental picture
>
> involves emotional distancing. (p.158)

Untrusting of outsiders and secretive. Based on the criminal element police

routinely encounter and the atrocities they witness on a daily basis, the inherent risks

further fortify the bonds between LEOs within their subculture, leading them to be

untrusting of outsiders and questioning of humanity in general. Police learn early in their

careers how trust is the one quality they should never be issued haphazardly and how

they should only trust their own experiences. This is especially true when the issue of

trusting outsiders is raised, and LEOs are cautioned to trust at their own risk (Henry,

1995). LEOs are reluctant to discuss personal issues and to seek professional help or

support from outsiders for fear of not being understood based on the perils of the policing

profession (Henry, 1995). This mentality of not trusting anyone outside the profession is

subsequently reinforced throughout their careers.

This view towards anyone outside of law enforcement further isolates LEOs from

the communities they are sworn to protect, resulting in a reluctance to seek help for

matters such as depression and hypervigilance or borderline paranoia (P. Corrigan, 2004). The lack of treatment or assistance mental health related issues increases the LEOs risk of negative impacts to their physical and mental well-being (P. Corrigan, 2004; J. H. Skolnick, 1975). The same trust issues and effort to be secretive can potentially act as barriers to seeking assistance because LEOs tend to have counseling confidentiality concerns and fears of appearing weak or undependable to their fellow officers (Gharibian, 2015). Much of the empirical studies on law enforcement agencies' attitudes towards mental health counseling noted how the culture of police makes them untrusting of outsiders, fearful of how receiving mental health counseling will impact their careers, and afraid of appearing weak or vulnerable to their peers (J. M. Violanti, 1995).

      Solidarity. J. H. Skolnick's (1975) empirical research on the violence officer's encounter on duty illustrated the violence had caused them to withdraw within a protective shell of solidarity to protect themselves and fellow officers from potential evils they encounter on duty. Solidarity among police officers is what scholars recognize as the cultural foundation for LEOs social identity within society (J. P. Crank, 1998). In addressing solidarity, Bacon (2016) averred how law enforcement professionals highly value trust, loyalty, cooperation, and reciprocity in their fellow officers; the solidarity and peer approval within the subculture is what separates policing from other related occupational groups.

      The profession of policing represents a highly cohesive, guarded subculture wherein LEOs are known to take care of their own, and at times this includes shielding fellow officers, their families, and their respective agencies and departments from

sensitive or embarrassing information (Gaska, 1980). Westmarland's (2005) studies on police solidarity drew attention to the existence of an "us and them mentality" (p. 153) or essentially a "blue code of silence" (p. 153) also referred to a thin blue line representing solidarity and comradery with fellow LEOs. The sense of solidarity is so great within policing, officers nearing retirement or separation from the subculture were noted as experiencing dread because officers view such separations from the subculture as devastating (Gaska, 1980). The potential losses of solidarity, status as a LEO, and a role within society have left some retiring or separating officers vulnerable to suicide because they are reentering a society they perceived as hostile (Gaska, 1980).

Paramilitary Culture/Connections to the U.S. Military

Numerous studies and researchers have drawn comparisons and similarities in structure, solidarity, and encounters between military soldiering and civilian police work. These two distinct entities share similar hierarchal structures of leadership, are workers in both areas are highly trained in self-defense techniques and exposure to trauma and danger. Although LEOs are not engaging in military combat, they experience similar conditions which soldiers experience, such as a continual sense of danger from an unknown enemy. Constant exposure to violence/death, depersonalization of emotions, and a lack of public support which exerts harmful psychological and social consequences, including increased risks of suicide, substance abuse, and disrupted family life (Farberow, Kang & Bullman, 1990; Laufer, Gallops, & Frey-Wouters, 1984).

According to Williams (1987),

for cops, the war never ends…they are out there 24 hours a day, 7 days a week to protect and serve, to fight the criminal…our peacetime enemy. The police officer

is expected to be combat-ready at all times while remaining normal in a socially adaptive when away from the job. The psychological toll for many is great, unexpected, and not well understood. (p. 267)

Although the police have recently been scrutinized for their military styled apparel, tactics, and weaponry on civilian streets, fewer than 20 years ago, the police found themselves borrowing weapons to neutralize an emerging threat. In 1997, a bank robbery in North Hollywood, California by two men clad in body armor and armed with assault rifles engaged the Los Angeles Police Department in a barrage of gunfire for over an hour (S. Walker, 2010). Despite the two bank robbers being vastly outnumbered by the police, the men's protective body armor and weaponry superior to those of the police, resulting in deaths of five civilians and eleven LEOs (S. Walker, 2010). In the 20 years following this tragedy and other like it, law enforcement agencies around the nation have employed militaristic styled operations to neutralize threats and to reduce the loss of life.

In many American cities, LEOs have traded in their traditional blue uniforms for battle dress styled uniforms modeled after soldiers' attire and consistently wear life-saving protective body armor designed for battlefield operations (Balko, 2013). Many agencies have Special Weapons and Tactics (SWAT) teams trained by current and former military Special Forces units like the Navy Seals or Army Rangers, thereby creating a dominant military culture in modern policing (Balko, 2013). According to Balko (2013), the use of Humvees, tanks, and helicopters has created a policing culture which is isolated, confrontational, and militaristic and has the potential to escalate the level of violence today's LEOs encounter.

One of the largest connections between the two professions is how many of the roles are interchangeable, and officers and soldiers can transition easily from one entity to the other. Under President Clinton's administration, more than 100,000 police officers were hired under the initiative termed "Troops to Cops" (Ferrell & Hamm, 1998, p. 102). Under a government grant funded by the Department of Defense and the Department of Justice, police agencies were encouraged to hire ex-military soldiers, and the program was incentivized for every soldier converted to an LEO. The police and soldiering professions share more similarities than structure, staff, and culture; members in both professions are combating the impact of several decades' worth of stigma towards mental health assistance, a stigma which is taking a devastating tolls on its members due to continuous exposure to trauma (Acosta et al., 2014; J. M. Violanti, 1995).

The Impacts of Trauma and Stress

Former First Lady Rosalynn Carter (2010), related everyone at some point will experience a traumatic event, which could come in the form of a car accident, a mugging, or an event that personally affects people once or has a constant presence in our lives. Traumatic events during one's lifetime have the potential to affect a person's long-term psyche, actions, and perceptions, and the impacts greatly increase or manifest if the affected party opts to delay or not seek assistance (Komrad, 2012). First responders and the counselors specializing in treating them have coined the phrase, "tragedy happens to someone else, trauma is what happens to you" (Kirschman et al., 2014, p. 56).

The study of psychological trauma involves exploring human vulnerability and the impact of experiencing or witnessing horrific events, which unfortunately have a tendency to discredit the sufferer (Komrad, 2012). The field of psychology has only

recently begun to understand the significant mental health impacts of exposures to trauma (Carter, 2010). Of all the high-risk occupations existing in society, police work is believed to be one of the most trauma-sensitive professions, due in part to LEOs frequent exposure to violent and emotionally disturbing events (Carlier & Gerson, 1992; I. V. Carlier et al., 1994).

Trauma, Stress, and Coping

The word trauma is a Greek word which means to wound or to pierce. The American Psychological Association (APA) (2016) defined trauma as an emotional response to a terrible event such as an accident, atrocity, or natural disaster. Mitchell-Gibbs and Joseph (1996) argued how any event can be perceived as traumatic if it challenges an individual's three basic of assumptions of self: personal invulnerability, work having meaning, and the self has worth. Typical behavior immediately after a traumatic event is a sense of shock and denial, whereas long term reactions include unpredictable or uncontrollable emotional responses, flashbacks, strain on personal relationships, and even physical symptoms (M. Reiser & Geiger, 1984; Solomon & Horn, 1986). Although these reactions and feelings are considered common or normal, some people have difficulty moving on with their lives (American Psychological Association [APA], 2016) and might alternate between feeling numb and reliving the event (J. L. Herman, 2015).

A working definition of stress expresses it as the "process by which we perceive and respond to certain events, called stressors that we appraise as threatening or challenging" (Myers, 2004, p. G-13). Stress, like trauma, arises not solely from the events, but rather from how the affected person appraises the stressor or event (R. S.

Lazarus, 1998). Although there are several theories regarding whether stress is response, stimulus, or transactional based, the theories from different disciplines (e.g., psychology, social psychology, nursing, and medicine) have linked stress and coping as key variables affecting health and the onset of diseases (Lyon, 2000). Coping with stress and trauma involves a person's cognitive and behavioral efforts to manage specific demands (external and/or internal) which are viewed as taxing or exceeding the person's resources (R. S. Lazarus & Folkman, 1984). Myers (2004) contended stressors are unavoidable; therefore, coping becomes imperative to our health, "Life events can be debilitating or not. It all depends on how we appraise them and whether the stresses are buffered by a stress-resistant disposition, healthy habits, and enduring social support" (Myers, 2004, p. 555).

The prevailing psychological theories on treating trauma had historically endorsed the affected person repeatedly retelling the traumatic story, with the belief repetition would "dilute the potency of the experience and eventually bring peace and healing" (Shorter, 1997, p. 145). However, Montross (2013) further explained how studies since the terror attacks on 9/11 have highlighted that forcing the victim to retell the story re-traumatized them, thereby deepening the impact of the trauma. Research and treatment methodologies for acute stress and trauma express the core psychological trauma as "disempowerment and disconnection from others" and emphasize the importance of the counseling relationship as an alliance promoting recovery and empowerment (J. L. Herman, 2015, p. 133-4).

First Responders' Exposure to Traumatic Events and Stress

According to the Bureau of Labor Statistics (2013), the vast majority of the most stressful and dangerous occupations in America are occupations related to first responders and military personnel based on exposures to stress and trauma as well as work related fatalities. Countless workers in other professions, especially others in the first responder realm, encounter traumatic events and death, which can impact their quality of life. Although these other occupations deal frequently and intimately with trauma and specifically death, other professions' training and socialization processes differ from those of LEOs.

Firefighters and military personnel are professions which most closely resemble police work based on their exposure to traumatic events, death, severely injured human beings, and human misery (J. M. Violanti, 2010). According to Henry (1995), the police dealt more frequently, intimately, and actively with sudden or gruesome deaths compared to emergency medical workers, who encounter death in a more sanitized and controlled medical environment. Additionally, medical professionals' training and processes allow them to cope with death in an objective manner, with the use of emotional distancing mechanisms (Henry, 1995). In contrast, firefighters almost only experience depressing events, such as seeing victims badly burned or killed in a fire, which they respond to but were not actively involved in (J. M. Violanti & Paton, 1999).

Survivor's guilt, or the emotional response to witnessing the suffering, injury and death of others, is common in first responders and in soldiers. Survivors of disasters and war are often haunted by images of the dying who they were unable to rescue, and subsequently feelings of guilt for not risking their lives to save others (J. L. Herman,

2015). These feelings of guilt can manifest into depression, withdrawal and alienation which are all symptoms of a posttraumatic syndrome (M. Reiser & Giger, 1984). In contrast to witnessing human suffering, a "violation of human connection, and consequently the risk of post-traumatic disorder, is highest of all when the survivor has been not merely a passive witness, but also an active participant in violent death or atrocity" (J. L. Herman, 2015, p. 54). The latter is more frequently experienced by LEOs and soldiers who engage in combat on the battlefield or on local city streets.

Impacts of Trauma and Stress to LEOs and Their Families

Occupational stressors are present in all professions, and the severity of the stress ranges across a broad spectrum depending on the person and the profession. According to studies on police stressors, the consistently top ranked stressors by LEOs were killing someone in the line of duty and experiencing a fellow officer being killed (J. M. Violanti & Aron, 1994; J. M. Violanti et al., 2016). In addition, LEOs "must contend not only with the kinds of occupational stress that characterize contemporary organizations, but also with the violence, abuse, and other events capable of eliciting traumatic stress reactions" (J. M. Violanti & Paton, 1999, p. 293).   However, these forms of stressors are not present in most professions, placing armed professions, such and police and soldiers, at the greatest risk of stress levels impacting their psyche and health.

In the course of their work, police officers often encounter unwinnable situations which might include taking a life, being involved in a shooting, or being forced to choose who lives or dies. According to Kirschman et al. (2014), "There is little satisfaction in killing or wounding someone. Afterwards, officers can oscillate between remorse for actions not taken and guilt for acts committed. Praise from coworkers can wound more

than it heals" (p. 83). The trauma associated with LEOs shooting an assailant on duty is often so great, most police agencies direct officers to undergo psychological counseling, place them on administrative leave, and collect/impound the officer's service weapon for further investigation (Miller, 2007).

According to Solomon and Horn (1986), the effects of shooting on LEOs generally included distortion of the incident, a heightened sense of danger, flashbacks, isolation, emotional numbing, sleep difficulties, and depression. The impact of these post-shooting emotions often resulted in the officers leaving the profession due to being unable to cope with/rationalize the posttraumatic experiences (Solomon & Horn, 1986). The psychological ripple effect of a police shooting in the police community has been known to create feelings of guilt by LEOs who were off duty at the time of the event, creating "survivor's guilt and magical thinking, imaging that if they were there no one would have been hurt or killed" (Kirschman et al., 2014, p. 90). In contrast, many soldiers, survivors, and police officers are able to persist after experiencing a traumatic, life altering event, which is studied as the "psychology of survival" (Henry, 1995). Henry (2004) credits much of the theoretical assumptions, principles, and model of the psychology of survival to Robert Jay Lifton's research on Vietnam veterans, Hiroshima survivors, and LEOs. The psychology of survival, which was used to describe the culture of policing, addressed the continuation of life after LEOs are exposed to death, trauma, and mortality with the assistance of coping mechanisms, peer support, and/or counseling or via dissociation, emotional distancing, and psychic numbing (Henry, 1995). Although the psychology of survival focuses on the survivor's ability to persist and cope with the

traumatic event, many still experience depression, guilt, and lasting effects from surviving the event.

Long Term Effects of Chronic Exposure to Trauma

The chronic exposure to stress, violence, and trauma places the police at an increased risk of suffering from detrimental effects not only to their physical and psychological well-being but also to their families' physical and psychological well-being (Komrad, 2012; J. M. Violanti & Paton, 1999). These repeat exposures to traumas over the course of a LEOs career, if left undiagnosed and untreated, directly correlate to adverse effects on LEOs physical and psychological well-being (Dowling et al., 2006). LEOs who are not offered or who do not accept the proper coping mechanisms, assistance, or treatment have an elevated risk of physical health complications and behavioral and/or psychological disorders such as depression, anxiety, PTSD, and countless behavioral and physical health disorders (Tucker, 2015). The National Alliance on Mental Illness (2013) reported how those living with serious psychological disorders have an increased risk of experiencing chronic medical conditions and had a truncated lifespan by up to 25 years.

Occupational trauma and stress have produced countless casualties in the law enforcement community as well as an immeasurable number of walking-wounded who bear no visible signs or scars of the profession. These stressors, trauma, and potential threats to their safety can affect an LEOs judgment and decision making ability and their physical and cognitive reactions, creating a state of hypervigilance (K. M. Gilmartin, 1986; Henry, 1995; J. H. Skolnick, 1975). The psychological repercussions of an LEO losing control over a life-threatening event might cause them to overreact or become

hypervigilant, creating potential volatile interactions between law enforcement and the public they are sworn to protect. Loo (1999) explained, "Policing is a high stress occupation with exposure to occupational demands and critical incidents manifesting itself [in] posttraumatic stress reactions, burnout and suicide" (p. 241).

The culture and subculture addressed in previous sections of this literature review place great emphasis on being impervious to injury and being resilient. Consequently, appearing vulnerable to their peers has precludes some LEOs from seeking counseling or assistance. As a result, some LEOs feel they can no longer tolerate psychological pain, driving them to self-medicate, to engage in reckless behavior, or to commit suicide rather than ask others for help (Acosta et al., 2014; Karakilic, 2007; O'Hara et al., 2012; J. M. Violanti, 1995). According to the National Study on Police Suicide (2012), police officer suicides occurred at twice the rate of the rest of society, and LEOs were twice as likely to commit suicide than to be killed by a felon in the line of duty (O'Hara et al., 2012).

The Police and Mental Health in the Community

Dear and Wolch (2014) postulated how the deinstitutionalization movement in the 1960s and 1970s caused a major shift away from large-scale, institution based psychological care in favor of small-scale, community based facilities. This movement was driven by public outcry regarding how overcrowded, large-scale facilities failed to provide adequate treatment as well as the outcry against the deplorable conditions inmates/patients were forced to endure (Shorter, 1997). In Dear and Wolch's (2014) *Landscapes of Despair: from Deinstitutionalization to Homelessness,* the deinstitutionalization movement removed mentally disabled people, mentally/physically

handicapped people, prisoners, and other dependent groups from asylums or jail and placed them in the community settings (Dear &Wolch, 2014; Lerman, 1982).

Due to social stigma, reduction campaigns, and an increased level of embedded knowledge about mental illnesses, diagnosis, and treatment, American society is now more cognizant of behavioral trends than ever before (B. A. Pescosolido, 2013). However, lasting social stigmas and labels for those suffering from mental illnesses have devalued their role in society, and citizens continue to express concerns over unpredictable behavior and potential violence (B. A. Pescosolido, 2013). Martin, Pescosolido, and Tuch (2000) noted how research studies indicated large numbers of Americans expressed a "reluctance to interact with people suffering from various mental health problems" (p. 217) due to public perception of the "potential dangers of interacting with people suffering from mental illness" (p. 211). Community concerns about the potential violence and danger associated with interacting with someone experiencing a mental health crisis have in turn required an increase in law enforcement involvement, which detracts from the core mission of the police (Langworthy & Travis, 2003).

Lamb et al. (2002) stated since the deinstitutionalization movements, American communities have observed an influx of persons with severe mental illness, and the police were then called upon to fill the increasingly important roles of responding and managing citizens experiencing psychiatric crises. Research and data collected by law enforcement agencies indicate how "in contrast to their training and expectations, police officers are as likely to be called to a mental illness crisis as to a robbery" (Husted, Charter & Perrou et al, 1995, p. 315). The law enforcement community has witnessed an increase in their expectations, roles and responsibilities related to public mental health

matters. These expectations have redefined the role of LEOs as well as

partnerships/alliances within our communities thereby creating a vital need for LEO

training in order to meet growing societal demands.

Police Roles and Mental Health Issues

In addition to the police acquiring new, uncharted roles, responsibilities, and

expectations such as leading the charge in supporting wars on drugs and terrorism in

America, they are also now expected to assume the roles of social worker, behavioral

specialist, and gatekeepers to mental health assistance (Carter, 2010; Lamb et al., 2002;

S. Walker & Katz, 2012). Based on their role as first responders, the police now find

themselves on the frontlines of public mental health matters and are often the first

officials making contact with a citizen in the middle of a mental health crisis (Carter,

2010). LEOs who encounter a citizen in a behavioral crisis are forced to use their

authority and discretion to reduce the potential harm to other citizens and to the person in

crisis (Lamb et al., 2002).

With regards to mental health crises in the community, law enforcement officials

have the legal obligation and authority to respond, assess, and recognize the need for

citizens to undergo psychiatric evaluation and/or treatment when a person poses a risk to

themselves or to the public (Husted et al., 1995; Lamb et al., 2002). Due to this increased

authority and societal expectation, LEOs find themselves "increasingly placed in the role

of street corner psychiatrist" (Husted et al, 1995, p. 316), for which they are given little to

no preparation, training, or understanding. The majority of law enforcement agencies

have police psychologists on staff who have intervention training related to crisis

management, hostage negotiation, suicides, and assessing mentally ill offenders

(Delprino & Bahn, 1988). However, LEOs are typically the representatives called on to intervene in situations involving those suffering from mental illness and to perform some form of psychiatric triage or first aid (Bittner, 1967). Due to increased expectations, some LEOs might resent the failures of the mental health system which forced them into new roles, while others might readily accept these service-oriented roles. But the vast majority of officers voice frustration over inadequate training and support to prepare them for their new responsibilities (Borum, 2000; Husted et al., 1995).

Crisis Intervention Teams/ Mobile Crisis Teams

Due in part to the deinstitutionalization of mental health care in America, a growing number of people in our communities are suffering from severe mental illness. The National Alliance on Mental Illness (2013) estimated 61.5 million Americans, or one in four adults, experience mental illness in a single year, and 20% of all prisoners have a mental health condition. When situations in the community arise, the police, who are often unaware of the signs and symptoms of mental illnesses or available resources, are typically first to respond and assess the scene (Compton et al., 2014).

In countless scenarios, the police are requested to respond and assist friends, family, and neighbors of a citizen in crisis. Studies McFarland et al. (1989) conducted revealed the majority of the studied population suffering from a severe mental illness had encounters with law enforcement and had been arrested at least once. Only a small portion of the study's sample was referred to a hospital for care. Unfortunately, police responses to these types of scenes are not always resolved peacefully, which has resulted in the arrests, injuries, or deaths of both the officer and/or the citizen in crisis based on

the danger the citizen posed to themselves or the community (Lamb et al., 2002; Teplin, 2000).

In 1987, Memphis Police Department officers were dispatched to a scene where 27 year old Joseph D. Robinson, who had a history of mental illness, was reported as wielding a knife, cutting himself, and threatening family members as well as neighbors. After a very brief encounter between the police and Robinson, he was shot multiple times for not following verbal commands and later succumbed to his injuries (Donohue & Andrews, 2013; S. Walker et al., 2016). The public outcry and racial tensions following this event led the Memphis Police Department to form partnerships with the local Alliance for the Mentally Ill and local universities to create a specialized response unit within the police department (S. Walker et al., 2016). In 1988, this alliance led to the creation of the nation's first Crisis Intervention Team (CIT), wherein Memphis Police Department officers were provided with specialized training to respond to incidents involving mentally ill citizens in crisis (Donohue & Andrews, 2013). The Memphis model of CIT is now widely popular and has been adopted by law enforcement agencies nationwide as a means of pre-booking jail diversion and of better preparing officers for their expanding roles (Compton et al., 2014).

Subsequently, police organizations and mental health professionals began to join together and form CITs or Mobile Crisis Teams in an effort to identify, assess, and direct those suffering from mental illnesses to the right resources as an alternate to arrest (Carter, 2010; Lamb et al., 2002). This partnership and the use of these teams have been instrumental in major cities across America in offering citizens in crisis a specialized mental health response as opposed to incarceration and being initiated into the criminal

justice system (Steadman, Deane & Morrissey, 2000; Lamb et al., 2002). Hails and

Borum (2003) found how approximately one-third of the law enforcement agencies they

surveyed had some form of specialized response for dealing with those suffering from

mental illness, and the number of agencies employing a CIT program is steadily growing

across the country. Based on LEOs being on the frontlines in identifying citizens' mental

illnesses and directing them to the appropriate resources, it is imperative they are

provided with the proper resources and training to prevent tragedies stemming from

mental health crises (Carter, 2010).

Lack of Training for Law Enforcement Officers

LEOs on routine patrols in our communities often assume a mental health triage

role due to encountering citizens with severe mental illnesses, substance addiction, or

developmental disabilities. The average officer is unaware of the signs and symptoms of

mental illnesses or available resources (Compton et al., 2014). Mental health experts

specializing in community interventions concluded how the effectiveness of mental

health intervention teams was dependent upon LEOs receiving specialized training

(Lamb et al., 2002; Steadman et al., 2000). Research suggests the training LEOs are

receiving, if any, is minimal and is inadequate to prepare them for their new role as

community mental health gatekeepers (Borum, 2000).

Teller, Munetz, and Ritter (2006) explained for police, the "absence of specialized

training in mental illness and knowledge about the local treatment system, such crises

may end in arrest and incarceration when referral and treatment might be more

appropriate" (p. 232). Investigations have revealed offenders suffering from mental

illness were more likely to be "arrested for nonviolent misdemeanors and to be screened

by officers with little of the training or knowledge needed to divert them to appropriate mental health treatment" (Husted et al., 1995, p. 316). Lamb et al. (2002) expressed at a minimum, police training should include (a) familiarization with the different classifications of mental disorders, (b) managing persons exhibiting mental illnesses, (c) crisis intervention, and (d) learning the laws, available resources, and criteria for involuntary psychiatric evaluation. Additionally, LEOs should consider what a person in crisis is experiencing/feeling; "they are spinning out of control, do not know what they are experiencing, and wonder if they will ever feel normal again" (Carlat, 2010, p. 201).

The national CIT training model is provided to select police officers who subsequently receive 40 hours of specialized mental health training, which is generally provided by mental health experts, family advocates, and mental health consumer groups (Lamberti & Weisman, 2004). CIT training provides LEOs with information about mental illness, substance abuse disorders, crisis intervention techniques, de-escalation training, community-based resources for those suffering from mental illness, empathy training, and role playing opportunities to prepare for interactions with this population (Dupont, Cochran, & Pillsbury, 2007; Lamberti &Weisman, 2004). Experienced practitioners expressed how the standard 40-hour comprehensive course is the minimum amount of training necessary to deal with complex public encounters with those suffering from mental illness (Dupont et al., 2007). Borum (2000) highlighted LEO training alone will not be sufficient without the creation of mobile crisis teams or CIT. The relevance of training and knowledge raises the question, that if LEOs are not receiving specialized awareness to identify the symptoms and signs of mental health issues, are they equipped

to identify these same indicators in fellow officers or in themselves following a traumatic event?

Mental Illness, Diagnosis, Treatment, and Associated Stigma

The earliest civilization's records revealed their desire to understand, debate, and question elements of human nature, emotions, and the mind (Myers, 2004). Psychology, or the science of studying human behavior and mental process, is deeply rooted in philosophy, and both sciences seek answers regarding how humans think, feel, and act (Myers, 2004; Shorter, 1997). Many profound philosophers and notable experts in the fields of psychology and psychiatry have pondered the connection of mind and body as well as psychological disorders and the causes of mental illnesses. Centuries later, leading experts in the fields still pursue and research the connections and causes of mental health issues, illnesses, and psychological disorders, which in modern times are defined as those behaviors viewed as harmful, dysfunctional, and judged as disturbing and unjustifiable by society (Myers, 2004).

History and Evolution of Mental Health Matters

The history of mental health matters has shaped society's views and perceptions of people suffering from psychological illnesses, which in turn has continuously forced the treatments and diagnoses to adapt and evolve. As new medical advancements and treatments were developed, the field of mental health care transitioned from in-patient, asylum styled care to treatment in clinical, out-patient settings aided by experimental prescription medication and alternative counseling methods (Shorter, 1997). Much of the reform observed in the mid-1800s was generated by advocates like Dorthea Dix and Philippe Pinel, who promoted moral treatments for those in in-patient hospitals for

mental illness (Parry, 2006). Dix and Pinel's movement aimed to attract public attention to the horrendous treatment of the imprisoned mentally ill and those in asylums by advocating for a gentler treatment method and a departure from restraining, lobotomies, and shock therapy (Myers, 2004; Parry, 2006).

Due to social pressures and the negative implications associated with mental illness, the terms used to address mental health disorders also began to depart from madness, insanity, and hysteria for more destigmatized labels of the 19th century by identifying psychological disorders as nervous or behavioral conditions (J. L. Herman, 2015; Shorter, 1997). As Shorter (1997) conveyed, after the 1860s, the public viewed conventional terms for psychiatric illness as dreadful or with "awfulness", and society began to believe psychiatric disorders were rooted in "poisoned heredity" (p. 115) because people were afraid to marry into a family with a history of mental illness. The public's sensitivity to terms like insanity or psychiatric illnesses ultimately pressured fields of psychology and psychiatry into using verbiage such as nerves or nervous conditions as opposed to the biological, brain, or organic conditions these disorders are truly rooted in (Shorter, 1997). Subsequently, 19th century psychiatrists felt compelled or under duress to oblige with what their patients wanted to hear regarding the causes of the illness (Shorter, 1997, p. 117).

In the 1890s, Sigmund Freud and Jean-Martin Charcot's research on the psychological impacts of trauma which generated hysteria related symptoms, which could be alleviated through expression of words, ultimately provided the foundational basis of psychotherapy/psychological analysis used today (J. L. Herman, 2015). Psychoanalysis or psychotherapy is defined as a "planned, emotionally charged,

confiding interaction between a trained, socially sanctioned healer and a 'sufferer'"

(Frank, 1982, p. 10). By the 1950s, the notoriety and demand for psychoanalysis/

psychotherapy had outgrown the psychiatric field, and much of the therapy began to be

performed by clinicians, social workers, and pastors (Myers, 2004).

Modern mental health terms, diagnosis, and medication are now so widely known

by the public, they have become household and cultural terms used in casual

conversations. Regardless of the viewpoint through which psychological disorders are

rooted (learned behavior versus environmental), treatment methods are now commonly

known and available as are the long-term impacts of these disorders (Myers, 2004).

According to the Carter Center Mental Health Program, a foundation created by former

President Jimmy Carter and his wife, the leading cause of disability in the United States,

Canada, and Western Europe is mental illness, where it inflicts more damage than cancer,

heart disease, or diabetes (Carter, 2010). Although there have been immeasurable

advancements in the field of mental health care as well as in campaigns to educate the

public about mental illness, centuries' worth of negative connotations tied to mental

illness still act as an undercurrent preventing many from seeking care.

Regarding treatment and diagnosis, the Greek physician Hippocrates was noted

for stating "diagnosis is half the cure"; however, Komrad (2012) noted the term diagnosis

differs in a psychiatric context, where it causes negative feelings compared to its use in a

medical context. With mental health diagnosis, there becomes a major concern with

"labeling" (Komrad, 2012, p. 80) and the stereotypes associated with labels patient will

not be able to escape. But Carlat (2010) reported how many suffering from severe mental

health disorders have very treatable conditions, and some have success rates of recovery as high as 85%. Carlat noted how with treatment and diagnosis,

> providing patients with a diagnosis at the end of the first visit is a form of therapy. Part of what makes mental illness so painful is its terrible mystery. Patients in the midst of a crisis feel that they are spinning out of control, do not know what they are experiencing, and wonder if they will ever feel normal again. (p. 201)

Despite extraordinary advancements in the mental health field and the abundance of resources available, fewer than 60% of Americans with a mental health condition actually seek assistance (Carter, 2010). Many studies have investigated this phenomenon. The evidence suggests the major deterrents from seeking mental health care are stigma, stereotypes, misinformation, and fear of being diagnosed and living with a mental illness. Stigma and stereotypes have created hurdles and barriers for both those who would seek assistance as well as for those with a mental health diagnosis who are trying to be accepted by society (Carter, 2010).

Stigma and Stereotypes Associated with Mental Health

Although the effectiveness and availability of mental health services have consistently improved during the past 50 years, stigma remains the leading deterrent for those in need of seeking mental health care (Acosta et al, 2014; Carter, 2010; P. Corrigan, 2004; Komrad, 2012). To comprehend the impacts of mental health stigmas, the term stigma must first be defined.

Leading experts on the impacts of stigma define the term as a mark or a label imposed by others leading to the devaluation or discrimination of others resulting in them being viewed as tainted and less than human (P. Corrigan, 2004; B. A. Pescosolido, 2013;

Wahl, 2012). Komrad (2012) stated the word stigma is a Greek word for a "mark, sign, etc. of disgrace or something [that] is not considered normal or standard" (p. 62). Stigma (a) is mainly derived from fearing the unexplainable, (b) grows from ignorance and the mistrust of odd or erratic behavior, and (c) establishes society's attitudes and views on mental illness. (Carter, 2010). Wahl (2012) elaborated on stigmas associated with seeking mental health care,

> One of the most insidious effects is that stigma gives rise to stereotypes: People
>
> experiencing mental illness are considered to be lacking judgment or weak willed;
>
> they are seen as incompetent, unreliable, and unable to make decisions for
>
> themselves. (Carter, 2010, p. 91)

Of all the factors affecting those suffering from a mental illness, stigma remains the most damaging factor because it has the tendency to humiliate and embarrass. For those living with a mental illness, the stigma is painful because it results in generating stereotypes, fear, rejection, and societal discrimination (Carter, 2010). One of the major events disseminating stigma is how the media depicts those suffering from a mental illness in a negative light, which "perpetuates myths and misinformation leading to the denial of full and equal rights, opportunities and power" (Carter, 2010, p. 3).

Komrad (2012) noted how in a society plagued by stigma, people are more comfortable dealing with physical problems like illness or disease, but seeking care is still often put off until it adversely affects work or a leisure activity. When the topic is mental illness, stigmatized words begin to "creep in, even if we don't say them aloud: weakness, stupidity, cowardice, crazy, weird, or insane" (Komrad, 2012, p. 62).

According to P. Corrigan's (2004) research, stigma is one of the most relevant factors of the cognitive process and was commonly reinforced in literature to describe attitudes, stereotypes, prejudice, and discrimination of those suffering from a mental illness. Society typically infers how someone has a mental illness based on one of four cues: "psychiatric symptoms, social-skills deficits, physical appearance, and labels" (P. Corrigan, 2004, p. 615). Subsequently, stereotypes become "beliefs about a stigmatized group" [while prejudice is an] "agreement with stereotypes leading to emotional responses", and discrimination is subsequently the "behavioral result of prejudice" (P. W. Corrigan, Powell, & Rusch, 2012, p. 381).

Effects of Stigmas and Stereotyping

The stigmas and labels associated with mental illnesses can largely be blamed for those suffering from an illness being reluctant to seek psychiatric evaluation (Komrad, 2012). Stigmas and stereotypes which are perpetuated can result in discrimination against behavior deemed to be outside of what is acceptable. Carter (2010) expressed how perhaps the "greatest tragedy is that stigma keeps people from seeking help for fear of being labeled 'mentally ill,'" (p. 1) which is a mark most cannot escape.

As mentioned previously, many of the severest mental disorders are treatable with high success rates. But despite overwhelming evidence suggesting specific treatments will improve the lives of people with particular problems and disorders, treatment is not sought or seen to fruition (P. Corrigan, 2004). Subsequently, many people who would benefit the most from associated services either do not pursue care or fail to fully participate once they have begun due to stigma and being labeled, leaving them without viable coping mechanisms (P. Corrigan, 2004). Montross (2013) contended how

persistent perceptions of those suffering from mental illness and mental health providers are tied to movies such as the "One Flew Over the Cuckoo's Nest mythology" (p. 107), where patients are over-treated and forcibly overmedicated, but how the opposite is true. In reality, those suffering from mental illness struggle to obtain access to treatment and to maintain their adherence to medication, which triggers events from "financial ruin and homelessness to violence and suicide" (Montross, 2013, p. 107).

Based on his studies on stigma, P. Corrigan (2004) expressed stigma yields harm, impedes treatment as well as coping, because it diminishes self-esteem and deprives those suffering of social opportunities. Not only do stigmas and stereotypes affect the sufferer, but N. J. Herman and Reynolds (1992) noted the families of those suffering from mental illness generally spend much of their time "attempting to mitigate the stigma potential of mental illness through the employment of information management techniques" (p. 33) to the community. Those suffering from a mental illness, disorder, or emotional response to stress/trauma are perceived to be unable to think and act for themselves, when in fact "Most people with serious mental illnesses recover and do well in the world-go to school, flourish in their jobs, own homes-yet are considered to be the rare exception" (Carter, 2010, p. 4). Many researchers and studies recommended viable anti-stigma campaigns to destigmatize mental illness, diagnosis, and treatment.

Anti-Stigma Campaigns and Awareness

As Kay Jamison of John Hopkins University School of Medicine (2010) explained, when mental illness is compared to other illnesses such as cancer or polio, "If you look back at the history of disease, it's clear that when you find causes and treatments, you end stigma" (Carter, 2010, pp. 14-15). It is evident society is currently

more informed and has a better understanding of the causes and treatment of mental illnesses due to the work of advocates and organizations fighting stigma and due to the enormous amount of information available online. Organizations and anti-stigma informational campaigns led by advocates such as the National Alliance on Mental Illness, StopStigmaSacramento.org, Mend the Mind, Bring Change 2 Mind, and countless others have put forth tireless efforts to end harmful stereotypes, labels, and stigmas tied to mental illness. Incidentally, leaders within psychiatry declared stigma has dissipated and how no further action was needed (B. A. Pescosolido & Olafsdottir, 2010).

Contradictorily, many researchers were unable to show meaningful progress in the acceptance of those with mental illness (Carter, 2010). B. A. Pescosolido (2013) claimed anti-stigma campaigns and intervention efforts have had a resurgence over the past decade despite public claims stigma was declining. The Carter Center Mental Health Program reported how a national study on stigma, the vast majority of Americans claimed they were willing to befriend someone suffering from a mental illness; however, nearly 70% of those interviewed were unwilling to have individuals with a mental disorder marry into their family, while 60% were unwilling to work with those suffering from a mental illness (Carter, 2010). These conflicting findings on the effectiveness of anti-stigma campaigns and national polls are evidence that stigma, stereotypes, and labels continue to impact the acceptance and mental health seeking behaviors of those in need.

Mental Health Counselors, Clinicians, Chaplains, and Peer Group Leaders

Those specializing in psychological and emotional matters, such as psychiatrists, psychologists, clinicians, counselors, chaplains, and peer group leaders have made notable contributions to the fields of psychology and psychiatry. Much of what is known

and documented about counseling unique subsets like Veterans, first responders, and LEOs has been published by the dedicated professionals within the fields of psychiatry and psychology, but several unknown aspects of offering care to these subgroups of professionals still remain (Kirschman et al., 2014). In the past 40 years, the fields of counseling and psychology have witnessed the creation of specialized training and treatment to better meet the unique needs of those who have unique professions, cultures, and illnesses. One such area was in the field of police psychology in the 1980s, and the advancements made were intended to fill the gaps of traditional counseling by imbedding psychologists in law enforcement agencies to meet the distinctive needs of LEOs.

Zelig's (1988) study on police psychologists and counselors found how a significant amount of their time was spent conducting psychological assessments for LEOs and pre-employment assessments to screen applicants for police work suitability. Assessments such as fitness evaluations for LEOs who experienced a critical incident or trauma were a routine duty of police psychologists/counselors. Additionally, police psychologists, counselors, and chaplains were trained to provide crisis intervention, debriefings, and hostage negotiations (Zelig, 1988).

As knowledge and counseling methods have continued to evolve, so has the need for skilled, culturally cognizant counselors with an understanding of police culture. With regards to counseling this unique subset of professionals, Kirschman et al. (2014) noted how without specific understanding of the LEO culture, duties, and jobs they are mandated to do, it becomes easy to make clinical errors based on "misinformation, stereotypes, personal bias, or even worse, television cop shows" (p. 2).

Kirschman et al. (2014) noted the membership in police psychology organizations has nearly doubled in recent years and the American Board of Professional Psychology recently approved board certifications for police psychologists, most of whom specialize in assessment. However, although interest in the field of mental health counseling has increased, there is still much misinformation about psychiatrists and counselors which acts as barriers to people seeing their assistance. In a societal context, much of our general knowledge about the fields of psychiatry and psychology comes from the media (Komrad, 2012). Based on how treatment is portrayed or sensationalized in the media, the average person is frightened by these inaccurate depictions, which creates additional barriers to assistance (Komrad, 2012).

Mental Health Services Available to LEOs and First Responders

Within the law enforcement community, mental health providers offer numerous services, programs, and available counselors. The goal of these services is to offer coping mechanisms for LEOs experiencing stress or trauma. R. S. Lazarus and Cohen (1977) stated these stressors and trauma upset our internal balance, thus affecting physical and psychological well-being and requiring action to restore balance. These counseling services are centered on helping LEOs control or regain control over their personal situations:

> Police work is about control: control of self, control of others. The public calls cops when control has been lost. This may be one of the reasons cops are apprehensive about therapy. In the therapy session, the clinician is in control. (Kirschman et al., 2014, p. 9)

Debriefings. Psychological debriefings represent one of the common services offered by law enforcement agencies and/or to LEOs by private providers. Bisson (1999) defined these psychological debriefings as a "semi-structured crisis intervention designed to prevent psychological sequela following traumatic events by promoting emotional processing through the ventilation and [normalization] of reactions and preparation for possible future experiences" (p. 390). Several articles and studies on LEO services state how in addition to core training and conditioning, the existence of a critical incident stress-debriefing program is vital to LEOs psychological health (Valentino, 2000).

Employee Assistance Program. Additionally, many law enforcement agencies offer a peer-led/peer-assisted group, such as an Employee Assistance Program (EAP), which allows LEOs to seek assistance in a confidential environment shielded from some of the perceived barriers (Kirschman et al., 2014). According to the Federal Occupational Health EAP details (2016), the law enforcement EAP is a specialized component of the general EAP, designed to meet the unique needs of LEOs. Many EAPs offer police officers the option of requesting a referral to a counselor familiar with the law enforcement culture, who can better appreciate the occupational stressors and facilitate effective solutions.

Critical Incident Stress Management Services. Critical Incident Stress Management (CISM) programs were created to be effective tools to assist managers respond to workplace trauma and offer the means to help employees deal with emotions, the aftermath, and stressors associated with traumatic events. CISM programs are geared towards assisting traumatized LEOs who may experience significant emotional reactions after a critical incident, such as a shooting. One model is the FBI's CISM program,

created to safeguard and promote the psychological well-being of FBI employees following traumatic experiences by offering a confidential method of mitigating adverse effects and of promoting positive resolutions (McNally & Solomon, 1999).

Chaplains and peer groups. In addition to the aforementioned services and programs, many law enforcement agencies have created chaplain and peer-to-peer programs to offer LEOs other avenues for counseling. Most chaplaincy programs are optional or by request and offer spiritual guidance and counseling to LEOs and their families in times of crises. Peer support programs offer emotional, social, and practical support to LEOs during personal or professional crisis (Kamena et al., 2011). However, although LEO peer programs are effective for influencing healthy responses to psychological stressors and trauma, these services do not replace the services offered by trained psychological counselors and therapists (Kamena et al., 2011). Kirschman et al. (2014) asserted little has been written about the community therapists, the employee assistance program (EAP) providers, the chaplains, or the peer supporters, all of who might be the best and most available personal resource for troubled cops and their families (Kirschman et al., 2014, p. 2).

LEOs Underutilizing Available Mental Health Services

Although each level of government has created the aforementioned services, programs, and peer support, several studies have concluded LEOs perceptions about the impacts of these services on their careers or within the subculture have led to these professional services being underutilized (Berg et al, 2006; Lamb et al., 2002; Meyer, 2001; Shallcross, 2013). Due to the vastness of the law enforcement profession, many of the studies attempted to elicit LEOs attitudes towards seeking help were conducted in

isolated settings and produced contradictory results (Karaffa, 2013; Meyer, 2001). There

were overwhelming similarities between the LEO subculture and society, specifically

how LEOs also preferred to seek assistance from friends and family. However, these

informal support systems often lack the training and options necessary to assist the

person in need, depending on the severity of the mental illness.

United States Shortage of Mental Health Professionals

With an increase of returning veterans from warzones and an overall demand for

mental health assistance in America, the need for assistance has created national

shortages in culturally competent counselors to treat veterans, with whom LEOs share

many characteristics (Tanielian et al., 2014). According to Hoge et al. (2013), the lack of

a systematic method to collect data from the mental health and addiction workforce

requires the piecing of several different data systems at each level of government and

private practice to determine the availability and need. Hoge et al. (2013) reported

although the data is scattered, there is a general sense of a mental health provider

shortage in the United States. With research indicating LEOs are under-utilizing

available law enforcement sponsored program/services, shortages of mental health

counselors in rural areas can create additional barriers for rural LEOs seeking mental

health assistance.

A 2009 study by the Health Resources and Services Administration found 77% of

counties in America had a severe shortage of mental health counselors, and rural counties

had the least services available (Hoge et al., 2013). K. C. Thomas, Ellis, Konrad, Holzer,

and Morrissey (2009) research reported similar findings; nearly every county in America

had an unmet need for mental health counselors and overall various levels of unmet needs

for assistance. Furthermore, the National Advisory Committee on Rural Health found there were entire counties in rural America with no practicing psychiatrists, psychologists, or social workers, and patients noted the barriers to available services (e.g., too distant, too expensive, lack of transportation, etc.) (D. Thomas, Macdowell & Glasser, 2012).

Due to the above referenced shortages and the social stigma addressed in previous sections, people are seeking care from other providers outside of the mental health community. Between 1995 and 2010, data were collected via National Ambulatory Medical Care Surveys, which indicated steady increases in primary care physicians issuing antipsychotic prescriptions (Olfson et al., 2014). Olfson et al. (2014) even reported some of the diagnosis and issuance of prescription medication related to mental health disorders increased more than the reported number of visits to psychiatrists did.

Help-Seeking Behavior

Help-Seeking Behaviors Defined

The concept of help-seeking behaviors has gained notoriety in the past decade as an important avenue for further exploring and understanding patient delays and action associated to a variety of health conditions (Cornally & McCarthy, 2011). Despite the overwhelming amount of research, studies, and publications on the term help-seeking behaviors, there are no agreed upon or common definitions used to define or provide a framework of measurement for these behaviors or for the related term of treatment-seeking behaviors (Rickwood & Thomas, 2012). In general terms, help-seeking behaviors pertain to the social actions generated in an effort to seek assistance from others. In the context of medical conditions, the individual would seek assistance from a

physician; however, in the mental health context, this behavior is considered an "adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (Rickwood & Thomas, 2012, p. 180).

Much of the controversy surrounding defining this term is mainly due to the subjective nature of the definition and the ways in which behaviors will be altered by personal history, characteristics and behavioral norms. The majority of the research exploring help-seeking behaviors has revealed the act of seeking assistance or reaching out was the most challenging aspect because it required those in need to actively seek assistance from others (Zola, 1973). Cornally and McCarthy (2011) described help-seeking behaviors as a complex decision-making process initiated by a personal problem which challenges a person's abilities or available coping mechanisms. Experts in the field of mental health describe the help-seeking processes as taking either a formal or informal route. A formal help-seeking process involves the assistance of professionals, specialists, primary care providers, clergy, and community leaders, whereas an informal process relies on social networks, friends, and family (Rickwood & Thomas, 2012).

Help-Seeking Behavior Model

From a sociological standpoint, research Zola (1973) conducted found how people`s responses and actions to illness or issues were contingent upon personal and cultural values as well as on their beliefs concerning health. Zola's research subsequently led to the development of a help-seeking model which illustrated how when people seek assistance for an illness or issue, it is generally driven or delayed by one or more of five social triggers: (a) interpersonal crisis, (b) perceived interference with work activities, (c) perceived interference with social/leisure activities, (d) sanctioning by others who insist

help be sought, and (e) symptoms persisting beyond the arbitrary time limit set by the

affected person. These five social triggers and the individual's perception of his or her

symptoms will determine which course of action they seek.

Figure 1 illustrates the process a person undergoes when deciding to seek

assistance. As evidenced by the model, the result does not always lead to seeking

professional assistance. The term lay referral denotes the seeking of assistance from

family, friends, and the local community in place of a general practitioner (G.P.) for fear

of being labeled as overreacting (Zola, 1973). One of the results of the above model is

how people will attempt to self-medicate or self-correct the issue with generic drug

treatments, holistic therapy, and any number of alternative care (Zola, 1973).
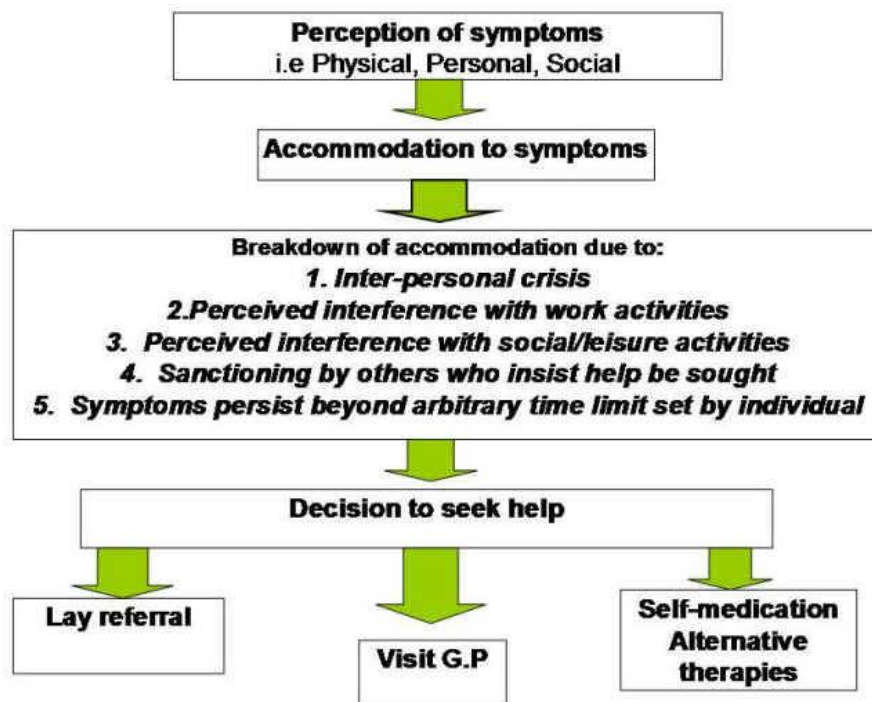
Figure 1. Zola's help-seeking behavior model of five social triggers/drivers for an
individual's actions to seek assistance. Adapted from "Concepts of Health and Illness" by
I. Crinson, 2007, *Public Health Textbook,* Section 4e. Copyright 2011 by the Public
Health Action Support Team.

Factors Affecting Help-Seeking Behaviors

Research studies and the aforementioned model suggests the average American delays being treated for physical injuries and/or pains until the issue affects their ability to work or enjoy leisure activities (Komrad, 2012). Although people will delay seeking medical attention for years, the "resistance to seeking professional help for mental problems is even higher" (Komrad, 2012, p. 51). Due to advancements in the field of mental health, effective treatment is available; however, only between 29% and 52% of those suffering from major depression in western countries seek help during the first year of illness, and many others who sought help did so after a delay of several years (Wang et al., 2007). Large-scale studies found how less than 40% of individuals with a mental health concern seek any type of professional assistance (Vogel, Wade & Hackler, 2007).

Experts suggest seeking assistance for mental illnesses might be delayed by up to a decade, which coincidentally is the estimated period of time believed for a mental health disorder to manifest and begin to affect the sufferer's behavior (Insel, 2013). Psychologists suggest much of the resistance in seeking help is attributed to people's desire to control or manage both their environment and themselves, so consequently people tend to fear anything threatening their sense of perceived control over their own thoughts and mental process (Komrad, 2012). According to Komrad (2012), "Ironically… the people most in need of mental health treatment are typically the least likely to seek it" (p. 41). Understanding the attitudes and beliefs which facilitate or hinder help-seeking behaviors is necessary to improve the use of available mental

health services and deter the potential for psychological issues to develop into serious

illnesses if left undiagnosed/untreated (Schomerus, Matschinger & Angermeyer, 2009).

Help-Seeking Behavioral Barriers

According to research, the single most cited reason by individuals interviewed

regarding their postponing a psychological consultation was stigma followed by the cost

and/or the lack of insurance coverage (Carter, 2010; Komrad, 2012). Over 90% of rural

counties lacked mental health services, so availability of services and geographic

separation from resources continues to act as a barrier to care (Hoge et al., 2013; K. C.

Thomas et al., 2009; D. Thomas et al., 2012). Cultural barriers are an additional factor

affecting help-seeking behaviors. If the sufferer's culture has a negative view on mental

illness and related services, the sufferer is less likely to seek care. According to data the

National Alliance on Mental Illness (2013) collected, African Americans and Hispanic

Americans used mental health services at approximately half the rate of Caucasians, and

Asian Americans used services at about a third of the rate (NAMI, 2013).

In addition to cost and cultural perceptions, gender continues to act as a barrier to

seeking care, especially in male dominated career fields such as the military, law

enforcement, and fire services. According to Komrad (2012), men are particularly

reluctant to seek psychiatric treatment, which was attributed to boys' learning how being

a man in American society requires toughness, self-reliance, and dealing with painful

emotions by ignoring them. Men in particular are generally more uncomfortable

appearing vulnerable, imperfect, frightened, or not in control of their emotions and

situation (Komrad, 2012). Several studies have noted how women demonstrated greater

levels of openness towards mental health services (Mackenzie et al., 2006). Aligning

with these findings, Berg et al. (2006) research specifically on female LEOs found this demographic sought help more often than their male counterparts did. Finally, the stigma surrounding mental health illness, which has been covered in previous sections, continues to be a barrier to seeking assistance for mental health problems.

Impacts of Interrupted or Delay of Help-Seeking Behaviors

Acosta et al. (2014) research on delaying or opting not to seek help for mental health related issues noted these choices can develop into a wide range of negative impacts on people's quality of life and on their social, emotional, and cognitive functioning. The National Alliance on Mental Illness (2013) reported individuals living with serious mental illnesses are at an increased risk of developing chronic medical conditions, and it also reported the mortality rate for adults living with serious mental illnesses was on average 25 years earlier than the mortality rate for other Americans. The barriers and social triggers subsequently act as deterrents towards seeking assistance often leave the affected individual without a viable coping mechanism (P. Corrigan, 2004). In addition to social isolation, self-medicating, divorce, and destructive behavior, sufferers of severe mental illness might commit suicide (Karakiliç, 2007; O'Hara et al., 2012; J. M. Violanti, 1995). Suicide is the tenth leading cause of death in the United States and more than 90% of those who die by suicide had one or more mental disorders (NAMI, 2013).

Help-Seeking Behaviors of LEOs and Perceived Barriers to Seeking Help

As identified in the characteristics of LEOs and their subculture, officers are noted as being generally untrusting of outsiders, secretive, masculine, and impervious to injury (Gharibian, 2015; Mojtabai, 2007; J. M. Violanti, 1999). These same

characteristics act as the identity of the LEO culture can also act as barriers when officers

contemplate seeking mental health assistance. In addition to the cultural characteristics

which LEOs assimilate to upon entering law enforcement, each officer before entering

the profession was part of a community with its own norms, views, and acceptable

behaviors.

LEOs who consider seeking mental health assistance are often forced to choose

whether to accept or reject societies and/or their subculture's attitudes, stigmas, and

negative connotations associated with mental health disorders, illness, and diagnosis (J.

M. Violanti, 1995). The importance of solidarity was noted as a vital aspect of the LEO

culture; therefore, officers have concerns regarding appearing weak, undependable, or

unable to remain emotionally neutral in the eyes of their fellow officers. Other key

factors LEOs consider are the potential long-term impacts to their careers and their ability

to remain in an armed profession.

Stigma and Barriers to Mental Health Service within the LEO Community

J. M. Violanti (1999) noted the "hierarchical nature of police organizations can

result in officers feeling uncomfortable about obtaining formal support, largely as a result

of enduring concerns about confidentiality and the effect that seeking help may have on

their career" (p. 256). Confidentiality as a barrier directly affects the LEOs perception

regarding their livelihood and ability to support themselves and/or a family. LEOs

concerns about confidentiality or their professional sessions being disclosed to superiors

directly links to why numerous studies noted officers prefer to seek help from a

friendship network or other lay support system rather than from health care professionals

(Berg et al., 2006). LEOs often seek friends and family based on the belief professionals

who are not in law enforcement would be unable to understand or appreciate the stressors of the police profession (Hackett & Violanti, 2003). According to a study by Tucker (2012), it was noted LEOs were less willing to use an in-house police psychologist versus external services, which could be due to the appearance of the psychologist being embedded within the hierarchal structure of the police agency.

Several studies attempting to explore LEOs willingness to use professional mental health services reported contradictory findings. Of the related studies on LEOs attitudes towards mental health services, approximately half of LEOs contacted were willing to use available services (Gharibian, 2015; Tucker, 2012), whereas other comparable studies indicated LEOs had more negative attitudes toward seeking treatment than the rest of society have (Karaffa & Tochkov, 2013). Several factors led to these contradictory findings (geographic location, LEO experiences, departmental responses, etc.); however, regardless of a negative or neutral attitude towards mental health services, the available services remain underutilized by officers (Greenstone, Dunn, & Leviton, 1995; Shallcross, 2013).

An additional perceived cultural barrier within law enforcement is the violation of the established norms that occurs by asking for help and discussing emotional responses to police work (Gharibian, 2015). Many attribute the cultural norm of refraining from asking for help to the masculine culture within this particular male dominated profession. Möller-Leimkühler (2002) averred the masculine culture helps perpetuate LEOs stigmas towards seeking mental health care, since seeking mental health care violates traditional male traits of power, toughness, courage, independence, control, and invulnerability.

Mental Help-Seeking Behaviors of LEOs

Although mental health assistance is made readily available to LEOs, the ratio of officers utilizing the available counseling services after traumatic events is significantly lower when compared to the ratio for other first-responders who experience or respond to similar traumas (Greenstone et al., 1995; Shallcross, 2013). Contributing factors explain the difference between LEOs and other first responders would be the cultural differences, critical incident protocols, and perceptions of seeking mental health care. Kirschman et al. (2014) explained one main difference was how law enforcement work is centered on controlling every possible outcome and action, which offers reasoning why LEOs are apprehensive about therapy given the clinician is perceived to be in control (Kirschman et al., 2014, p. 9). Komrad's (2012) findings were similar, relating how within American society, people tend to despise anything that threatens the sense of being in control over their own mental process.

Perceived Effects on Career after Seeking Mental Health Assistance

In addition to sharing society's concerns about seeking mental health assistance (being labeled, stereotyped, or discriminated against for seeking treatment or being diagnosed with a mental health disorder), LEOs have unique occupation concerns to consider. LEOs are concerned that if they seek mental health care, the treatment session will be disclosed to their respective agency. Although therapist-patient privileges offer confidentiality to LEOs (Kirschman et al., 2014), there are topics clinicians are mandated to report to the LEOs respective agency, such as if threats to self or others are perceived (National Conference of State Legislatures, 2015). LEOs feared these confidentiality concerns could negatively impact their careers and livelihood (J. M. Violanti, 1999).

In a study investigating military members' perceived repercussions for seeking mental health care, Acosta et al. (2014) reported nearly half feared losing their leader's trust in them, 45% feared being treated differently, 37% had confidentiality concerns, and 36.5% feared negative effects on their careers. The subcultures of soldiers and LEOs are very similar, and LEOs have similar concerns regarding seeking mental health assistance. Those in the law enforcement profession depend on their ability to remain in an armed role to retain their jobs. LEOs therefore have concerns over the dangers of long-term unemployment based on seeking treatment, which made it more likely they would conceal their mental health problems for as long as possible (Waters & Ussery, 2007).

Effects of Untreated Mental Health Problems on LEOs

The chronic exposure to occupational stress and trauma can take a toll on the mental and physical well-being of an LEO. Confrontation with disturbing stressors, including sexually abused children, suicides by colleagues, officer involved shootings, and numerous other situations threatening violence, can traumatize the psyche of individual officers (L. Carlier, 1999). These repeated exposures put LEOs at a greater risk of developing physical and psychological disorders affecting their health and longevity. Additionally, LEOs who use inadequate coping mechanisms such as alcohol, drugs, anger, and withdrawal are at an increased risk for detrimental health problems (Burke, 1993). LEOs, like workers in other professions with higher risks of experiencing violence, are at a greater risk of posttraumatic syndromes, psychological illnesses, burnout, and overload than are workers in professions with less potential for encountering violence (M. Reiser & Geiger, 1984).

According to J. M. Violanti (1995), fear of appearing weak or vulnerable to their peers leaves many LEOs unable to cope with or tolerate the psychological pain associated with the policing profession, and consequently some choose suicide over asking for help. Elaborating on the causes of LEO suicide, Hackett and Violanti (2003) reported critical incidents and work stressors do not lead to LEO suicides, but rather untreated depression does. The National Study on Police Suicide (2012) revealed LEO suicides occurred at twice the rate of suicides in the rest of society, and it also revealed officers were twice as likely to commit suicide than to be killed by a felon in the line of duty (O'Hara et al., 2012). With solidarity being such a vital component of the subculture, some researchers indicate suicide rates of retired LEOs are higher than the suicide rate of active police officers due to the lack of a support system in retirement (O'Hara et al., 2012).

Theoretical Framework

Cognitive Theory of Stress and Coping

To better understand the physiological and cognitive response to stress and trauma, specifically in trauma sensitive fields, an exploration of the cognitive theory of stress and coping is necessary. Research conducted by R. Lazarus (1983) presented the theory in which stress was transactional between people and their environment, which led to the cognitive theory of stress and coping, which contains three major concepts: stress, appraisal, and coping. According to Huang and Alessi (1999), R. Lazarus expressed emotions related to stress and trauma work through a set of interdependent systems, including processes for cognitive appraisal, physical interaction between the person and their environment, coping, and an emotional response. LEOs experiencing occupational stressors and/or trauma would undergo this fourfold process, which would determine if

they are equipped to cope with the situation or are overwhelmed by the event (see Figure

2).
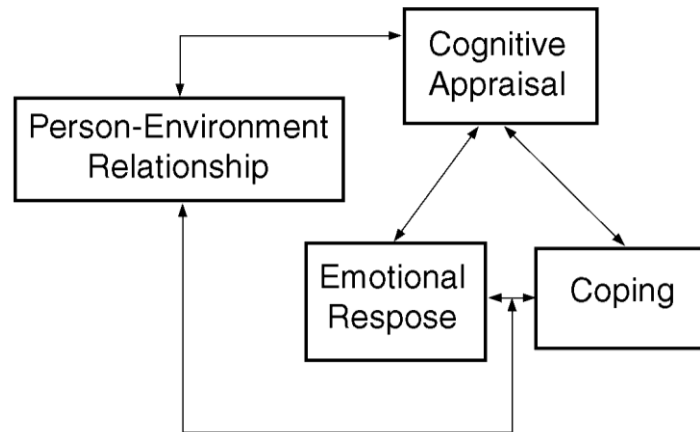
Figure 2. Lazarus's Theory of Stress and Coping. Model of the major component of the cognitive theory of stress and coping consisting of the transaction of stress between people and their environment, the appraisal process and subsequent emotional responses, and/or coping. Adapted from "Presence as an Emotional Experience" by M. Huang & N. Alessi, 1999, *Medicine Meets Virtual Reality - The Convergence of Physical & Informational Technologies: Options for a New Era in Healthcare, 62*, p. 150. Copyright 2003 by Milton Huang.

Stress. Aligning with the general perceptions and definitions of stress, R.

Lazarus's (1983) theory states how stress is a condition or feeling experienced when the

individual perceives the demands of the situation as taxing or exceeding the personal and

social resources they can amass. Using the expanded theoretical framework developed

by R. S. Lazarus and Folkman (1984), the cognitive theory of stress and coping describes

stress as being a transaction between the person (LEO) and their environment, which is

the transactional model of stress and coping. These interwoven theories explained how

neither the environmental event nor the individual's response defines stress, but rather it

is the individual's perception of the psychological situation which defines this critical

juncture. According to R. S. Lazarus and Folkman's theory, stress is subjective in nature,

and stress's effects on a person are based on whether or not the person perceives the situation as a threat, not on the stressful event itself.

Cognitive appraisal. Cognitive appraisal is the internal mental or reasoning process related to stress, and it is a series of evaluations (primary and secondary appraisals) humans undergo. It is during this process when people assess how dangerous or challenging the event is and either apply the appropriate coping mechanism or determine the stressors exceed the person's ability to cope. When the latter occurs and the person's stress is overtaxing, there is an increased risk of psychological and physical health complications/disorders due to a lack of viable coping strategies. R. S. Lazarus and Folkman (1984) described the appraisal process as a two part, simultaneous process: in primary appraisal, the person assesses what the stress means and how it affects them. In secondary appraisal the person assesses their feelings related to dealing with the stressor or the stress it produces, which generates either positive or negative responses.

Coping. Finally, the individual enters the coping stage, which is defined as a process of "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands which are appraised as taxing or exceeding the resources of the person" (R. S. Lazarus & Folkman, 1984, p.141). There are two forms of coping: problem-focused coping, in which the individual feels he or she has control over and can manage the situation; or emotion-focused coping, in which the individual feels they have no control over the source of the stress. Research suggests coping mechanisms for adults who encounter stress and trauma can profoundly impact their ability to overcome the event and regain balance and control over their lives (R. S. Lazarus & Folkman, 1984). LEOs, first responders, and military personnel constitute a

unique subset of the population due to chronic exposure to trauma and occupational stress, which places greater urgency on the need for coping mechanisms and available resources.

Theory of Planned Behavior

Building off of or dovetailing into the cognitive theory of stress and coping is Ajzen's (1991) theory of planned behavior, which explores people's behavior intentions and explains behaviors such as seeking assistance in the context of whether or not the stressors or trauma overtax the person's coping mechanism. According to Ajzen (2011), humans are introspectively aware of the thoughts and feelings leading to the decision making process, and this process offers a convincing explanation for our behavior. Studies revealed behavior is performed automatically/ mindlessly but continues to be consistent with the learned behavior, experiences, and information we are presented with (Ajzen, 2011). The core of the theory of planned behavior deals with the backgrounds of "attitudes, subjective norms, and perceived behavioral control" (Ajzen, 1991, p. 189), experiences which in the final analysis process of the mind determine our intentions and subsequent actions.

Ajzen's (2011) research and model was repeatedly used to predict a wide range of physical and psychological help-seeking behaviors and intentions, including self-medicating and health services utilization. The theory of planned behavior consists of three distinguishable beliefs: (a) behavioral, which are believed to influence attitudes toward the behavior, (b) normative, which constitutes the underlying factors of subjective cultural norms, and (c) control, which provides the basis for perceptions of behavioral control (see Figure 3).
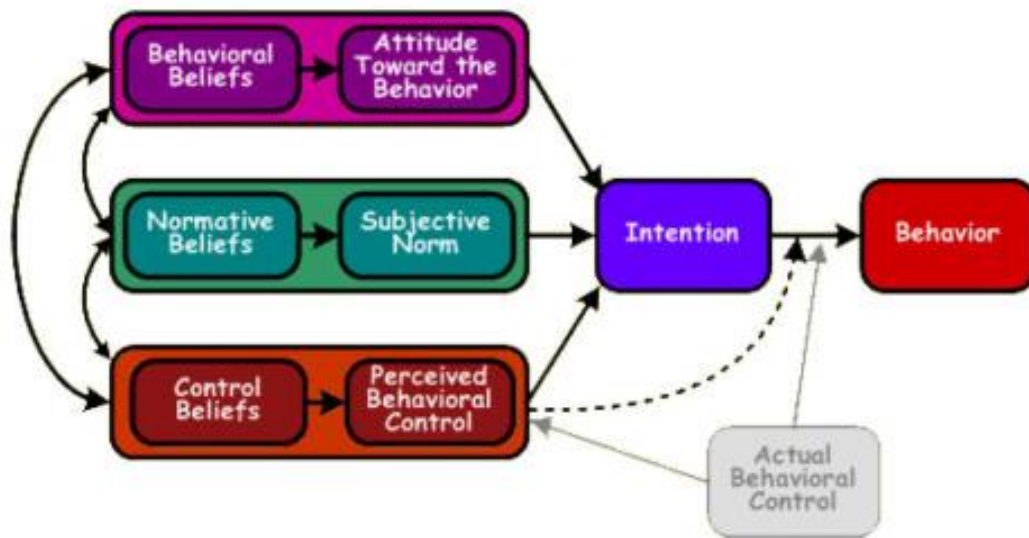
Figure 3. The figure illustrates the distinguishable beliefs and constructs of the theory of planned behavior. These six constructs constitute the motivations, intentions, and actual behavior as they relate to an LEOs intentions and actions to seek stress and trauma related assistance. Adapted from "Theory of Planned Behavior Diagram", by I. Ajzen, 2006, retrieved from http://people.umass.edu/aizen/tpb.diag.html Copyright 2006 by Icek Ajzen.

Additionally, the theory consists of six constructs which collectively represent a person's actual control over their own behavior: (a) attitudes, (b) behavioral intention, (c) subjective norms, (d) social norms, (e) perceived power, and (f) perceived behavioral control. The theory also factors in attitudes, perceptions, and behavioral norms of the person as well as those of the person's social/peer group or subculture. Ajzen's theoretical beliefs/constructs will be vital while exploring police counselor's perspectives to identify the factors affecting LEOs decisions to seek mental health assistance.

Attitudes. This refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior or action of interest. It considers the possible outcomes of performing the behavior. For LEOs, their attitude toward seeking psychological assistance becomes the first hurdle, barrier, or stereotype in the context of this theory of planned behavior. "Understanding the attitudes and beliefs that facilitate or

hinder help-seeking seems necessary to improve the use of available mental health services" (Schomerus et al., 2009).

Behavioral intention. This references the motivational factors which might influence a specific behavior/action. The stronger the intention to perform the behavior, the more likely the behavior will be performed. As discussed in the previous help-seeking behaviors section, Zola's (1973) research stated people will seek assistance when their actions are influenced by one or more of five social triggers.

Subjective norms. This refers to the belief about if most people approve or disapprove of the behavior or action. It directly relates to an individual's or a culture's normative beliefs or feelings about the importance of engaging in the help-seeking behavior. Per LEO subcultural characteristics, seeking mental health assistance or discussing feelings is a violation of the norms both within the subculture and placed on LEOs by the public (Gharibian, 2015).

Social norms. This construct discusses the customary codes of behavior in a group or people or in a larger cultural context. Social norms are considered standard in a group of people.

Perceived power. This refers to the presence of factors which might facilitate or impede actually performing the behavior. The perception of power contributes to a person's perceived behavioral control over each factor. The masculine culture within policing has emphasized traditional male traits such as power, dominance, toughness, courage, independence, control, and invulnerability, all of which will be factors of consideration (Möller-Leimkühler, 2002).

Perceived behavioral control. The final construct refers to the individual's perception of the ease or difficulty of performing the behavior in question. Perceived behavioral control varies across situations and actions, which results in a person having varying perceptions of behavioral control depending on the situation. Psychologists suggest how much of the resistance in seeking psychological assistance is attributed to our desire to control both our environment and ourselves, so consequently people tend to fear anything that threatens their sense of control over their own thoughts and mental process (Komrad, 2012, p. 55).

Gaps in Literature Regarding Perceived Barriers

This extensive literature review revealed a shortage of research on the elicited responses and perceptions of law enforcement counselors regarding potential barriers affecting LEOs help-seeking behaviors. The wealth of available information from similar studies targeting the perspective of LEOs has yielded mixed results, although each study notes the barriers created by an overly-cautious, distrusting, and secretive police subculture (Zundel, 2010). Numerous studies have occurred over the past 40 years addressing the detrimental occupational harm inflicted on LEOs and their families; however, available counseling resources remain underutilized, and suicide continues to plague the profession.

One of the major gaps in the literature was the method used to select samples of LEOs. The sampling methods employed in these studies resulted in recruiting an isolated microcosm within a specific state, county, or agency. LEOs perform their roles and service for the public in each level of the government, e.g. federal, military, state, county, and municipal. Occupational stressors and trauma are universal issues the police

experience, and these issues transcend the isolated boundaries of government. Each LEOs experiences and exposure to various traumatic events will vary depending on his or her specific mission, geographic location, and level of government. Therefore, to assess the needs, perceptions, and attitudes towards an issue which affects the entire law enforcement community, studies will need to sample a wider variety of the population. This same rationale would apply to the sampling of the psychologists, counselors, chaplains, and peer group leaders who specialize in LEOs mental health needs; a sample of these professionals from the various levels of government would be needed to identify universal patters, trends, and effective models of treatment.

The available literature represents the general stigmas, biases, and stereotypes society holds regarding psychological issues. The LEO subculture shares societal views towards seeking mental health assistance. Although literature addresses the effectiveness and availability of counseling services, there are barriers affecting LEOs willingness to seek assistance. The available literature by counselors focused on successful treatment methods and barriers expressed by those LEOs who sought assistance, but what the body of knowledge still lacks are the beliefs and perspectives of those LEOs refraining from seeking care. Understanding the attitudes and beliefs of both parties involved in the counseling of LEOs regarding the issues which hinder help-seeking behaviors seems necessary to improve the use of available mental health services (Schomerus et al., 2009).

This literature review provided a basis to understand the various cultural and societal factors affecting LEOs decision to seek assistance for occupational stress and trauma related matters. Using R. S. Lazarus and Folkman's (1984) cognitive theory of stress and coping allows this topic to be explored by viewing stress and trauma as

transactional and subjective. Ajzen's (1991) theory of planned behavior addressed the

affected individual's behavior intentions regarding seeking mental health services and

described the ways in which the element of control over the situation affects LEOs

actions. These theories help researchers and policy-makers understand the dilemmas

LEOs face regarding seeking care and the need for trust and confidentiality in the

counseling relationship. The law enforcement and mental health communities could

benefit from hearing police counselors' perspectives of the barriers affecting LEOs help-

seeking behaviors and why available resources are being underutilized.

Summary

This chapter provided an overview of the research topic and the specific focus

areas the researcher studied. The introduction and review of literature presented the case

where existing research has focused on perceptions and lived experiences of LEOs

pertaining to mental health counseling, but little research was conducted from the

perspective of the police counselor. This topic has become increasingly more relevant

over the past 40 years as more research has identified the detrimental effects of the stress

and trauma LEOs experience. Chapter III examines the methodology used for this study,

in which the design, data collection procedures, and analysis of the data are addressed.

Chapter IV focuses on the findings of this study, and Chapter V provides conclusions and

recommendations for future studies.

CHAPTER III: METHODOLOGY

This chapter examines the research methodology utilized to conduct this study. The problem and purpose statements are restated, and the rationale for selecting the methodology is described in greater detail. The chapter provides an in-depth description of the research design and the procedures for data collection and analysis. The population, sample, and study limitations are also examined. This chapter concludes with a summary of the material presented.

Purpose Statement

The purpose of this phenomenological study was to identify and describe the personal and organizational factors promoting and limiting LEOs seeking mental health assistance following a stressful/traumatic event.

In addition, it was the purpose of this study to explore the impacts of promoting and limiting factors affecting LEOs seeking mental health assistance from the perspective of mental health professionals.

Finally, it was the purpose of this study to identify and discover the recommendations mental health professionals have for reducing barriers and promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities.

Research Questions

1. How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?

2. What recommendations do mental health professionals have for promoting

awareness and support for health seeking behaviors within both the mental

health and law enforcement communities?

Research Subquestions

    1. What are the personal factors promoting LEOs seeking mental health assistance

       following a stressful/traumatic event?

    2. What are the personal factors acting as barriers to LEOs seeking mental health

       assistance following a stressful/traumatic event?

    3. What are the perceived organizational factors (policies, programs, campaigns)

       acting as barriers to LEOs mental health seeking behaviors?

    4. What are the perceived organizational factors (policies, programs, campaigns)

       promoting LEOs mental health seeking behaviors?

    5. What are the impacts of the promoting and/or limiting factors affecting LEOs

       seeking mental health assistance?

Research Design

      This study involved employing a qualitative, phenomenological methodology to

explore and elicit law enforcement clinician's, counselors', chaplain's and peer group

leader's perspectives, perceptions, and lived experiences regarding the factors affecting

LEOs mental health seeking behaviors. The qualitative approach is rooted in a

philosophical orientation called phenomenon and places an emphasis on the perspectives

and lived experiences of those being studied (Roberts, 2010). According to Creswell

(2008), qualitative research begins with an assumption, or "a worldview, the possible use

of a theoretical lens, and the study of research problems inquiring into the meaning

individuals or groups ascribe to a social or human problem" (p. 37). Roberts (2010)

explained qualitative research differed from quantitative research in, "rather than numbers, the data are words that describe people's knowledge, opinions, perceptions, and feelings as well as detailed descriptions of people's actions, behaviors, activities and interpersonal interactions" (p. 143). This study focused on data in the form of rich narratives and lived experiences from the sampled population to explore the phenomenon of LEOs underutilization of the available police counseling services.

Several years prior to the aforementioned descriptions of qualitative research, Brantlinger, Jimenez, Klinger, Pugach, and Richardson (2005) described qualitative research as "a systematic approach to understanding qualities, or the essential nature, of a phenomenon within a particular context" (p. 196). Within this systematic approach, qualitative research consists of some and/or all of the following nine characteristics: "Natural settings, Context sensitivity, Direct data collection, Rich narrative description, Process orientation, Inductive data analysis, Participant perspectives, Emergent design and Complexity of understanding an explanation" (McMillan & Schumacher, 2010, p. 321). These qualitative research characteristics offered the researcher an alternative platform to elicit rich narratives and lived experiences from police counselors in the form of words to explore the phenomenon of LEOs underutilization of police services (Creswell, 2008).

According to Patton (2002), the foundational question of phenomenological studies aims to determine the "meaning, structure, and essence of the lived experience of this phenomenon," (p. 104) and "aims at gaining a deeper understanding of the nature or meaning of our everyday experiences" (p. 104). Utilizing a phenomenological approach allowed the researcher to examine perceptions, to acquire knowledge, and to explore

police psychologists' and counselors' insights into LEOs help-seeking behaviors pertaining to how and when they utilize police assistance programs. In a phenomenology, the researcher seeks to understand the lived experiences of a group and/or individual and examines how these individuals perceived and interpreted the experiences (Patton, 2002). Exploring the phenomenon of underutilized police counseling services from the perspectives of the law enforcement counselor constituted a key component of this study. Typical for phenomenological studies, a process was then used to transform the gathered lived experiences and perspectives into a description of the spirit, essence, or heart of the phenomenon (McMillan & Schumacher, 2010).

Because phenomenology focuses on exploring how human beings make sense of an experience and subsequently transform the experience into "consciousness both individually and as shared meaning" (Patton, 2002, p. 104), this study involved querying trained/certified police counselors, clinicians, chaplains, and peer group leaders for their perspectives, perceptions, and insights regarding counseling LEOs as well as the services available to the law enforcement community. To capture the rich data needed for this study, "one must undertake in-depth interviews with the people who have directly experienced the phenomena of interest" (Patton, 2002, p. 104). These interviews explored the intricate, internal knowledge and details of the phenomena being studied. The rich narratives could potentially shape police policy and counseling approaches if this information is offered not only to policy makers but also to other researchers to help them design future studies on topics related to this understudied area.

Population

According to McMillan and Schumacher (2010), a population is defined as a "group of individuals or events from which a sample is drawn into which results can be generalized" (p. 129) for a larger demographic portion of society. The population for this study was comprised of certified/trained California based law enforcement counselors/ clinicians, chaplains, and peer group leaders currently assisting LEOs or who had assisted LEOs within the last five years. Since the phenomenon being studied is observed within the law enforcement community at all levels of government (federal, military, state, county, city municipalities), counselors assisting LEOs from these various echelons of government within the State of California were targeted.

According to the American Psychological Association (2014) there are an estimated 106,500 licensed psychologists in the United States and 17,890 in California. Of the registered psychologists in California, 212 of those listed specialized in counseling LEOs and first responders (California Psychological Association, 2015; State of California, 2014). According to the Office of Statewide Health Planning and Development (OSHPD) (2013), California has nearly 6,000 peer support specialists offering a myriad of services; the California Peer Support Association (CPSA) (2017) is partnered with 36 law enforcement agencies within the state offering specialized support to LEOs. The State of California employs approximately 175 chaplains in various capacities (Nieto & Johnston-Dodds, 2001) and according to the California Law Enforcement Chaplain Consortium (CECC) (2017), nearly 100 chaplains have been registered/trained to assist LEOs.

Target Population

Creswell (2005), defined a target population or sampling frame as "a group of individuals with some common defining characteristics that the researcher can identify and study" (p. 145). The target population for this study was a subgroup of the larger population, the mental health professionals who specialize in assisting/counseling LEOs and first responders in Northern California, who are trained and/or certified clinicians, chaplains, and peer group leaders, whose primary role involves counseling first responders/LEOs and currently worked with LEOs or had within the past five years.

Sample

According to McMillan and Schumacher (2010), a sample consists of a group of the overall specific population from which data is collected. This study focused on a sample of the overall population because the sample population shares the same characteristics and elements of the overall population (McMillan & Schumacher, 2010; Roberts, 2010). The sample consisted of police counselors based in Northern California associated with the West Coast Post-trauma Retreat (WCPR) and the First Responders Support Network (FRSN). The WCPR and the FRSN were selected for this study because it is one of only two residential treatment centers in the United States catering exclusively to first responders, LEOs, firefighters, and other human services personnel. The WCPR and FRSN consists of over 70 counselor volunteers who perform counseling duties in various levels of government and offer critical incident stress management assistance and mental health services to LEOs and their families when not volunteering at the WCPR's monthly counseling retreats. According to Creswell's (2008) *Qualitative Inquiry and Research Design: Choosing among Five Traditions*, an appropriate sample

size for qualitative phenomenological study is between five to 25 participants. The

sample size consisted of 15 active counselors, five each from clinicians/ counselors,

chaplains, and peer group leaders, to provide depth to the study's variables.

Sample Selection Process

Purposeful sampling was utilized to select particular characteristics and elements

of the sample which aligned with the scope of this study (McMillan & Schumacher,

2010). To elicit a broader spectrum of responses from the 15 study participants, the

researcher selected five representatives from each of the groups: clinicians/counselors,

chaplains, and peer group leaders. The sample of participants were screened and selected

based on their experience of counseling/assisting LEOs and met the following criteria:

1. Be a trained/ certified clinician/counselor, chaplain, or peer group leader;

2. Has received specialized training related to the counseling of LEOs;

3. The majority of their counseling duties involve first responders/ LEOs; and

4. Are actively working with LEOs now or has done so within the last five years.

The following process was used to select the participants:

1. All certified clinician/counselors, chaplains, or peer group leaders who met
    the selection criteria were identified and placed on lists by group as potential
    participants.

2. All potential participants were contacted via email or phone to determine if
    they were willing to participate in the study.

3. From the potential participants who indicated a willingness to participate, 5
    were purposefully selected from each group by accessibility and familiarity
    via professional contacts.

4. Each participant was sent materials regarding the nature and scope of the study, Participant Rights, as well as Informed Consent documents assuring confidentiality.

Instrumentation

The instrument utilized for this study was a set of qualitative interview questions. These standardized, open-ended, semi-structured interview questions were developed by the researcher and were based on the research questions, variables of this study, and an extensive literature review (Roberts, 2010). The semi-structured, one-on-one interviews followed an interview protocol, an interview guide/script and a predetermined set of interview questions (see Appendix A) (Patten, 2016). As described by Patton (2002), "The exact wording and sequence of questions are determined in advance. All interviewees are asked the same basic questions in the same order. Questions are worded in a completely open-ended format" (p. 349).

This approach was selected in part due to the instrument's ability to elicit rich narratives and counseling experiences from the study participants, which the researcher would have been unable to observe or experience first-hand without violating patient confidentiality or compromising a privileged relationship (Patton, 2002). This format also allowed the researcher to pose follow-up or probing/clarifying questions which enabled participants to elaborate on responses and enabled the researcher to inquire about specific examples or vignettes pertaining to factors affecting LEOs help seeking behaviors. According to Patton (2002), "Probes are used to deepen the response to a question, increase the richness and depth of responses, and give cues to the interviewee about the level of response that is desired" (p. 372).

Finally, the researcher himself is the primary data collection instrument as the one who actually administered the interviews. Therefore, care was taken to eliminate bias and pre-conceived notions in the administration of the interviews to the greatest extent possible. This issue will be addressed via a pilot test.

Reliability

According to Shenton (2004), reliability in qualitative research refers to the degree of consistency in which something is measured or techniques to illustrate, wherein if the study were repeated then similar results would be obtained. Research literature suggests when a study achieves consistency in its data collection, data analysis, and results, it is then deemed reliable (Creswell, 2013; Patten, 2009). For this study, the interview instrument was carefully constructed to align with the scope of the study (Patton, 2002). In an effort to increase reliability, the researcher utilized an interview script and interview questions in the same fashion in each participant interview.

Additionally, several other strategies were employed to increase the reliability of this study: "(1) Triangulation in data collection and analysis, (2) Use of voice recordings to accurately document statements made by the participants, and (3) Participants' review of researcher's synthesis of interview data" (McMillan & Schumacher, 2010, p. 330). The researcher placed great emphasis on ensuring participants' responses were accurately documented to enhance reliability of this study. A colleague who was familiar with the study, but not a part of this study, independently coded the data and then compared their coding with the researcher. This process provided inter-rater reliability which further added to the reliability of the data interpretation process.

Pilot Test

Prior to conducting the study, the interview instrument was piloted with police counselors who were not participants in the study. Feedback was received from these counselors regarding the clarity of questions, instructions, and delivery of the interview instrument to gain insight on the clarity of the instrument in an effort to refine the instrument and revise questions to better align with the study. In addition, colleagues familiar with the interview process observed the researcher administer the interviews and provided feedback regarding any influencing or biased behavior. The results of the pilot test were not included in the final study (McMillan & Schumacher, 2010).

Validity

McMillan and Schumacher (2010) explain validity, "in qualitative research, refers to the degree of congruence between the explanation of the phenomena and the realities of the real world" [or] "the degree to which interpretations have *mutual meanings* between the participants and the researcher" (p. 330). The primary means to assure content validity in this study was the use of research variables drawn from the extensive literature review to construct the interview questions. The literature matrix shows the variables identified from the literature which formed the basis for this study (see Appendix B). Additionally, each participant's interview was captured in audio recording in an effort to provide an accurate record of the data.

<div align="center">

Data Collection

</div>

Prior to any data collection, the researcher obtained approval of the study from the Brandman University Institutional Review Board (BUIRB) (see Appendix C). The researcher also sought and obtained approval from the Northern California FRSN and the

WCPR to conduct a research study involving their volunteer counseling staff. To protect the privacy, confidentiality, and privileged communication between counselors and patients, the researcher told participants they would not be asked specific biographical or demographic information about their patients aside from which level of government the counselor generally assisted. Additionally, each participant signed an informed consent form (see Appendix D) to be a part of the study and consented to being recorded. The researcher ensured any data deemed to be potentially sensitive was redacted from the transcripts, notes and not documented in this study as well as being solely controlled by the researcher. The rights and privacy of all participants were protected throughout the study according to the guidelines of Brandman University, the FRSN, and WCPR. All participants were provided with a copy of the Research Participant's Bill of Rights (see Appendix E). Participants were invited to the study (see Appendix F) and data collection was conducted between October and November 2016, in an effort not to interfere with retreats WCPR sponsors for LEOs, first responders, and their families.

The primary data collection process was in the form of in-person or telephonic phenomenological interviews with police clinicians/counselors, chaplains and peer group leaders. These interviews lasted roughly 40 minutes or until the dialogue produced no new information. The researcher conducted 15, one-on-one interviews with LE clinicians, chaplains, and peer group leaders. The interview questions were highly focused to ensure the purpose of the interview was achieved while eliciting the counselors' perspectives via a set of standardized open-ended questions (Patton, 2002).

These one-on-one interviews were recorded, with consent, and the researcher took comprehensive field notes during each interview, which included the time, date, and

location of the interviews. The audio recorded interviews also included the time, date, and location to allow the recording to be matched with the field notes during data analysis. The recorded interviews were later transcribed, and the raw data were used to generate codes and themes during data analysis. The transcriptions of each interview offered the researcher an accurate account of each participant's responses, thereby increasing the reliability and validity of the study.

Data Analysis

The one-on-one interviews with the various participants generated a large amount of raw data to be analyzed (Patton, 2002). According to Patton (2002), "data interpretation and analysis involve making sense out of what people have said" (p. 380) while looking for patterns and integrating similar participant responses. The audio recordings captured during the interview sessions were transcribed to aid in the coding process. The process of transcription is "of taking these notes and other information and converting them into a format that will facilitate analysis" (McMillan & Schumacher, 2010, p. 370). The researcher used the raw data to conduct content analysis by identifying, categorizing, classifying, coding, and labeling emerging patterns in the data as well as by linking responses to research questions (McMillan & Schumacher, 2010).

The coding process allowed for positively identifying themes which emerged. A colleague who was familiar with, but not participants in this study, reviewed the data and data analysis to check for researcher bias as a cross check and triangulation measure. This inter-rater reliability process strengthened the overall interpretation and identification of the themes from the data. To further understand these themes, a logical cross analysis was employed to show connections and patterns. The logical cross

analysis is a matrix which allows the data to be placed in categories and compared

(McMillan & Schumacher, 2010). The researcher then constructed a theme matrix for

each research question. Under the research questions, subquestions were utilized to

identify not only themes but also subthemes. These theme matrix charts (tables) are

presented in Chapter IV.

Limitations

As described by Robertson (2010), limitations in a study refer to features which

could "negatively affect the results" (p. 162) or the researcher's ability to generalize the

findings. The police clinicians/counselors, peer group leaders, and chaplains interviewed

for this study represent a small sample of the overall population dedicated to counseling

LEOs; therefore drawing generalizations to the larger population of counselors was

challenging since lived experiences varied so greatly. Furthermore, the researcher could

not guarantee the participants answered the interview questions honestly or provided an

accurate representation of their own lived experiences.

California contains hundreds of professional counselors who are either dedicated

to counseling first responders or who do so on an intermittent basis. Many counselors

specialize in treating first responders and veterans based on shared occupational stressors

and trauma observed in firemen, emergency medical services, soldiers and LEOs. To

identify a purposeful sample size, this study focused on the counseling professionals in

Northern California who specialize in assisting LEOs and first responders from various

levels of government. Additionally, the sampled size for this study was a limitation due

in part to participants' involvement in actively counseling first responders and LEOs.

In addition, this study elicited lived experiences, perceptions, and perspectives from counselors who treated LEOs who sought care; however, the counselors could not attest to the factors affecting the help-seeking behaviors of those LEOs who opted not to seek assistance. To address this issue, the participants were asked if LEOs expressed not seeking care for prior events/issues and the factors which may have precluded their seeking assistance. Due to the sensitive nature of mental health counseling within our society, counselors were not asked to share details in an effort to uphold confidentiality.

Finally, as a career first responder and LEO, the researcher had to consider and be cognizant of any personal biases present during the interviews (Patten, 2012). Mitigating this potential problem, the researcher was able to capitalize on interview experience and training, allowing the interview sessions to remain objective, neutral, as well as focused on the respondents' responses and lived experiences. The researcher's interview training and experience allowed for the compartmentalization of biases and subjectivity during the interviews, which allowed the researcher to be immersed in the interview session and to elicit rich dialogue. The interview sessions were also recorded with the participants' consent, which acted as a safeguard to ensure the researcher remained objective.

Summary

The purpose of this chapter was to inform the reader of the qualitative, phenomenological methodology in greater detail. The target population was identified as certified/trained police psychologists, counselors, chaplains, and peer group leaders currently assisting LEOs or have assisted them within the last five years. The study sample was described, and the specific requirements study participants had to meet were also addressed. The research design was thoroughly detailed through discussion of the

data collection and analysis of the information generated from the one-on-one interviews.

Finally, the limitations were set forth and reviewed. The following two chapters present

the major findings (Chapter IV), recommendations for future research as well as

concluding remarks (Chapter V).

CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

Chapter IV presents the major themes and findings of this study. It begins with a review of the purpose statement and research questions and then includes a summary of the research design, population, sample, and participant demographics. This review is followed by the presentation of findings for the research questions, and the chapter concludes with a summary of findings.

Overview

The frequency of exposure to critical incidents, traumatic events, and stressful situations continues to increase for LEOs in our communities, while LEOs continue to underutilize available psychological services. This chapter explores the perceptions and lived experiences of peers group leaders, chaplains, and clinicians who specialize in assisting LEOs with their psychological, emotional, and spiritual needs. One-on-one interviews with these law enforcement clinicians, chaplains, and peers revealed recurring themes which provided a deeper understanding of the personal and organizational factors affecting LEOs help seeking behaviors and of the impacts of these factors on LEOs. These dedicated professionals were also solicited for their recommendations for promoting awareness of the importance of mental health within the law enforcement community, for reducing barriers to LEOs seeking mental health assistance, and for providing methods to best support LEOs needs.

Purpose Statement

The purpose of this phenomenological study was to identify and describe the personal and organizational factors promoting and limiting law enforcement officers (LEOs) seeking mental health assistance following a stressful/traumatic event.

In addition, it was the purpose of this study to explore the impacts of promoting and limiting factors affecting LEOs seeking mental health assistance from the perspective of mental health professionals.

Finally, it was the purpose of this study to identify and discover the recommendations mental health professionals have for reducing barriers and promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities.

Research Questions

1. How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?

2. What recommendations do mental health professionals have for promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities?

Research Subquestions

1. What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?

2. What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?

3. What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors?

4. What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health seeking behaviors?

5. What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?

Research Methods and Data Collection Procedures

The goal of this qualitative, phenomenological study was to identify and describe law enforcement clinicians', counselors', chaplains', and peer group leaders' perceptions and lived experiences regarding the factors affecting LEOs mental health help-seeking behaviors. According to Patton (2002), to capture the rich narrative associated with participants' lived experiences, "one must undertake in-depth interviews with the people who have directly experienced the phenomena of interest" (p. 104). One-on-one interviews were utilized to elicit the narratives needed for this study. An interview questionnaire was drafted containing 21 questions pertaining to the participants' backgrounds and to the research questions. Prior to launching this study, the interview questionnaire was pilot tested with two LEO counselors, and their responses and feedback were utilized to modify and adjust the instrument. However, their responses were not part of this study's results.

Data were collected via one-on-one interviews with mental health counselors assisting LEOs in the Northern California area meeting the study's criteria. All study volunteer participants were provided a Participant's Bill of Rights and an informed consent form explain the study and their rights. Each interview was recorded with the participant's consent; the recordings were later transcribed and in conjunction with field notes were used to identify common themes. This information provided during these interviews offered insight into the participants' perceptions of LEOs mental health help-seeking behaviors.

Population

The population for this study comprised California-based, certified or trained law enforcement clinicians, chaplains, and peer group leaders who were currently assisting LEOs or who had assisted LEOs within the last five years. Because the phenomenon being studied is observed in the law enforcement community at all levels of government (federal, military, state, county, and city municipalities), counselors assisting LEOs from these various echelons of government within the State of California were targeted

Sample

The sample for this study was selected using purposeful sampling methods, which allowed the researcher to select participants who met the listed criteria aligned with the scope of this study (McMillan & Schumacher, 2010). Purposive sampling allowed the researcher to gather in-depth and relevant information describing each participant's experience and role in counseling LEOs. The sample of participants was screened and selected based on each participant's experience of counseling LEOs and based on the following criteria:

1. Be a trained or certified clinician/counselor, chaplain, or peer group leader;

2. Has received specialized training related to the counseling of LEOs;

3. The majority of their counseling duties involve first responders/LEOs; and

4. Are actively working with LEOs now or has done so within the last five years.

A sample of 15 participants who were actively involved in assisting LEOs in Northern California and/or who were associated with the West Coast Post-Trauma Retreat Center (WCPR) or with the First Responders Support Network and met the criteria were selected

for this study. The 15 participants were interviewed one-on-one and served as the
sampled population for this study.

Demographic Data

The 15 participants involved in this study assisted LEOs at each level of the
government (federal, military, state, county, and city municipalities). Participants were
asked to provide details about their years assisting LEOs and were advised the
demographic information would be used for statistical purposes only and not for the
researcher's own personal interests. Collectively, the participants had over 260 years of
assisting LEOs as clinicians, chaplains, and peers, ranging from five years to over 30
years of personal experience (see Table 1).

Table 1

Participant Demographics: Average Years of Assisting LEOs

		Years of Assisting LEOs		
Participant Group	*n*	0-10	11-20	21+
Clinicians	18.8	2	1	2
Chaplains	20	1	1	3
Peers	14	2	2	1

Note. N=15

Presentation and Analysis of Data

Data collection occurred in October and November 2016 and consisted of 15 one-
on-one interviews with participants representing chaplains, clinicians and peers. The
interviews allowed the researcher to use probing, clarifying questions to extract rich
narrative and personal experiences. A semi-structured interview protocol was used to,
wherein a questionnaire and script were used in each interview to elicit specific
information pertaining to the research questions and subquestions. With the permission

from each participants, each interview was recorded and transcribed. The transcripts were reviewed for accuracy with additional details and contextual information added from the field notes taken during each interview.

During the initial review of the data collected, an initial set of codes and themes was generated based on the literature and the preliminary review of the data. The data were subsequently coded using inductive and deductive methods (Patton, 2002). The researcher then reviewed the codes and themes for prevailing patterns the participants expressed. These common themes were translated into major findings and were categorized by the research questions and corresponding sub-questions.

The themes presented in the following sections are based on the data collected and are presented based on the frequency with which they emerged from individual interviews. During the process of data analysis for each interview, the data were coded, compared, and added to the matrices illustrating emerging themes. During analysis of the data, themes began to emerge and solidify in a significant portion of the interviews. Additional themes were noted, but these themes were less consistent among the participant responses. For a theme to be noted in the following sections, at least seven participants must have mentioned the theme. The findings from the one-on-one interviews are presented according to six major categories corresponding to the two core research questions and the six sub-questions: (a) personal factors promoting LEOs to seek assistance, (b) personal factors limiting LEOs from seeking assistance, (c) organizational factors promoting LEOs to seek assistance, (d) organizational factors limiting LEOs from seeking assistance, (e) these factors' impact on LEOs, and (f) recommendations to reduce

barriers, promote awareness, and support help seeking behaviors within the mental health and law enforcement communities.

Research Question 1

Research Question 1 asked: *How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?*

Subquestion 1 asked: "*What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event*?" Participants reported a major promoting factor for LEOs who sought care was to keep their families and their jobs, a motivation generally came in the form of ultimatums from significant others and/or close personal peers. The participants noted a subtle shift in LEO subculture, wherein newer LEOs were generally more self-aware and open to seeking and promoting counseling to others than in previous generations. Additionally, the participants noted how seeking help sometimes occurred when an LEOs life was in shambles or as a last resort before suicide after not being able to independently cope with an issue. These themes can be found in Table 2 and are described in greater detail below.

Table 2

Data Matrix and Narrative for Research Question 1, Subquestion 1

Theme	Chaplains	Peer Support	Clinicians
To keep family and career: ultimatums from family or departments/peers	4/5	3/5	4/5
Subtle culture shift - peers endorsed and promoted care	4/5	4/5	3/5
Last resort before suicide, LEO can't take it anymore	2/5	3/5	3/5

To keep family and career: Ultimatums from family or departments/peers.

Eleven of the 15 participants noted LEOs sought assistance mainly after receiving an ultimatum from a significant other who urged, encouraged, or coerced the LEO to seek assistance or encounter marital or other family consequences. Participant 4 expressed how in the typical situation, LEOs have "*their wife telling them, 'if you don't get help, I am leaving and I am taking the kids.*'" Participant 10 echoed how often, LEOs:

> are being coerced or requested or asked generally by family, generally spouses, to do this. It was not their first choice. They are coming in because they have to do it to keep the peace or to keep someone off their back. They are going against their first instinct.

Many of the participants related the spouses were often the first to notice a change in the LEOs demeanor or behavior. Participant 8 captured the feelings how many spouses have conveyed, "*They've reached their limit, you know. This person that they married is a totally different person now. They're isolated, they're angry all the time, they're lashing out, or sometimes they become violent.*"

Additionally, the participants noted how LEOs often received similar requests by peers, supervisors, or someone in their organizations to seek help regarding psychological matters the LEO had likely self-identified as negatively impacting his or her career, and the LEO consequently sought assistance to save his or her career. Participants 7, 13, and 15 explained much of LEOs personal identity is connected to their profession; therefore, safeguarding their standing within the profession was a major promoting factor to seeking help. Participant 13 explained an LEOs connection to the culture:

I say you're not joining a career; you're joining a culture. It's an awesome

culture, full of land mines that you can blow yourself up on…and you don't lose a

career, you lose a culture. When you screw up and you lose that culture, you'll

probably be talking to me because you'll go to the dark side and you talk to many

officers who have either been fired or medically out, and afterwards they're

thinking suicidal thoughts because they have lost their culture.

Participant 3 conveyed LEOs might be encouraged to seek counseling by their

departments following an issue with the public, such as an issue with "*use of force,*

maybe have a couple people come because they have like a little temper tantrum in the

office either on a call or in an office, where then they are encouraged to come and get

some help."

Subtle culture shift - peers endorsed and promoted care. Eleven of the 15

participants noted a subtle shift in the LEO subculture, wherein LEOs were becoming

more self-aware and open to psychological assistance. The self-aware LEOs were more

likely to endorse counseling to fellow LEOs than other LEOs were, which acted as a

promoting factor within a subculture which tends to only trust insiders. Participant 15

expressed how the culture shift within policing might be linked to a change in

generational mindsets:

You know the one thing about the millennials, one of their strengths is wellness.

I'd like to take care of myself and my family and my loved ones throughout my

career. Instead of my generation was total sell out of loyalty to leadership. The

millennials are a different viewpoint. Hey you know what, I'll give loyalty and

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all that, but at the end of the day, if this job's killing me, I'm getting out of this job.

Several of the participants reported when LEOs, especially those in leadership positions, are open about their personal experiences and promoted seeking help, this endorsement acted as "permission" (Participants 3, 4, and 10) for LEOs to try counseling. Several of the participants stated how a respected peer or leader openly talking about his or her positive counseling experiences served as a powerful endorsement for counseling. Participant 10 reiterated the impact of an insider's endorsement:

So getting the word from someone who does exactly what they do, another LEO, who has said, "you know, I had to go and I didn't want to, but I tried it and actually it helped," that is the most powerful thing.

Last resort before suicide – LEO cannot take it anymore. Eight of the 15 participants identified LEOs sought counseling as a last resort when the psychological effects of the policing profession exceeded the LEOs coping mechanisms, and the impacts subsequently began to negatively impact the LEOs personal/professional life and/or the contemplations of suicide began. Several of the participants noted a frequent driving force for LEOs to seek help was when they felt their lives, families, and careers were in shambles. Participant 15 stated:

Is when their life is on the verge of falling apart, which I call an index incident, where it can be the tipping point of their life. And it's usually "I have the choice of taking my own life or falling apart…I will talk to someone in lieu of killing myself today, but I am ready to kill myself because I don't know any other way out of this."

The participants related what drives LEOs to the brink of an emotional tragedy is being faced with emotions, situations, and physiological responses they have never experienced or can no longer control. Participant 10 expressed those LEOs who sought her assistance were the "*officers who are really hurting, and they are scared because of it because they are not functioning like they normally do. So they are running into stuff that they haven't been able to manage*." Many of the participants expressed the sense of losing control is often overwhelming for this controlling sub-population. Participant 8 conveyed, "*a lot of it is the feeling of losing control, and they are getting scared*" when they can no longer control their emotions.

Participant 1 expressed LEOs often "*will suffer for 6 years, and then one thing finally happens, and they finally break, and they finally go 'ok, this isn't worth it and I am going to seek help*,'" a response typically prompted by experiencing a traumatic event. Finally, Participant 9 expressed how after a critical incident, LEOs might realize they do not feel well. Participant 9 noted a "*stress injury*" might produce feeling and reactions which are abnormal for the sufferer, so abnormal "*they (LEOs) feel like they are going crazy*." Participant 9 conveyed these reactions can manifest in an LEO:

For example, they may technically may have a headache all the time, like they've never had before. Or they might suddenly produce some stomach problems that might keep them awake at night, or being awake at night they may no longer be able to sleep regularly because there's issues of nightmares, or the would-of, could-of, should-of, you know of the repeated images in the head. Anything along those lines, and if you can't leave that, means that will affect just about everything.

Subquestion 2 Research Question 1 asked participants, "*What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/ traumatic event*?" The participants reported how a major barrier to seeking assistance was the policing sub-culture's stigma towards counseling, which creates a fear of being labeled weak or unreliable by fellow officers. The participants related the majority of fears associated with counseling resulted from a lack of information about the counseling and a lack of trust in the counselors, in the counseling process, as well as in the confidentiality aspects of counseling. Participants expressed how personal barriers to seeking assistance were rooted in an LEOs upbringing and in the mentality of being a rescuer, being invincible, and being self-sufficient. Additionally, another personal barrier to LEOs seeking help was being afraid of how seeking help could impact their careers and their ability to be promoted. These themes can be found in Table 3 and are described in greater detail in the following sections.

Table 3

Data Matrix and Narrative for Research Question 1, Subquestion 2

Theme	Chaplains	Peer Support	Clinicians
Subculture stigma towards counseling - fear of labels: weak, unreliable, vulnerable	5/5	4/5	4/5
Lack of trust and information on counseling process/staff (i.e. confidentiality, medication, etc.)	4/5	5/5	4/5
Upbringing and personal characteristics/mentality (rescuer, invincible, self-sufficient, can't struggle)	4/5	4/5	4/5
Fear of impact on career/ability to provide for family	2/5	3/5	3/5

Sub-culture stigma towards counseling - fear of labels: weak, unreliable,

vulnerable. Thirteen of the 15 participants identified the major personal barrier

for LEOs was the policing sub-culture's stigma associated with psychological assistance

and trusting outsiders. Participant 15 explained, "*from the academy on, you're taught*

distrust equals survival, survival equals distrust…only trust insiders and insiders are

cops." Participant 6 articulated how the personality types of people who are drawn to the

policing profession are a major driving force perpetuating the stigma within the

subculture: "*They're strong, they're macho, I've got this, I don't need help…combine that*

with just a general distrust that just comes with the job." Participant 5 related the LEO

subculture does not view counseling or talking about emotions as a necessity and in "*the*

old mentality, that it's the fluff kind of stuff that we don't need…you know suck it up,

carry on and you're not a man if you had feelings and stuff like that." Participant 2

expressed how in his experience counseling LEOs, the biggest hurdle to overcome were

the stigma associated with seeking help:

>Law enforcement as a whole, at least on the west coast, what I've seen is the

>stigma of if you go talk to someone and it's the shrink, like some departments has

>assigned psychologists, something is wrong with you, you know or you don't

>want to talk to them unless you have the union rep or an attorney with you

>because they might put you off work because you might be crazy.

Several participants reported LEOs who seek help fear they might be jeopardizing

their standing within the subculture, because people within the profession highly value

reliability and dependability. Many participants stated a major barrier derived from the

stigma against seeking help was an LEOs fear of being labeled as weak, vulnerable, or

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unstable in a profession centered on the mindset of "*can I count on you?*" (Participant 8). Participant 3 echoed the fear of being stereotyped within the subculture and stated, "*It's much more acceptable to be a drunk, angry cop then like really calling it and saying 'I'm struggling with PTSD and mental health issues because of this job*." Participant 4 reported LEOs feared having to constantly fight the label of "*5150*," which is the California Welfare and Institutions Code Section 5150. This code involves the involuntary psychological evaluation of anyone deemed to have a mental disorder and to be endangering themselves or others if perceived by an LEO or trained clinician (County of Santa Clara, 2016).

Participant 7 explained the subculture and police training further compound the stigma against seeking help and an LEOs fears of being labeled, because much of the training is centered on controlling situations and not asking for help. Consequently, LEOs might perceive their inability to control their own emotions or mental state as weakness. Additionally, Participant 4 explained how within law enforcement (LE), mental ailments are viewed very differently than the physically visible ailments which are common within the profession, further perpetuating the labels:

> There is stuff creating a culture for the LE, especially in LE training, but it's present in fire service too, there is a cultural kind of thing. You know if you break your leg, everybody seems to sign your cast, talk to you, and call you on the phone while you are sitting at home, but if you go out for something mental related, a mental issue, PTSD, depression, anxiety, or whatever, everybody stays away from you.

Finally, Participant 4 reported how the parochial mindset towards who can be counted on when it matters most, further complicates the stereotypes and stigmas in the profession:

> I mean who would you rather have as your partner, the one who suffers from depression and takes heavy medication that's working on going through therapy and ends up trying to manage their condition, or the person who is trying to pretend it doesn't exist and so they go home each night and kick the dog, beat the wife, and drink a bottle of Jack Daniels.

Lack of trust and information on counseling process/staff. Thirteen of the 15 participants identified the majority of LEOs lacked awareness surrounding the counseling process and all of the associated facets of care. Additionally, several participants voiced LEOs lacked trust in the process and in counselors for varying reasons, including previous negative personal experiences or negative reports from other LEOs about counseling within the tight-knit subculture. Participant 15 related much of the anxiety related to counseling is from LEOs succumbing to "*catastrophic thinking*" and expressed:

> Well some of it is the barrier of "will my department learn my struggle?" And well so we also were trained to run scenarios of "what if" can happen on calls, right? So one of those scenarios is what if the department learned I was truly feeling crazy? Or I was drinking too much? So we do this catastrophic thinking…you know I'll lose the home, I'll lose the wife, I'll lose the kids…I'll lose all these things, I'll lose my husband, I'll be shamed by the profession. So this perception is the group that I've been allowed into, called the profession, will somehow chastise me and kick me out. Which is always the opposite.

Participant 1 related LEOs generally lacked awareness on counselors' confidentiality:

I think a lot of the barriers are in their own minds, in terms of lack of education in what is really going on. They are convinced that any information shared will be shared with the chief, and that's probably the huge one. They are worried about confidentiality. They don't see it from our side. I have to tell them that if I tell anyone what you said, I could lose my license, I could be fined, I could go to jail.

Participants 1, 7, and 14 noted how many barriers stem from a lack of relationship, familiarity, and trust between LEOs and counselors. Participant 14 expressed the importance of trusts well as the LEOs knowing the counselors and the process:

I think there's trust factors there. There's also "well you're going to go see the chaplain, it's almost like you're going to go see a head shrinker." You know, especially when the chaplain was not well known in the department, hadn't spent a lot of time there, they haven't built that trust. That's a huge factor, but again the idea [is] "oh you're going to see the chaplain, what's wrong with you?"

Several participants attributed negative experiences with counselors and a mistrust of counselors to a lack of culturally competent counselors partnered with LEO agencies and to the influence counselors have over LEOs throughout their careers. Participant 1 explained how within the subculture:

There is a stereotype, and a lot of it is based on their first experience with a psychologist. A psychologist can prevent you from getting a job, and a psychologist can prevent you from keeping your job…The first psychologist in a cop's career is the one who decides if the cop gets to be a police officer or not. The next psychologist is the one who decides if they get to keep their gun and

their badge. So therein is the reason not to ever go see one. And if you go see

one, then you are crazy, and if you are crazy, then you can't be a cop.

Participant 10 elaborated in a negative encounter with a counselor, LEOs are going to:

walk out and feel like, well I told you that was a waste, a total waste of my time.

That [obscenity] didn't even know what he was talking about, that kind of

experience, right. "Well why did you have to shoot him?" I have had officers

come and tell me that therapists have asked them that, "well why did you have to

shoot him?" And so what does that LEO think now about therapy? It's not good.

Are they going to go back to anybody? Probably not.

Participant 14 echoed the same sentiment:

Yeah and if there's ever been a bad experience with the chaplain, again any

chaplain, you know it can dissolve that trust. I recall doing a ride along. This has

been several years ago with an officer that really didn't want me in the car, and

he'd been having some problems, so this sergeant asked me to ride with him, and

uh he eventually told me that he's seen a chaplain you know acting badly, and that

affected him to where he didn't want anything to do with a chaplain, because he

made the assumption that all chaplains were like that…I heard the example years

ago that you know someone sneezing in a crowd without covering their face, it

gets all over everybody.

Upbringing and personal characteristics/mentality. Twelve of 15 participants

identified upbringing and personality types of LEOs who are drawn to the first responder

profession as barriers to counseling. Several participants stated a moderate percentage of

the LEOs they assist came from dysfunctional and often abusive families, and therefore

they lack exposure to or positive experiences with counseling. Participant 4 related:

> If you come from a healthy family background, that is probably a positive for you,
>
> whether it's physical or mental, therapies or whatever. The problem is, I know
>
> that we see a subset of people at WCPR; the problem is that these people, the
>
> majority of them come from dysfunctional families and examples. So they didn't
>
> have a role model showing them this [is] a healthy way of doing things. You
>
> know "dad was an alcoholic and abusive and mom was codependent and was
>
> trying to keep everyone from getting the crap kicked out of them by dad." You
>
> know, the idea that "maybe I should go to a therapist or counseling" seems totally
>
> foreign.

Participant 10 expressed the lack of context regarding counseling or personal experience

with counseling act as barriers when LEOs do not believe counseling will help them,

LEOs then tend to deal with emotional issues much like they would a physical injury.

Participant 3 voiced how in addition to upbringing, policing is a male dominated

field, and therefore LEOs are "*supposed to be tough; you can't be struggling to be part of*

that culture." Participant 15 explained LEOs culture and training makes them believe:

> We're supposed to be in control at all times, and so by seeking care, all of a
>
> sudden we're not as perfect as we're trying to be, as our uniform looks, outwardly
>
> appearances, and we're afraid of the consequences. But what you're saying
>
> though is the exact opposite.

Participant 9 conveyed LEOs often have to overcome family and societal

inhibitors to seeking assistance because of cultural messaging, such as the "*Geico*

commercial- mamby pamby land…so kind of overcoming the traditional John Wayne, you

know suck it up, have a drink, you know, don't cry, all that stuff." Participant 10 echoed

these sentiments and postulated how an LEOs upbringing/experiences significantly

impacts how they view counseling:

> You know in a way, I feel it's who is attracted to this field; quite frankly, I think
>
> its personality. And again there are always exceptions to the rules, but there are
>
> reasons why certain personality types are attracted to certain fields. You know, "I
>
> am the rescuer", you know, "I am the one who takes care of people; I don't get
>
> taken care of". I think that's a part of the personality pattern; "I am tough; I can
>
> handle stuff. That's why I am doing this. If I have to admit I can't handle it, am I
>
> going to still be effective?" I think that's the fear too. I think there is a fear that
>
> "if I let go, I am going to lose it. If I start to talk about everything that bothers
>
> me, then I won't be able to put it back in the box."

Fear of impact on career/ ability to provide for family. Eight of the 15

participants identified the perceived impact of counseling on the LEOs career as a major

barrier to seeking counseling. Participant 9 explained for LEOs, "*there might be a fear of*

coming forward for fear that they lose their job; they don't know what they don't know."

Participant 11 called this fear of seeking assistance "careerism" and defined it as:

> How will this impact my career? And usually, usually that was circling close by
>
> the career with the fact that they love their family. So they don't want to lose
>
> their career and they don't want to lose their family, and sometimes they would
>
> choose the career over the family. Sometimes they choose family over the career.

Participant 12 expressed a portion of LEOs fears stem from not knowing the rules of confidentiality, "*Some of them get this idea that everything goes back to the department, and they're going to lose their job or not going to get promoted, and that does not happen*." Participant 7 related LEOs often fear their career progression and mobility within the profession might be impacted if they seek counseling, and "*they get concerned about 'if people know I'm talking to you, is that going to interfere with me being seen as a competent leader*?'" Participant 4 expressed a lot of LEOs fear if they suffer from "*mental health issues that they are seeking treatment for that their department's going to put them on admin leave, take their badge and gun, and send them for a fitness exam, and with some departments that does happen*." Participant 4 further conveyed LEOs fear of their department's response was particularly heightened if the LEO is trying to get "*assigned a special detail, they want to work S.W.A.T or motors or K9, or detectives*."

Sub-question 3 of Research Question 1 asked, "*What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors*?" The participants identified the leading barrier as the leader's/department's mentality towards counseling, wherein counseling was seen as a liability and not an asset, and therefore it was not endorsed or advertised properly. This mentality led to the counselors not being used properly, which resulted in LEOs not getting to know the counselors or the counseling process. Another major barrier was when law enforcement organizations lacked culturally competent counselors who knew or were vested in helping to change the subculture. An additional barrier to seeking help was the perception of organizational betrayal or abandonment if an LEOs decision to

attend counseling went against the tenets of the organization. Lastly, participants related

how a combination of the other barriers resulted in a lack of agency policies regarding

mental health or protocols referring LEOs to counseling at various stages of their careers

or following trauma to ensure LEOs maintain good mental health. These themes can be

found in Table 4 and are described in greater detail in the following sections.

Table 4

Data Matrix and Narrative for Research Question 1, Subquestion 3

Theme	Chaplains	Peer Support	Clinicians
Leader's/organizational mentality: counseling seen as liability, not endorsed/advertised, counselors not used properly or known/trusted	5/5	5/5	4/5
Lack of culturally competent counselors	4/5	4/5	4/5
Perceived organizational betrayal or abandonment	3/5	3/5	2/5
Lack of policy addressing/ directing LEOs to counseling for routine or critical incidents	1/5	4/5	2/5

Leaders/organizational mentality: Counseling seen as a liability, not

endorsed/advertised, counselors not used properly or known/trusted.

Fourteen of the 15 participants reported many of the law enforcement leaders they

encountered lacked general education and awareness regarding the mental process

following a traumatic or critical incident. The law enforcement leaders who lacked

knowledge pertaining to the benefits of counseling services often failed to promote,

endorse, or create a culture of acceptance for LEOs to seek assistance. The participants

expressed one of the toughest barriers to overcome as counselors was the mentality of a

parochial organization and of the subculture it creates. Many participants expressed much of an organization's culture is established and reinforced by its leaders. Therefore, when the chiefs and captains create an environment against counseling, LEOs in need are forced to choose assistance over hierarchy. Participant 4 explained:

> You hear all of these stories constantly where something will happen, they will
> have a critical incident debriefing and somebody shows up, some therapist or
> psychologist, whatever it is, and you know nobody says anything, because they
> don't want to be the person who says anything. And so you know you are
> providing this, but if there is not an atmosphere to where they are free to express
> themselves without any repercussions, then basically all you are doing is going
> through the movements to say "look what we do for our people.

Participant 2 stated a high percentage of leaders "*do not understand the trauma of law enforcement; they've been in the administrative level for a long time*" and might have forgotten the daily stressors LEOs are exposed to.

The participants reiterated LEOs are in a high stress and trauma sensitive field, increasing the likelihood they would need counseling at some point in their careers. But they conveyed departments lacking awareness of the benefits of counseling viewed counseling services as liabilities and not as assets for both LEOs and the departments. Participants 5 and 14 related how some law enforcement leaders and departments "*allowed*" chaplains, peers, and clinicians to create and maintain a counseling program and to distribute visual aids. However, law enforcement leaders did not endorse the services, and consequently LEOs have not felt comfortable seeking assistance. Participant 14 elaborated:

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Sometimes it's a lack of education, or you know they see chaplains as a liability

rather than an asset. They may think…that there is a certain amount of danger

with having a chaplain on a ride along and you know you have to weigh out "do

the benefits outweigh the liabilities?" I think sometimes they go on the opposite

side of the spectrum and just don't want the chaplains involved. Or maybe they

allow the chaplain program, but they don't endorse it.

Participant 4 shared an experience in which a law enforcement leader not only did not

believe in the benefits of the department's counseling services, but the leader also

accused the program coordinator of turning the LEOs "*soft*." The leader subsequently

reassigned the coordinator to limit the coordinator's current and future contact with other

LEOs in the organization.

Many participants stated how many law enforcement organizations poorly

advertised their available counseling programs and services, creating confusion among

the LEOs and among the counseling teams regarding the counselor's mission. Several of

the participants additionally reported LEOs lacked general knowledge of their

department's services and did not personally know the counselors. Participant 3 stated:

I feel like they don't know who to go to. So in order to go, you know, they have

to figure out who to go to that I can track, and that requires asking someone,

which puts them a little vulnerable.

Furthermore, many of the participants expressed they were not being used

properly or were not being allowed to serve the LEOs to the fullest extent possible. The

combination of lack of advertising and misuse of services was preventing counselors

from building the much needed rapport, relationships, and trust with an already untrusting

LEO corps. Nearly all of the participants expressed the need to be on scene after a critical incident, to go on ride-alongs, and to attend training with LEOs to foster a trusting relationship. Participant 1 explained, "*I always encourage other clinicians to go on ride-alongs with officers, because that's how you get to know their world. So part of it is, they just don't know us*." Participant 14 shared the benefits of field work/ride-alongs with LEOs, "*I was in the car for about eight hours with him. We actually went on a couple really tough calls together. So again building that trust, that's so important*."

Several participants explained how displaying a few counseling related pamphlets in the station was not sufficient, and they conveyed a successful program has to be actively endorsed and promoted by leadership. Participant 12 expressed LEOs are frequently handed pamphlets about Employee Assistance Programs (EAP) or available counseling services following a critical incident and are left thinking, "*well, number one, I don't know them, I've never seen them, I've never heard of them, and you want me to go in there and open up*." Participant 12 further related, "*It sounds like some of the organizations have it, have it right, and other ones, you know aside from putting a pamphlet in the hallway and having the program, maybe they aren't endorsing it enough or promoting it*."

Lastly, the study participants summarized the leader's mentality, which permeates throughout the organization, potentially acts as a barrier discouraging LEOs from seeking help when needed. Many of the participants related an organization's mindset towards counseling creates a localized subculture is introduced at the academy and is reinforced throughout an LEOs career. Participant 3 emphasized the need to fully educate LEOs on the benefits of counseling:

They spend so much time at academy like making these young officers feel like

they're invincible, and if you do everything right, you'll be fine because I

understand that's important. But the truth of the matter is you can do everything

right and still walk away with a psychological injury here. And that's probably

not the message they want to promote. But they also need to be prepared that this

is a possibility.

Participant 4 spoke to these localized subcultures and how the reinforced mentality can

cause LEOs to be untrusting of outsiders, creating a barriers for those seeking assistance:

You know we have tried to get people with substance abuse problems to go to AA

meetings, and you know a lot of people don't want to go to a cop only AA

meeting even though they are cops, because they are paranoid and think that "well

my brass knows about this meeting just as likely as anybody else and they're

going to have somebody sitting out front seeing who from their department is

going to the meeting".

Lack of culturally competent counselors. Twelve of the 15 participants reported

organizations did a poor job of vetting counselors or referring LEOs to counselors who

either knew the unique subculture of policing or who were vested in learning the unique

subculture of policing. Many participants expressed the risks associated with not staffing

culturally competent counselors and not referring LEOs to culturally competent

counselors and EAPs left LEOs without a viable psychological resource and could result

in negative exposure to an inexperienced counselor. Additionally, the counselors/ EAPs

who lack cultural competence could compound the LEOs psychological issue and further

stigmatize counselors and psychological services within the LEO subculture.

Several of the participants related how counselors who lack cultural competence often fell into the pitfalls of either being enamored with "*cop stories*" (Participant 3) or getting overwhelmed with grief by the LEOs experiences. These responses do not assist LEOs with the matters for which they are seeking assistance. Participant 1 elaborated:

Sometimes they go to someone who's not culturally competent, and a couple of things will happen. One, the therapist will cry, and then the first responder can't protect that person. They throw us out a little type of bone of a small critical incident to see if we flinch at the word blood or brain matter, some little thing and then watch how we do. And then if they get kind of defensive, they might tell some big war story, something that they are not emotionally tied to or connected to at all. And so, if you get all caught up in something awesome because it is a pretty cool story, it's a war story, but they have no emotional connection to that, so they can just tell it. Many times, I have had to tell clients in the middle of a story, like "look I am so interested and you don't know how much I really want to hear the rest of that, but that's not what you are here about, you are here because things are going to hell in a hand basket, or because you can't sleep at night…so let's get back to that". And that takes a lot of knowing the culture, not to get all wound up in that. This is like having Cops the television show in your office. I mean it's pretty cool, but you are not going to help them. So if they have seen a counselor where they have just talked shop and didn't get anything out of it, then that's their experience. Or if the counselor cries or calls them a hero or says "oh wow, I didn't know you guys did that," then you are just wasting their time.

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Many of the participants said that locating culturally competent counselors was a problem in smaller, less progressive agencies and areas, where there is a shortage of counselors who know the policing subculture. The majority of participants identified LEOs as a special population with unique needs. Participants 10, 12, and 14 expressed how counselors who approach LEOs in the same way as they approach the general population would quickly encounter problems and would likely receive negative feedback and outcomes. Several participants noted LEOs who are left without viable outlets will call upon each other to purge the stressors overburdening them. Participant 2 explained LEOs are often left to counsel each other, which he called "door to door counseling," where LEOs meet unofficially and discuss a previous call or situation.

Perceived organizational betrayal or abandonment. Eight of the 15 participants related a major barrier to seeking mental health assistance was the perception of organizational betrayal or abandonment after a critical incident or if an LEO was known to be suffering from a psychological issue. Several participants expressed how LEOs routinely made split-second, life and death decisions which department leaders often immediately challenged without considering the affected mental process or emotional state of their LEOs after a traumatic event. Many participants expressed belief in how LEOs strive for perfection in their duties but fear being abandoned when something goes wrong in their personal or professional lives. Several of the participants related LEOs viewed organizational abandonment as the ultimate betrayal, because the "thin blue line," comradery sub-culture looks out for each other. Participant 5 said LEOs consider their department to be their family; however, when something went wrong, "*all*

of a sudden, the leadership and the department and the people within the department,

now you're no longer part of that family anymore, and you feel totally abandoned."

Several participants explained law enforcement leaders and departments were measured by how they dealt with critical incidents and sensitive matters involving their LEOs. The perception of how leaders handled these matters often became their legacy. Participant 6 expressed how an organization handled incidents generally depended on the hierarchy of the department, stating the perception was based on "*Do they back up their people? Or do they feed them to the wolves? And it's not necessarily either one; it's the perception of what they are doing.*" Participant 4 echoed this sentiment, "*I think if people are treated like dirt by their department, you know you go in there and say you are suffering from depression, and then they give them time off*" or take away the LEOs gun and badge, then their peers will not be motivated to admit they are suffering.

Lack of policy addressing /directing LEOs to counseling for routine or critical incidents. Seven of the 15 participants reported a lack of standardization or protocols regarding when LEOs should seek counseling or be referred to counseling. Participant 7 noted a dilemma for many law enforcement leaders involves deciding whether or not to mandate counseling if they are truly vested in the mental wellness of their LEOs. Participant 7 described leaders' mentalities in this dilemma, "*if I make it mandatory, nobody is going to want to come. But if I don't make it mandatory, then nobody is going to come.*" In offering solutions to mitigate the effects of this dilemma, participants referred to models of care implemented by the military to ensure soldiers are receiving the assistance they need in order to fulfill a demanding mission. Participant 15 noted changes to military policies and models were prompted by increased soldier

suicides and expressed the law enforcement community needed to implement related models and policies to better identify warning signs and educate policing professionals on the benefits of counseling:

> I have seen that build up the model for the military, which also helped me learn some things about first responder program building, is you want to build what I call a safety net, because not everybody is going to talk to a peer. Not everyone is going to talk to a chaplain. Not everybody is going to talk to somebody, right? What you do is you um train up folks and include folks in that safety net model.

A general consensus among the participants was how each law enforcement organization held different views regarding what LEOs needed after potentially traumatic events, such as an officer-involved shooting, line of duty deaths, responding to the death or injury of a child, etc. Participant 14 noted a lack of guidance regarding when counseling services should be utilized, "*for example, officer involved shooting or line of duty death, they could put in policy that should this occur, this is what we're going to do. We're going to call the chaplain in to assist.*" Additionally, the participants noted law enforcement policies often lack guidance regarding how to classify psychological injuries, and they also noted psychological and physical injuries were not viewed in the same way; psychological injuries were not codified as an injury incurred on duty or IOD, which then entitled LEOs to compensation and time off. Participant 3 reported several organizations' policies classify only injuries are visible to the eye as grounds for injury related paid leave, which has created barriers for LEOs who are attempting to get time off or care related to psychological injuries. Participant 3 further related the mental health

component needs to be added to policy and even if "*leadership is really on board [with]*

mental health support, at the same time the policy needs to back that up."

Sub-question 4 of Research Question 1 asked, "*What are the perceived*

organizational factors (policies, programs, campaigns) promoting LEOs mental health

seeking behaviors?" Participants reported a major promoting factor occurred when law

enforcement organizations created active, progressive counseling programs offered LEOs

as well as their families with timely critical incident debriefings and related services to

promote mental wellness. Additionally, the participants stated clearly establishing

counselors' roles and allowing counselors to be imbedded into police organizations while

retaining autonomy from the organization and upholding confidentiality helped these

proactive programs. The confidentiality element inspired trust and confidence in the

counselors and in their services. These themes can be found in Table 5 and are described

in greater detail below.

Table 5

Data Matrix and Narrative for Research Question 1, Subquestion 4

Theme	Chaplains	Peer Support	Clinicians
Active/progressive organizational programs to assist LEOs	5/5	5/5	5/5
Counselor's roles and services	5/5	5/5	5/5

Active/progressive organizational programs to assist LEOs. All 15

participants reported organizations' having active programs to equally promote physical,

spiritual, and mental wellness of their LEOs represented a major factor promoting LEOs

to seek counseling. Participants expressed active counseling services helped benefit

LEOs and the morale of their units. Many participants expressed the most important tool

or resource an organization could employ was a critical incident debriefing process or

program. The debriefing process was described as offering all of the affected LEOs the

opportunity to discuss their involvement and what they observed, allowing other LEOs

the benefit of sharing their thoughts and feelings on the event. Participant 7 echoed this

sentiment and explained the added benefits of debriefings:

> I've done debriefings for about 16 years, and it's so profound when the older guys
>
> in the room in particular say to a younger guy, "I know exactly what that's like.
>
> I've been in your shoes. I had to make that decision." We did a S.W.A.T. team
>
> once, and the young guy who had to shoot the offender and it was a justified shoot
>
> and everybody in the room acknowledged that. There was no ambivalence, no
>
> second thought on that. But what happened was this guy had only been on the
>
> team like a week or so. So he was brand new, and the rest of the team, most of
>
> them were combat veterans, and most of them have been on this team for years.
>
> And I remember how powerful it was when the S.W.A.T., experienced snipers
>
> said to the brand new sniper, "I would have taken that shot for you because I
>
> know exactly how you feel right now. I know you are going to feel like
>
> [obscenity] for a couple of days, even though in your head you know that what
>
> you did, you had to do…" And so you know those kind of moments when you get
>
> to do debriefing are so powerful, and I can say the right words and I can tell the
>
> story just like I did, but when you hear it from somebody who's been there before
>
> you, it's a thousand times more powerful.

Participants were split on the issue of whether or not organizations should direct

LEOs to counseling after a critical incident or when deemed necessary by the LEOs

administrators, offering both pros and cons. Several participants expressed how LEOs

would resist being directed to talk to a counselor, while others noted it offered an

alternative to self-identifying. Some also noted even if the LEO did not talk in the

sessions, the LEO would be better acquainted with the counselor and would be better

informed. The participants voiced the need for organizations to be transparent about

mandatory counseling or risk creating additional barriers for LEOs.

Several participants expressed the need for organizations to employ progressive

approaches toward mental wellness, because the needs of today's LEO change daily. The

participants offered a variety of divergent initiatives and programs they have observed or

are actively involved in to promote awareness and to reduce barriers to counseling for

LEOs. For example, Participant 1 related the U.S Postal Service has a sub-division of

postal inspectors who investigate child pornography offenses, and annually these postal

inspectors are sent to talk to a counselor as a "*check in*." In these sessions, postal

inspectors can discuss any topic they deem necessary. Additionally, the California

Highway Patrol has seen an increase in Iraq and Afghanistan veterans applying for LEO

positions. As part of the application process, the California Highway Patrol requires

applicants to see a psychologist, not for diagnosis or fitness, but rather for educational

and referral purposes.

Counselor's roles and services. All 15 participants reported a major promoting

factor for organizations occurred when departments properly utilized their counselors and

encouraged the counselors to work closely with LEOs to build trust and familiarity. The

participants noted successful organizations generally allowed the counselors to assume autonomous roles from the department, which aided in upholding confidentiality and increasing the LEOs trust in the services. Additionally, the participants reported being able to assist at scenes of critical incidents, at hospitals, or at LEOs homes was a vital element of successful programs.

Participant 4 expressed how simply making counselors available to LEOs and building relationships was the first objective, "*I think the peer group or having an active peer program in the department, where they are out doing training and going to roll calls and make themselves available. I think that is one of the most valuable things.*" Participant 9 expressed the importance of counselors' traveling to the scene of an incident, such as an officer-involved shooting, and offering them general information about what the LEO might experience in subsequent days. Participant 9 further related the counselor's goal is to:

> get to the officer on the scene as quickly as possible and start talking to them about, I don't need to know what happened. I don't really care what happened; I just want to make sure that individual or those individuals is ok. And let them know that "hey, tonight you're probably not going to get a lot of sleep, and that's normal. And you may not feel like eating or you may feel like eating everything. Let's talk about alcohol and how it affects REM sleep, and you know having just one sip can keep you from getting that kind of sleep that you really need to and overcome this situation in a healthy way…" as opposed to experiencing and finding out later rather than try to figure out later "what's wrong with me?"

Several participants voiced the importance of having autonomy to perform functions without the perception of reporting back to the organization's leadership. Many participants further expressed the benefit of being autonomous from human resources as well. Participant 7 explained the unique situation:

> My job is different than most psychologists who work for police departments. It has nothing to do with HR, I have nothing to do with discipline, I have nothing to do with fitness, my job is 100% embedded with the officers to keep them well and to keep them in the streets.

Participant 6 expressed how in addition to allowing her to respond to critical incident scenes, autonomy has allowed her to create the "*ambassador program*" as an extension of the department's chaplaincy program, wherein chaplains recruit LEOs as contacts in various departments to keep the chaplains abreast of all potential situations for which they could offer assistance. Participant 6 expressed the goal is to create a "*greater partnership between the departments, and it helps with that so we can sometimes get the information a little quicker*."

Sub-question 5 of Research Question 1 asked, "*What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?*" Participants drew from decades of contact with LEOs who sought or delayed seeking assistance and noted countless negative effects of not seeking assistance on LEOs psychological or physical health as well as positive outcomes after LEOs sought assistance. The participants stated LEOs psychological health, outlook, and decision making were impacted by destructive behavior resulting from an absence of effective coping mechanisms to counter stress and trauma. Destructive behavior and negative

effects included self-medicating, affairs, suicidal thoughts, or suffering from a mental disorder. Additionally, the negative effects of the profession were observed in the LEOs physical health and environment, which both impacted an LEOs relationship with family and friends and affected the LEOs job performance. Although not reported with high frequency, several of the participants related how some of the promoting factors helped LEOs achieve balance, learn new coping mechanisms, and become more self-aware. These themes can be found in Table 6 and are described in greater detail below.

Table 6

Data Matrix and Narrative for Research Question 1, Subquestion 5

Theme	Chaplains	Peer Support	Clinicians
Psychological impacts	5/5	5/5	5/5
Physical/Environmental impacts	4/5	5/5	5/5

Psychological impacts. All 15 participants reported a wide variety of psychological issues LEOs might experience if they refrain from seeking assistance due to the aforementioned barriers. All 15 participants also reported a wide variety of positive outcomes for LEOs who sought assistance. But the participants voiced many more negative impacts LEOs can experience more than they voiced the positive outcomes. These negative impacts mainly stemmed from an absence of healthy coping mechanisms, which resulted in destructive behavior such as self-medicating, drinking, overeating, gambling, and extramarital affairs. Nearly all of the participants reported if attempts to cope with the unresolved psychological matter fail and if the possibility of losing their careers arise, then LEOs might begin contemplating suicide, because so much of their personal identity is connected to their profession. Participant 9 reiterated LEOs

fear of asking for help might affect their career, but Participant 9 stated "*it's pretty incumbent on the department or certainly the people that are on the peer team to let people know that even if they do lose their job, it's not worth their life.*" Participant 4 expressed how most LEOs have the rescuer or fixer mentality and begin to look inward, believing:

I should be able to fix myself, and if I can't fix myself, I must be a [obscenity] up, and if I am a [obscenity] up, I might as well as go kill myself or drink myself to death. Suicide on the installment plan or something.

Several participants reported LEOs suffering from psychological issues such as depression, isolation, or PTSD also had difficulty sleeping, which impacted decision making ability, mood, and hypervigilance. Additionally, these effects impacted the LEOs outlook, impacted the LEOs trust in humankind, and sometimes left LEOs feeling their belief system or faith was being challenged. Additionally, Participant 7 explained the cyclical pattern of disrupted sleep causes hypervigilance, which then "*causes all sorts of gastrointestinal and physical stress problems. Which means more fatigue, which makes you more hypervigilant, which then interferes with sleeping.*" Many participants stated unresolved psychological issues tend to affect LEOs physical health. Participant 11 explained the spectrum of negative effects from unresolved life issues can cause:

When you bury emotions, conflict, pain, when you bury it, it has a way of coming back up to the surface. And many times it happened to the physical health, where you get guys that would have heart attacks, develop diabetes, mental disorders, panic problems, or being overweight or just a depressed immune system where guys were sick all the time. So I put that on and you might think "well that

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doesn't sound like one end of the spectrum", but the other end of the spectrum of course is people who take their life to suicide because they ran out of coping capabilities altogether. At least the guy that's overeating, he's coping by eating, but the one who's out of resources is the one who ends up, then all the pain goes inward and they can end up not getting a reason to live. And so you have a lot of dysfunctions on one end, and then you have suicide on the other end, and that's why that whole spectrum is no good.

Physical/environmental impacts. Fourteen of the 15 participants reported how the traumatic events experienced in the policing profession can result in LEOs experiencing a variety of physical health ailments as a result of unaddressed psychological issues and stress. Participants expressed how these physical ailments also impact the LEOs environment, family dynamics, job performance, and ability to achieve balance off-duty. Several participants stated physical and psychological issues are so closely related how some symptoms are often misdiagnosed. Participant 1 stated:

I have a list of things that are sometimes medical conditions that sometimes look like psychological conditions. Like if something is wrong with your thyroid, you might gain a lot of weight, sleep a lot, and look depressed. And if the opposite is wrong with your thyroid, then the opposite will occur, where you can't sleep, lose a lot of weight without trying, and look anxious. You know tox therapy can't help a thyroid. Go see your primary care provider and get your blood work tested and rule these things out…So I have them take care of that first in the beginning, then I offer a brochure about something specifically geared towards LEOs, since

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it's not just about your spiritual life. It's also your physical life, your financial

life…the whole person concept.

Many participants reported how psychological and physical ailments can affect

the LEOs family dynamics and relationships with loved ones, resulting in separation,

divorce, or domestic violence. Participant 13 noted the impacts of the LEO profession on

marriages and stated within the first three years of entering the career field, the "*divorce*

rate is 86%." Participant 2 conveyed the same sentiment on divorce:

But what you'll see as a whole in law enforcement if they don't get the help, and

they are still involved in that, you're going to see divorces, a higher rate

unfortunately of extramarital affairs because your communication is obviously

broken down at home, so why are you going to want to be intimate with the

person you are talking to?

Participant 3 also expressed a high percentage of LEOs marriages end in divorce:

I think there's this perception of "I can't share this with my spouse because they

are not going to get it," and then that isolates them and that's why you know they

end up having affairs or whatever and emotional support because they're not

keeping up with their marriage.

Research Question 2

Research Question 2 asked: "*What recommendations do mental health*

professionals have for promoting awareness and support for health seeking behaviors

within both the mental health and law enforcement communities?" The participants

offered a variety of recommendations to promote mental health awareness, to support

LEOs and their families, and to help the mental health and law enforcement communities

best serve LEOs. The participants' recommendations were mainly directed towards law enforcement leaders, who the participants expressed must "lead the way" by modeling wellness, by reducing barriers to seeking mental health assistance, and by changing the culture's mindset towards counseling while emphasizing good mental, physical, and spiritual health. Additionally, the participants strongly expressed the importance of educating LEOs and their families on the impacts of the policing profession by introducing counseling services at training academies and then routinely displaying them at in-service training. Lastly, the participants recommended creating and/or recruiting a culturally competent counselor corps, which will inspire trust and help build relationships between counselors and LEOs. These themes can be found in Table 7 and are described in greater detail below.

Table 7

Data Matrix and Narrative for Research Question 2

Theme	Chaplains	Peer Support	Clinicians
Law Enforcement leaders lead the way- model, endorse and establish an open organizational mindset	5/5	5/5	5/5
Educate LEOs and families on counseling services/process	5/5	5/5	5/5
Recruit or create culturally competent counselors	5/5	5/5	5/5

Law enforcement leaders lead the way – model, endorse, and establish an open organizational mindset. All 15 participants explained successfully promoting awareness and good mental health to LEOs requires law enforcement leaders,

specifically the chiefs of police, captains, and sergeants, to lead the way by modeling, endorsing, and imbedding counseling services into their law enforcement agencies' cultures. Several participants asserted chiefs' leading by example in a hierarchal, paramilitary subculture was vital for LEOs to observe, because this type of leadership displays the leader's commitment to their LEOs mental wellness. To this point, Participant 7 stated:

> I think that it has to start with a leader who is very transparent about their intention of "this is how I'm supporting the department. This is the culture; this is the culture of this department. That not only do we take care of each other, but the department is invested in helping you take care of yourself and providing you with the resources you need."

Many participants shared examples of successful police peer, chaplain, and clinician programs, all of which were promoted, endorsed, and modeled by a progressive law enforcement leader. The participants expressed the influence of having a leader who is transparent about his or her personal beliefs and experiences with trauma and counseling, which then provides permission to those serving under the leader to also pursue wellness. Participant 1 expressed the dynamics of having "*chiefs lead the way*," which entails leaders' attending counseling and reporting their experiences, "*Hey, I met with so and so and Dr. so on, and it wasn't as bad as I thought, and I want you to meet her today, to show support and the support comes from the top*." Participant 4 conveyed because leaders establish the cultural mindset, they need to be transparent and send:

some kind of an overall message from the department that we tell you we have

these services available, we have EAP, chaplains, we have peer support, but we

really mean it. I am the chief, and I go to therapy and I take antidepressants.

Participant 5 asserted the process of change within policing is slow and how some law

enforcement leaders are unable to change their own beliefs towards counseling overnight.

Participant 5 stated in general, an LEOs leader:

as an individual is not a person that is into dealings and fluff and stuff like that,

but he is smart enough to recognize, that is something that needs to be dealt with

and so he has allowed the peer support team to be developed and formed and

supports it. Even though he himself would never you know to be a person to sit

on the peer support team.

Several participants said many successful counseling programs exist within the

first responder and war-fighter fields for law enforcement leaders to model off of to

create a divergent approach to counseling for their staff. Many participants referred to

the initiatives and programs implemented by fire services and the military. Participant 4

believed the fire services were more open to counseling because medical organizations

focus on treating medical issues, "*In general, the fire service, they don't have the 'us*

against them' mentality that law enforcement does." Regarding changing the culture,

Participant 11 related how in addition to leading by example and finding solutions to

systemic issues, leaders need to focus on the whole person:

realizing that the soft pill of the interior life of the person, which is connection,

authenticity, openness, truthfulness, honor, values, chivalry…All of those things

are part of what makes a good fighting force. It's not just the hard skills.

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Educate LEOs and families on counseling services. All of the participants recommended educating LEOs and their families on all facets of available counseling services and on the realities of the policing profession as early as possible. Educating LEOs and their families at the onset of their careers would provide them with tools, services, and information to better help them understand the culture and the potential effects of the profession. Consistently, all participants attributed many of the barriers to seeking assistance to the LEOs lack of education and training on mental health matters. Participant 10 stated the first step towards reducing barriers and changing the police culture was through education:

> Some of the barriers would be not getting enough education around mental health and what that means. It's not weakness; it's not you can't handle it or you have a problem; but it's just a part of taking care and it's a part of what you need to do. It's a strenuous job; it's not only you can run. You have to be able to manage your stress well.

When asked for an optimal point to introduce mental wellness and to educate LEOs on mental wellness, available services, and the organization's counselors, many participants expressed an introduction to these topics needs to occur during the police academy and then subsequently needs to be re-addressed during quarterly or annual in-service training sessions. Participant 4 stated:

> like pursuit training, you know how much time we spend on use of force, code 3 driving. Now there is a big push on trying to teach officers about how to deal with mentally ill offender, because they can be violent. If we spent that much time with the officers educating them about mental health and what they can do

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and what they should look for and what's normal, "what you are suffering from are normal reactions to abnormal events; it's not you that is screwed up; it's the event you went through"

Several participants expressed the need to offer resiliency and mindfulness training to LEOs, which the staff at WCPR was promoting with noted success.

Additionally, the participants stated more information about the perils of the policing profession and accurate statistics regarding mental health should be provided to LEOs, including statistics regarding police suicide. Participants noted efforts by organizations such as Badge of Life and by individuals such as Dr. Kevin Gilmartin, who has spent decades studying and reporting LEO suicides rates in America. Participant 9 juxtaposed LEOs firearms training with their mental wellness training:

We have an hour of firearms training every month…Which is important to keep us alive in those times when we are, you know, in the fight for our life. Statistics show that fight for your life you lose 80 cops a year. They don't have any training whatsoever for those 160 plus cops who kill themselves every year. And so we're twice as likely to do that and yet we get no training in it.

Lastly, the participants urged law enforcement organizations to create programs for LEOs significant others and spouses in order to reinforce the objectives of educating LEOs. Several participants offered examples of successful counseling programs for the spouses of LEOs, such as the FRSN's Significant Others and Spouses (SOS) program which provides services to LEOs loved ones who might have also been impacted (vicariously or directly) by stress or trauma. In addition, several participants encouraged law enforcement leaders to incorporate a family day at the academy and offer mental

health and welfare classes. Participant 8 related many of the SOS clients have become codependent on the LEO, and the spouse's main complaint was not having anyone to talk to who understands the culture.

Recruit and/or create culturally competent counselors. Twelve of the 15 participants emphasized the importance of recruiting, vetting, and developing culturally competent counselors who care about the LEOs and who are trusted by the LEOs and their leaders. As addressed in previous sections, participants reported many of the barriers LEOs face are related to negative interactions with a counselor who lacked knowledge of the police subculture. The participants reiterated the need to select counselors/EAPs who specialize in assisting LEOs and emphasized how a "*one-size fits all*" (Participant 1) approach to counseling had potential negative repercussions and could create additional barriers for LEOs. Participant 8 offered an example of a first responder who sought help after a failed rescue and described vivid details, which "*grossed out the therapist, because…you know you have to kind of prepare yourself to hear stuff like that. So he didn't go back. I mean why go back if they can't even listen?*"

Several participants emphasized the importance of recruiting counselors or referring LEOs to counselors who truly understand the police subculture and "*get it*" (Participants 1, 5 and 4). Participant 5 expressed it is an exceptional experience for an LEO to talk to a counselor who "*gets it*", stating how when it came to counselors, either "*he gets it, or he doesn't get it. You know it's kind of the general, really general term, but from a law enforcement officer's perspective, that's what it's all about when you are talking to someone.*"

Participant 1 explained how culturally competent counselors are not only vested in knowing the policing subculture, but they also know LEOs so well they can introduce new strategies to remove known barriers. An example of this is Dr. Marla Friedman's initiative "bring a buddy," which encourages LEOs and a trusted friend or partner to "both go there together and see what counseling is all about. Together they see what the counselor is all about" (Participant 1). Participant 4 expressed how there is a shortage of culturally competent counselors, specifically counselors who were once LEOs. He posited the presence of culturally competent counselors as a major reason explaining the success of programs such as WCPR:

> The therapists that we have, you know we have two therapists per retreat and 15-20 peers, and so the clients see us interact with the peers, and they are telling them "Hey, this person understands us. We have vetted this person; we didn't just let them walk in the door because we needed to fill a spot." And the thing that helps us also is a lot of people that work for us, like both Mark and Joel, were officers and have the duel hat thing.

Summary of Dominant Themes and Patterns in the Findings

The collected data and major themes emerging from the 15 one-on-one participant interviews were presented in this chapter. The following section summarizes dominant themes and patterns gathered from the data.

Theme 1: Personal Factors Promoting Mental Health Assistance

The participants expressed a variety of the personal factors they perceived as contributing to why LEOs sought help. Many participants provided these factors from the perspective of counselors and from their experiences as LEOs who sought assistance

at some juncture in their careers. The participants stated the major promoting factors for

LEOs to seek assistance were to keep their marriages intact after getting ultimatums from

spouses and to keep their careers intact after receiving similar requests from supervisors

or entrusted peers. Participants 3 and 14 noted spouses are usually the first to recognize

changes in the LEOs behavior, "*the spouses are the driving force to get their partner's*

in" (Participant 3), while entrusted peers can also endorse the benefits and sometimes

necessity of seeking assistance.

Several participants stated counseling was often the LEOs last option before

committing suicide. The participants expressed LEOs in this category had typically run

out of coping mechanisms and could no longer control their emotions, while

simultaneously fearing the loss of their standing or identity within the law enforcement

subculture. Many participants asserted much of an LEOs identity is tied to the policing

profession, and consequently, the possibility of losing the role of a police officer can send

an LEOs world into a "t*ailspin*" (Participant 9). Other participants noted subtle shifts in

the policing subculture as older generations depart the workforce. Participants 9 and 15

postulated younger LEOs were more self-aware and accepting of receiving mental health

assistance, possibly because it had been modeled during their upbringing.

Theme 2: Personal Factors Acting as Barriers to Seeking Assistance

Stigma and stereotypes were two of the major barriers preventing LEOs from

seeking counseling. The participants noted the subculture's controlling, macho, rescuer

mentality stigmatized the idea of asking for help, mainly because LEOs were afraid of

peers labeling them as weak or unreliable. Participants 4, 6, and 8 stated appearing

"*weak*" was LEOs biggest fear. Participant 8 stated:

If I'm having problems in my life and I have to seek help for it and somebody else

finds out, maybe they are going to wonder if they can count on me. And then

your credibility goes down, and in your mind, not necessarily in reality, but it

does happen in real life.

Additionally, LEOs generally lacked knowledge about the counseling process, the

counselor's role, or the ways in which medication and confidentiality are factored in.

Participant 1 said most LEOs lacked knowledge of the department's services:

They don't know the difference between a psychologist, a social worker, and a

psychiatrist, and so they walk in my office saying "well I really don't want to take

medication." I say "well I don't really prescribe it." So part of it is they don't

necessarily know what they are getting into. They think they have to be really,

completely far gone before they can even talk to somebody. They assume that

any questions, any phrase, with "you now, I am really having a hard time dealing

with this" will end with the phrase "I'm not going to kill myself or anything."

Lastly, the participants related many of the personal barriers LEOs experience can be

traced back to upbringing and conditioning, during which they were not exposed to

counseling or positive counseling experiences were not modeled by their families.

Theme 3: Organizational Barriers to Seeking Assistance

The core organizational barriers participants identified were the police department

leaders' beliefs seeking counseling represented a liability and not an asset. The

participants stated this parochial mentality led to counseling services being misapplied

and acting as a barrier between counselors and LEOs. Two consistent themes emerged in

this study were the need for culturally competent counselors and the barriers created

when organizations lacked counselors who were vested in the LEO subculture.

Participant 10 conveyed:

> I think that if you vet your therapist and you refer, which I think departments are doing, you refer to people who are familiar with the culture and have some law enforcement background or training, experience that chances are that you are not going to get a whole lot of the negative experiences.

> Another major organizational barrier emerged when LEOs perceived being betrayed or abandoned by their department if they sought psychological assistance or if they were deemed unfit to continue in law enforcement. Participant 5 expressed:

> And you know, all of a sudden, this organization that you felt was your family and your friends and would stand behind you through every step of the way, all of a sudden they're not, and that's because the leadership, the management is their first and foremost obligation is do what is right for the organization, not necessarily the individual.

Finally, the participants expressed many law enforcement organizations lacked policies addressing mental health matters, protocols referring LEOs to psychological check-ups at various times in their careers, or standard procedures following a traumatic event.

Theme 4: Organizational Factors Promoting Assistance

Participants stated active, progressive counselors and counseling services represent the most important factor an organization can implement to promote good mental health for LEOs. All participants expressed the numerous benefits of being able to facilitate critical incident debriefings with LEOs in a timely manner and of traveling to critical incident scenes to provide assistance to LEOs in need. Several counselors related

having visual aids, such as posters or pamphlets, was not sufficient to promote an active program assisting LEOs.

Clearly stated, established roles for counselors was vital to ensuring police organizations were promoting and properly using the counseling services. Many participants highlighted the benefits of having counselors who were imbedded into LEOs units to build relationships and trust. In addition, many participants voiced the need for their roles to remain autonomous from the organization, or else they ran the risk of being viewed as the organization's spy. Participants expressed the connections they make with LEOs when programs are proactive and progressive allow them to constantly educate LEOs. Participant 10 expressed the benefits of educating LEOs on wellness and conveyed exposure to LEOs helped her identify ways to relate to them:

I went to the academy and talked about stress with every graduating class. And a part of what I was trying to do was compare mental health to physical health, because people in law enforcement tend to really get that. Like if you decide to get into shape, physically good shape, say you want to lose a couple pounds, or work out and weight lift, or bulk up a little and get stronger and be able to run and take care of yourself and manage it in case you get into some physical altercation, so you work out and you are training for a while, and then all of the sudden you realize, "damn I am in good shape. I can run further, faster, lift heavier weights, and I am in good shape. I have my diet under control; I am not crazy about that. I am physically good shape." So now you can stop, right? Now you don't ever need to do it again, correct? And you are always going to look the same and feel the same, and everyone in these classes is shaking their heads. So then I say "well

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mental health is like that. You might feel like when you start off, you are in good

shape. You know, you handle life, you handle stressors, you handle calls, but over

time, if you don't do anything to maintain your mental health, you will flip. So if

something comes up for you that is just overwhelming and you ignore it, it's like

physical, you can't ignore pain, you can't ignore physical pain nor can you ignore

emotional pain. So if you seem more irritable, or you can't sleep cause the

thoughts won't stop, or you are kind of sick to your stomach, or you feel kind of

emotional, it's going to get worse. You can't ignore it. So maintaining physical

health is similar to maintaining mental health. You have to pay attention to it.

You have to work on it, or it's going to slip." People just seem to get that.

Theme 5: Impacts of Organizational and Personal Factors on LEOs

Participants expressed many LEOs they assisted exhibited poor psychological or

physical health because they delayed or refrained from seeking assistance for stress or

trauma. Participant 11 expressed the consequences of allowing psychological issues to

go unresolved:

Whatever you delay and don't deal with, will come back around, and that's the

problem with that. You really never, it's like the old saying, where you go, there

you are. Hey, you just got to keep moving to the next spouse or the next marriage

to the next job and then eventually we get tired, we get wore out and the brain

can't deal with that much confliction. Breakdowns and so forth…I've never

heard of anybody not dealing with those issues that goes on to be a whole healthy

or productive person.

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Nearly all of the participants expressed observing a variety of psychological and physical ailments in LEOs who had either used destructive coping mechanisms (e.g., alcohol, drugs, gambling, and extramarital affairs) or who had run out of coping mechanisms, leaving the LEOs life reeling out of control and sometimes resulting in suicidal thoughts. All participants acknowledged the prevalence of LEO suicide and expressed how frequently the trauma had gone unattended for too long, leaving the LEO unable to see other viable options.

Other areas impacted by the identified barriers were an LEOs outlook on life, decision making ability, and hypervigilance, which had the potential to affect sleep patterns and demeanor. Additionally, the LEOs physical health was impacted when mental ailments accrued, possibly contributing to cardiovascular and central nervous system illnesses. Participants noted the impacts of these health problems on LEOs family lives and relationships with their peers. Although not reported with high frequency, several participants expressed some of the promoting factors helped LEOs achieve balance, learn new coping mechanisms, and become more self-aware.

Theme 6: Recommendations to Reduce Barriers and Promote Awareness

Finally, the participants offered a variety of recommendations to law enforcement leaders, to leaders in the mental health field, and to LEOs to promote mental health awareness and to reduce the previously addressed barriers. Unanimously, the participants identified the importance of leaders "*leading from the front*" (Participant 2) and emphasized mental health programs were doomed to fail if law enforcement leaders did not endorse, promote, and model the desired new mindset or culture. Participants expressed change had to begin at the top of hierarchal organizations and needed to be

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reinforced through the leader's actions and transparency. Several participants expressed LEOs will resist counseling services lacking the leader's active endorsement.

To overcome some of the most notable barriers preventing LEOs from seeking mental health assistance, participants recommended early and continuous education for LEOs and for their significant others on the stressors and trauma of the policing profession. Participants also encouraged "preventative care" (Participant 9) to maintain balance and wellness. This education would need to introduce the available counseling resources during the police academy to counter the potential impacts of a trauma sensitive field and to reduce the stigma associated with seeking mental health assistance. Lastly, the participants recommended ensuring the counselors who are working with LEOs are culturally competent and are invested in knowing this special population so they can effectively reduce the barriers associated with the lack of familiarity, relationships, and trust between counselors and LEOs.

Summary

This chapter presented the purpose of this study, research questions, methodology, and findings from this study. The major findings of the study were placed in six major categories: (a) personal factors promoting mental health assistance, (b) personal factors acting as barriers to seeking assistance, (c) organizational barriers to seeking assistance, (d) organizational factors promoting assistance, (e) impacts of organizational and personal factors on LEOs, and (f) recommendations to reduce barriers and promote wellness. Chapter V includes a detailed analysis of the data relating to the theories addressed in the review of literature. It also includes conclusions, implications, recommendations for further research, and concluding remarks.

CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter provides a summary of the research study investigating law enforcement counselors' perceptions of the factors affecting mental health help-seeking behaviors of LEOs. This chapter expands on the reported data from Chapter IV, and the data are associated with related literature. A detailed synopsis of the major findings and dominant themes are analyzed by research question and subquestion. The unexpected findings of this study are addressed followed by conclusions drawn from the literature related to the major findings, which are presented from the researcher's perspective. Additionally, strategies and measures the law enforcement and mental health communities can take to further meet the needs of LEOs and their families are presented. The chapter also contains recommendations for further research and closes with concluding remarks and reflections by the researcher.

The purpose of this phenomenological study was to identify and describe the personal and organizational factors promoting and limiting LEOs seeking mental health assistance following a stressful/traumatic event. In addition, it was also the purpose of this study to explore mental health professionals' perspectives of the impacts of promoting and limiting factors affecting LEOs seeking mental health assistance. Finally, the purpose of this study was also to identify and discover the recommendations mental health professionals have for reducing barriers, promoting awareness and support for health seeking behaviors within the mental health and law enforcement communities. To collect this information, this study was guided by two central research questions and five subquestions:

1. How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?

2. What recommendations do mental health professionals have for promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities?

Research Subquestions

1. What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?

2. What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?

3. What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors?

4. What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health seeking behaviors?

5. What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?

This study involved utilizing a 20-question interview instrument with open ended questions to elicit rich narrative and to capture in-depth data on the participants' lived experiences. Fifteen one-on-one interviews were conducted. Each interview was audio recorded to accurately capture participants' lived experiences, and the recordings were

then transcribed. The transcriptions allowed the researcher to analyze the data and to identify common themes.

Population

The population for this study comprised California-based certified or trained law enforcement clinicians, chaplains, and peer group leaders who are currently assisting LEOs or who had assisted LEOs within the last five years. Because the phenomenon being studied is observed at all levels of government (federal, military, state, county, and municipalities), law enforcement counselors assisting LEOs from these various echelons within the State of California were targeted.

Sample

The sample for this study represented a small portion of the overall counselor population specializing in assisting LEOs. The study participants were selected using purposeful sampling methods, which allowed the researcher to select participants who met the below criteria and characteristics aligned with the scope of this study (McMillan & Schumacher, 2010). Purposive sampling allowed the researcher to gather in-depth and relevant information describing the participants' experiences in counseling LEOs. The sampled participants were screened and selected based on each participant's experience counseling LEOs and the following criteria:

1. Be a trained or certified clinician/counselor, chaplain, or peer group leader;

2. Has received specialized training related to counseling LEOs;

3. The majority of their counseling duties involve first responders/ LEOs; and

4. Are actively working with LEOs now or has done so within the last five years.

A sample of 15 participants who were actively involved in assisting LEOs in Northern California and/or who were associated with the West Coast Post-Trauma Retreat Center (WCPR) or with the First Responders Support Network and met the above criteria were selected for this study. The 15 participants underwent one-on-one interviews and served as the sampled population for this study.

Major Findings

The phenomenological methodology for this study generated findings related to law enforcement counselors' lived experiences while assisting LEOs with psychological wellness. The study participants shared their personal and professional experiences as both LEOs who received assistance as well as counselors assisting other LEOs. The data, organized by research question, revealed the following major findings:

Research Question 1

Research Question 1 asked: *"How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?"*

Finding 1: Personal promoting factors - ultimatums, endorsement, and last resort. Research Question 1, Subquestion 1 asked: "*What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?*" Several key findings repeatedly surfaced as answers to this question. An LEOs motivation to see a counselor varied, but the largest driving force came from ultimatums from significant others, wherein LEOs were faced with seeking psychological assistance or losing their families. Also noted were similar requests by LEOs peers to seek counseling or risk negative impacts to their careers. Lastly, the participants cited how

LEOs often sought counseling as a last resort, when their lives were in shambles and counseling was the final option often before contemplating suicide. These findings aligned with the literature on help-seeking and planned behaviors.

Perceived power. Ajzen's (1991) theory of planned behavior explained the introspective constructs of why people seek care and whether or not they have the perception of power over the act of seeking care. This construct of perceived power or control over the action refers to those internal and external factors the person has or relinquishes over performing the behavior based on their attitudes towards the act as well as the norms and expectations of others.

The LEOs who were faced with ultimatums from significant others or entrusted peers were experiencing a loss of power or control over their decisions to seek assistance under their own terms. Participants recognized LEOs spouses were often the first person to notice a drastic change in the partner/LEOs demeanor, and the change often began to negatively affect the family dynamics. The ultimatums came as a last resort from significant others who were running out of other viable options.

Sanctioned by others. Zola's (1973) help-seeking model explored the social triggers leading people to seek help. One of the five social triggers occurs when help is sanctioned by others who insist assistance be sought. The participants recognized the power of ultimatums by family members as well as endorsements by entrusted peers for LEOs. The participants also noted a subtle shift in the policing subculture which has led some self-aware LEOs to endorse and promote counseling to their peers. The influence of the spouses or peers on LEOs was a significant factor influencing if and when psychological help was sought.

Interpersonal crisis and coping. Zola's (1973) help-seeking model also illustrated the first of the five social triggers occurs when people experience interpersonal crises. This trigger heavily influences our decision to seek help. R. S. Lazarus and Folkman (1984) explained the continuous cognitive process people undergo to cope with internal and external demands. The two forms of coping R. S. Lazarus and Folkman identified were problem-focused coping, in which the person feels he or she has control over and can manage the situation, or emotion-focused coping, in which the person feels they have no control over the source of the stress or outcome.

The participants related how LEOs often could no longer manage the psychological effects of stress or trauma, and this inability to cope began to impact their personal and professional lives. The LEOs who sought counseling as a last resort were often faced with emotions and psychological responses they had never encountered and could no longer control, and therefore they sought help as an alternative to contemplating or committing suicide.

Finding 2: Personal barriers to help - stigma, trust, personality, impact on career. Research Question 1, Subquestion 2 asked: "*What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?*" Participants reported LEOs experienced both real and perceived barriers to seeking counseling. The data revealed far more personal barriers than promoting factors for LEOs to seek help. The major barriers for LEOs were (a) attitudes and stigma towards counseling, (b) a lack of trust of outsiders/ counselors, (c) upbringing, and (d) the potential impacts on their career if help was sought. All of the major barriers identified were directly linked to the LEOs identity within the subculture

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and speak directly to LEOs being in constant fear of the effects of seeking counseling on their careers. Many participants said these barriers were major hurdles for LEOs to overcome in order to seek assistance, which was why the promoting factors (addressed above) arose when LEOs or their families were left with last resorts and ultimatums to encourage them to seek help.

The participants stated counseling was stigmatized in the policing subculture, which has led LEOs to be afraid of their coworkers viewing them as weak or unreliable. The participants' perceptions of barriers to seeking help aligned with the body of literature on stigma, subcultural norms, attitudes towards counseling, and the potential impacts the LEO may endure for deviating from the masculine subculture and norms (Gharibian, 2015; Möller-Leimkühler, 2002).

Theory of planned behavior. Ajzen's (1991) theory offered six constructs representing a person's control (actual or perceived) over his or her own behavior. These constructs account for attitudes, perceptions, and normative behaviors of individuals and of their social group/sub-culture. The specific constructs compounding the barriers are attitudes towards the behavior/action, the subjective norms or general belief most people have about the act, and the social norms or customary codes in a particular subculture.

The participants expressed how these constructs began during the LEOs upbringing, during which time boys are taught they must be self-sufficient; the participants also expressed how the policing subculture norms reinforce a sense of invincibility. Both of these factors create cognitive barriers preventing LEOs from admitting they need assistance. The empirical studies on the law enforcement subculture and attitudes towards psychological counseling noted an LEOs lack of trust of outsiders

compounds their fears on counseling negatively affecting their ability to remain in the profession and to continue to provide for themselves and their families (J. M. Violanti, 1995).

Finding 3: Organizational barriers - leaders, counselors, betrayal, and policy.
Research Question 1, Subquestion 3 asked: "*What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors?*" In addition to the LEOs personal barriers, the participants cited (a) law enforcement leaders' mentalities towards counseling, (b) a lack of culturally competent counselors, (c) a fear of being betrayed or abandoned by their agencies, and (d) a lack of policy addressing psychological care for routine check-ups or for critical incidents as major organizational barriers preventing LEOs from seeking counseling. The consensus among the participants was how many law enforcement leaders have been out of or removed from the field for so long, they forget about the daily job stressors and impacts, which leads to the creation of a culture opposing counseling. If LEOs experienced performance or emotional issues, they feared being betrayed by their leaders and by their police families. If LEOs do perceive police leadership has unfairly treated a fellow officer, the perception reinforces the secretive, untrusting code LEOs live by (Reiss & Bordua, 1967; J. H. Skolnick, 1975; Westley, 1970).

A major finding throughout this study, both addressed in the literature and echoed by the participants, was the importance of culturally competent counselors to assist LEOs (Kirschman et al., 2014). All of the participants expressed barriers were created by organizations not providing or referring LEOs to culturally aware counselors. They expressed how LEOs who seek help from counselors who are unaware of the police

subculture they often had negative experiences with counseling and they didn't want to return. Lastly, the findings revealed how the reactive nature of policing has created a gap in policy addressing psychological issues and care. Therefore, in the culture of policing, psychological stress injuries are not viewed in the same way as physical injuries are, and thus they are not supported in the same way as physical injuries are.

Finding 4: Organizational promoting factors –active programs and counselors. Research Question 1, Subquestion 4 asked: "*What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health seeking behaviors?*" Participants identified active, progressive counseling programs as prominent organizational factors in which counselors' roles were clearly defined and counselors were properly used by the organization. Participants offered examples of numerous active, effective counseling programs, which leadership endorsed and allowed counselors to fulfill their roles in offering a full spectrum of services to LEOs and their families. All participants cited the importance of having leadership's endorsement, support, and promotion of an open culture, allowing them to develop the needed services and to act in their fullest capacity.

Participants also cited the importance of being allowed to build relationships and trust with LEOs to be effective and to avoid being viewed as outsiders. This finding was well documented in the literature as a means to move beyond LEOs tendencies to only trust people with whom they have built solidarity (Henry, 1995; J. M. Violanti, 1995). The participants expressed the numerous ways in which they build trust with LEOs, such as going on ride-alongs, going to firearms training, dressing in similar uniforms, and openly talking about their personal lives to remove the sterile counseling atmosphere.

Finding 5: Impacts on LEOs. Research Question 1, Subquestion 5 asked: "*What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?*" Psychological and physical impacts to LEOs encompassed all of the areas affected by the barriers and promoting factors. A majority of the participants voiced the negative long-term impacts on LEOs psychological and physical health as a result of delaying or not seeking assistance for stress or trauma. The data from the interviews demonstrated how many LEOs resort to maladaptive, self-destructive coping strategies for psychological issues, such as self-medicating, gambling, or affairs. Zola's (1973) help-seeking behavior model illustrates how people resort to self-medicating and alternative therapies when their attempts to accommodate the coping mechanisms have broken down and when social triggers pressure them to seek help.

Empirical research has revealed how the sufferers' inability to tolerate the psychological pain is a driving force to self-medicate, to engage in reckless behavior, or to contemplate suicide as an alternative to asking for help (Acosta et al., 2014; O'Hara et al., 2012; J. M. Violanti, 1995). Many participants expressed how self-medicating with alcohol is not viewed as a destructive behavior because it is a socially acceptable practice within the sub-culture and society.

Research Question 2

Research Question 2 asked: "*What recommendations do mental health professionals have for promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities?*"

Finding 6: Recommendations for leaders, education, and cultural competence. Based on their personal and professional experiences, the participants

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offered a wide spectrum of recommended initiatives, strategies, and services to promote awareness of the importance of mental health and to provide LEOs and their families with the necessary care to ensure wellness and longevity in the policing profession. The advice offered was largely directed at leaders in law enforcement and chiefs of police, beginning with the recommendation for these leaders to lead by example by modeling wellness, endorsing the available counseling services, and establishing or re-establishing an open-minded culture within their organizations. Participants emphasized the aspect of leading by example, because law enforcement leaders were said to establish the culture of the organization and since LEOs respect the authority and priorities of those appointed over them in a hierarchal structure (Henry, 1995; Janowitz, 1964; Paton & Violanti, 1996; J. H. Skolnick, 1975).

In addition, all participants expressed how LEOs and their families generally lacked awareness and information regarding the counseling process and available services. The counselors emphasized the importance of educating significant others, because they will likely be the first people to identify changes in their LEOs. Participants stated how training significant others offers LEOs additional resources and outlets to deal with the stress and trauma of the profession outside of work. The consensus was for LEOs and their families to be introduced to the psychological services and their counseling staff during the police academy/ indoctrination into the subculture. Participants stated how early awareness offers counselors an opportunity to dispel falsehoods about counseling while fully describing the process, confidentiality, autonomy, mandatory reporting, medication, and the debriefing processes.

Prominent themes throughout this study were the positive and negative impacts culturally competent counselors can have on an LEOs counseling experience, the shortage of knowledgeable peers, chaplains, clinicians, and EAPs, and the potential harm to LEOs by counselors who lack cultural awareness of this unique population can cause (Karaffa, 2012; Karaffa &Tochkov, 2013; Kirschman et al., 2014). Several participants expressed how counselors who want to help LEOs should undergo training and immersion into the subculture to build trust with the LEOs, to acquire awareness of the policing subculture and profession, and to better serve LEOs and their families. To this point, many participants recommended LEOs see multiple counselors to find one who appears culturally competent and can meet their needs.

Unexpected Findings

As addressed in the major findings above and extensively in the body of literature, the stigma towards counseling within society is a deterrent to seeking mental health assistance and is even greater in the law enforcement culture, in which the perceived repercussions of seeking mental health assistance are perceived as a loss of identity and possibly their career (Acosta et al., 2014; Carter, 2010; P. Corrigan, 2004; Gharibian, 2015; Komrad, 2012; J. M. Violanti, 1995). Participants expressed how the stigma towards seeking psychological help is so great, LEOs are often left to choose between committing suicide and admitting they need help.

A major unexpected finding was the prevalence of LEOs negative encounters with counselors and their frequent repeating of the negative experiences they have had with culturally unaware counselors to their peers. Doctors entering the medical field, including those who tend to psychological wounds, take an oath to a moral code, the

Hippocratic Oath, during which they promise to do no harm to those for whom they are caring. Based on the stories shared during this study, several LEOs have suffered set-backs from the insensitive and untimely comments of culturally unaware counselors, which has likely further stigmatized counseling for LEOs.

The body of literature documenting the history and evolution of law enforcement as a profession categorizes the field as paramilitary because it shares much of the structure and hierarchy of the armed forces (Bacon, 2014; J. M. Violanti, 1999). The lived experiences shared in this study, however, highlighted the "*autocratic leadership style*" (Participant 11) observed in several law enforcement leaders who have gone to great lengths to marginalize or remove counseling services for their LEOs based on their personal belief that counseling makes LEOs "soft" and their disbelief in its effectiveness.

Lastly, the level of dedication many of the law enforcement chaplains, peers, and clinicians exhibit for LEOs mental health despite the resistance from the subculture and at times from leadership/administrators emerged as an unexpected finding. This group of counselors has created networks, training, and seminars to share ideas and models across the nation to best serve this unique subpopulation whom they are so invested in assisting.

Conclusions

This study allowed the researcher to reach several conclusions regarding the law enforcement counselors interviewed. The conclusions about the factors affecting help-seeking behaviors of LEOs are rooted in these data and in the theories presented in the literature review.

Research Question 1

Research Question 1 asked: *"How do mental health professionals perceive and understand the factors and impacts that limit and promote law enforcement officers in seeking mental health assistance following a stressful/traumatic event?"*

Conclusion 1. Research Question 1, Subquestion 1 asked: "*What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?*" The conclusions drawn from the factors promoting LEOs to seek assistance are rooted in their desire to keep their families intact and in their desire to retain their positions as LEOs. After receiving ultimatums from spouses or requests from bosses or coworkers, LEOs often sought care as a last resort or alternative to suicide when they could no longer cope with the untreated psychological effects (Carlat, 2010). For many LEOs, the policing profession is more than a job; it is a noble calling to which they are drawn, and it establishes their identity and role in society (Archbold, 2013; Van Maanen, 1973*).* A major personal promoting factor to seek assistance would be anything jeopardizing their identity as officers or their ability to provide for their families. Participants cited the tendency for LEOs to seek counseling only after exhausting all other attempts to cope with their situation.

Conclusion 2. Research Question 1, Subquestion 2 asked: "*What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?*" The noted barriers varied; however, the most common ones centered on the subculture's stigma towards counseling and LEOs misinterpretation of the counseling process and its associated aspects. The findings from this study and the literature suggest the subculture's stigma against counseling casts shame on LEOs who

need assistance working through issues and could result in the LEO being labeled as weak or vulnerable, which is fatal in a profession in which people depend on each other for safety. The fears of being shamed or labeled as weak/unreliable are so dynamic, many LEOs are forced to suffer in silence rather than risk being ostracized by their police family and potentially losing their careers and their ability to provide for their families.

Compounding the stigmas and stereotypes is the LEOs upbringing and social conditioning. The participants and literature confirm how many LEOs have a rescuer mentality and are drawn to the policing profession based on past experiences in which they or one of their loved ones might have been a victim of a crime or abuse. Rescuers view counseling as a threat to their ability to continue working towards their noble purpose, and they will resist anything threatening control over themselves or their environment (Komrad, 2012). However, in the LEO profession, there appears to be a general lack of awareness and education regarding the process, confidentiality, medication, and benefits as well as the risks associated with counseling. This lack of awareness has led LEOs and their leaders to distrust the counseling process and to view it as threat rather than a tool to achieve wellness.

Conclusion 3. Research Question 1, Subquestion 3 asked: "*What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEOs mental health seeking behaviors?*" Police leaders and organizations with closed-minded approaches to counseling reinforce the stigmas and stereotypes LEOs fear. As aforementioned, LEOs will resist anything threatening their careers, forcing them to remain silent about their psychological difficulties because they are afraid to deviate from the norms of the culture they assimilated into during the academy phase (Langworthy &

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Travis, 2003). This organizational mindset also acts as a barrier because LEOs fear being betrayed or abandoned by their agencies if they exhibit any signs of psychological issues, which could cause the organization to view them as a liability and no longer an asset. The organization and personal barriers are cyclical for LEOs, creating a cycle of outcomes they cannot control or predict.

The closed organizational mindset also carries over into the resources or support the organization believes LEOs need. For example, organizations which devalue counseling services for their LEOs will not incorporate associated elements into their policies, nor will they invest in partnering with culturally competent counselors. Organizations taking this narrow approach are being shortsighted and are not viewing counseling services as investments into the department's and LEOs futures by mitigating the costly impacts of not offering the services, policy, or competent counselors to LEOs.

Conclusion 4. Research Question 1, Subquestion 4 asked: "*What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health seeking behaviors?*" Literature (Zelig, 1988) and the study participants confirm the importance of early intervention and proactive psychological services. At the core of this study was first responders' and specifically LEOs underutilization of counseling services (Berg et al., 2006; Lamb et al., 2002; Meyer, 2001; Shallcross, 2013). The study findings led to the conclusion wherein the simple existence of a counseling program for LEOs is not enough to encourage their participation. Organizations must actively promote, endorse, and model the importance of wellness if LEOs are going to overcome decades of stigma and stereotypes. A vital component of effective counseling programs will involve imbedding autonomous, culturally competent counselors into the

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subculture by allowing them to assist LEOs at any time, including at the scene of a traumatic event.

      Conclusion 5. Research Question 1, Subquestion 5 asked: "*What are the impacts of the promoting and/or limiting factors affecting LEOs seeking mental health assistance?*" The literature and data collected from this study lead to the conclusion how the psychological and psychosomatic effects LEOs often experience are directly related to the specific subculture barriers to counseling, leaving LEOs devoid of viable coping mechanisms to combat the stressors of the profession (Acosta et al., 2014; Karakiliç, 2007; O'Hara et al., 2012; J. M. Violanti, 1995). The prevalence of LEOs who engage in self-destructive behaviors is rooted in their perceived inability to ask for help due to fears of being labeled as weak. In most professions, employees would vacate any position causing them undue stress or affecting their health. However, though ideal for some LEOs, leaving active law enforcement is often not an option because most LEOs cannot envision doing any other job and or envision what life would look like if they were no longer LEOs. The law enforcement community will need to address the aforementioned organizational and personal factors to mitigate the psychological and physical impairments LEOs experience as a result of failing to deal with stress and trauma.

Research Question 2

      Research Question 2 asked: "*What recommendations do mental health professionals have for promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities?*"

      Conclusion 6. Participants offered recommendations to make counseling more accessible for LEOs based on decades of trial and error and personal anguish and

experiences. The core of the recommendations involved educating everyone within the law enforcement community on the benefits and process of counseling. Participants emphasized the importance of educating the law enforcement community on the mental process, on mental health statistics, and on the effects of stress and trauma to dispel misinformation. The policing profession is a highly trauma sensitive field. Consequently, LEOs are not impervious to mental health statistics. Ten million Americans (1 in 5 adults) have a mental illness, and 90% of people who died by suicide had an underlying mental illness (NAMI, 2015).

Awareness of these areas will benefit LEOs physical, psychological, and spiritual wellness and their work-life balance, which are essential elements to altering the culture and the futures of countless LEOs (Carter, 2011). The education aspect also applies to future and current clinicians, chaplains, peers, and EAP members, who have to strive to become and remain culturally competent, vested partners of this population. The law enforcement and mental health communities will need to work together to alter the emerging psychological trends in policing. Participant 9 summed up Gordon Graham's message: "*If it's predictable, it's preventable.*"

<div align="center">**Implications for Action**</div>

The following section addresses the implications of this study and the actions the law enforcement community, the mental health community, and policymakers should consider to promote psychological awareness and wellness for LEOs. Based on the literature and the findings and conclusions from this study, the following implications for actions were recommended to improve the overall wellness of LEOs and their families.

Chiefs Lead the Way

Much of the literature on leadership and sustainable change is targeted at leaders of industries and organizations, specifically addressing the need for leaders to model the desired behavior they expect from their staff. The participant's recommendations from this study were mainly directed at law enforcement leaders based on their influence over the culture and for creating and defining what is considered acceptable behavior within a law enforcement organizations. To alter this subculture's views of counseling and the alarming suicide statistics, law enforcement leaders will need to elicit advice from professionals outside of their biased delegation to find the resources they need. Additionally, in order for law enforcement leaders to fully understand the counseling process and programs under their command, it was recommended these leaders be mandated to attend counseling and/or peer group sessions to experience the process first hand. Attending a counseling session will assist leaders gain insights and be well versed in the available services and model the help seeking behaviors for subordinates.

In most law enforcement agencies, the leader, chief, or sheriff is a single person assisted by a handful of captains or sergeants. These leaders do possess the authority to influence or demand change, but they also lack daily, direct contact with every LEO under their command. In addition to cultural change flowing from the top down, an issue like psychological wellness must also begin at the LEO level and work to match the leader's efforts somewhere in the middle.

Based on LEOs frequent contact with each other, they would be among the first to notice a change in the mood or demeanor of a fellow officer after an emotionally taxing event or if relationship issues arise. The "thin blue line" mentality needs to encompass an

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open, honest dialogue through which LEOs can tell one another about issues they are combating while knowing when to call on a professional counselor for assistance with matters beyond their preparedness. Additionally, LEOs need to take an honest approach when faced with a fellow officer who likely should not be armed and on duty due to a psychological or physical ailment.

Introduction to Mental Health Services at the Academy

Because research indicates how the newest LEO begin their indoctrination and assimilation into the police culture during the police academy, the police academy must include a greater emphasis on the realities of stress and trauma in the profession as well as a greater emphasis on educating new LEOs about counseling, including introducing them their counseling staff (peers, chaplains and clinicians). There are many benefits to giving new LEOs a sense of confidence in their newly acquired skills and knowledge, but there are also dangers to instilling a sense of invincibility or imperviousness to injury. What is needed is honesty without instilling fear. LEOs need to be educated on normal responses to horrific situations, and they need to be told how "*it's ok to be ok*" (Participant 1) if they do not have a negative response to trauma. Introducing the available counseling services and staff at the academy is the initial step needed to build a relationship between LEO and counselor before a traumatic events occurs.

Participants' responses highlighted the role significant others play in LEOs health, and the participants noted that LEOs spouses often have little to no resources to assist them with their LEOs. Based on their role, significant others should also attend some of the seminars and training with their LEOs at the academy to give them a better understanding of what LEOs encounter and to introduce them to available resources and

counselors. Also, educating more LEOs on peer counseling techniques to counter the opposition of seeking out counselors can be beneficial; more LEOs would know the signs/symptoms of mental illness and when to intervene.

Lastly, researchers have placed great emphasis on teaching armed forces veterans and those in trauma sensitive professions about resilience and mindfulness. The academy would be an ideal starting point to offer these techniques and approaches to new LEOs. Resilience focuses on the psychological strengths necessary to cope with traumatic encounters (Flach, 1989). Mindfulness is centered on coping strategies rather than on trying to control the negative thoughts generated from an event, which means acknowledging their thoughts and emotions (Bishop et al., 2004).

First Responder Resources and Retreats

According to studies, the United States has more police departments per capita than any other nation in the world, with roughly one million full-time officers to serve a national population of 322 million people (BJS, 2016; Bohm & Haley, 2005; U.S. Census Bureau, 2016). Although there are nearly 20,000 police departments nationwide, there are only two main independent off-site programs offering assistance to first responders: the On-Site Academy in Massachusetts and the West Coast Post-trauma Retreat in Northern California. These two retreats are in such demand, there is often a six to nine month waiting list for a responder to get into a retreat. Based on the statistical data on police suicide and the impacts of a first responder profession, there needs to be greater support so more LEOs have access to these types of retreats.

The literature and study participants reiterated how the federal, state, and local agencies recognize the need for both preventive and post-traumatic treatment for LEOs.

In addition to the need for greater knowledge and awareness of mental health resources for LEOs is the need for a greater allocation of funding to support the expansion of the available resources, retreats and training at all levels of government, nationwide as well as regionally to ensure timely counseling is available for LEOs and their families.

Because first responders and soldiers share many personality traits, there appears to be an avenue for counseling agencies to form an alliance with members of both professions and to serve both communities as they combat the psychological impacts of fighting wars abroad and fighting crime domestically.

Lastly, based on mental health concerns for LEOs being a nation-wide phenomenon, greater emphasis, direction and legislature from the highest level of government is needed in order for proper implementation of viable programs at each level of law enforcement. For example, most law enforcement agencies require periodical or annual physicals for LEOs to deem them fit for duty. If there were similar requirements for LEOs to attend a counseling session periodically or annually, this would offer continued preventative maintenance established and building off of the introduction at the academy and in-service styled training events. While requiring LEOs to attend periodic counseling sessions may be resisted, it would offer LEOs the opportunity to talk with a counselors and it offers LEOs an avenue to counseling which would not require the LEO to make themselves vulnerable by actively seeking out assistance.

Culturally Competent Counselors

The literature and participants attest to an ongoing shortage of culturally competent counselors assisting LEOs as well as a high burnout rate for counselors. Aside from recommending counselors be imbedded into the policing culture and train with

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LEOs to better understand the culture and build trust, LEOs who are retiring or leaving active armed law enforcement service should be recruited, retrained and retained to serve as counselors for LEOs. These retirees and former LEOs bring with them an understanding, knowledge, training and history within the law enforcement community which would take many outsiders years to acquire.

For example, the DoD's contribution to the teacher shortage in America was to create a program for veterans called Troops to Teachers to fund the education and certification needs of veterans transitioning into K-12 education. Creating a similar incentive initiative (e.g., Cops to Counselors) could be a viable solution to solving the shortage as well as allow LEOs leaving active service the ability to continue serving their sub-culture and the community. Additionally, these LEOs would have pre-established credibility with this special population and would already understand the culture and associated barriers. Several participants expressed how in reality, some LEOs will never be returned to duty after a traumatic event and the loss of their culture is overwhelming. Offering these LEOs an opportunity to be retrained and assist the subculture they are vested in, not only offers a solution to the counselor shortage, but it also has the potential to rectify LEO's perceived organizational abandonment as reported by the participants.

Counselor's Autonomy

Many of the chaplain, peer, and clinician programs law enforcement organizations offer have the appearance of being extensions of leadership's influence. Leaders and organizations must be mindful of the appearance counselors might be reporting which LEOs sought assistance or which ones are suffering from a psychological matter. This appearance could be based on (a) where the counselors' offices are located; (b) their close

personal relationships with leaders, administrators, and human resources; and (c) whether or not the counselors directly work with or report to the leader. Leaders need to trust counselors to report mandatory situations, but they also need to ensure the integrity and confidentiality of counseling programs is upheld.

Recommendations for Further Research

The following are recommendations for future research on LEOs and first responders help seeking behaviors:

Recommendation 1

The data from this study revealed how the special populations of first responders (LEOs, emergency medical technicians [EMTs], and fire services) have their own roles at shared traumatic events; however, each responds differently. A replication study on EMTs and a separate study on fire services exploring the factors affecting their help-seeking behaviors would generate valuable comparative data for first responder leaders and for the mental health communities servicing these responders.

Recommendation 2

It is recommended the law enforcement and mental health communities be provided with data on the impact and effectiveness of internal and external counseling programs. Specifically, a study could be conducted investigating the services offered by WCPR and On-Site Academy with a focus on analyzing the types of services provided, the effectiveness of their services, and the number of first responders who attended. Data from this type of study could be used as a model, as a means to dovetail into local programs, and as a way to justify the need for more or fewer related programs.

Recommendation 3

To fully understand the prevalence of police suicides, a greater emphasis needs to be placed on the accuracy of the statistics documenting this occurrence, while factoring all the aspects at play affecting the accuracy of how these deaths are reported. Additional research would need to be conducted using the Federal Bureau of Investigations Uniform Crime Reporting Statistics as well as public records tracking morbidity rates of LEOs. The statistics would provide law enforcement leaders, the mental health community as well as LEOs with accurate suicide statistics affecting this population of society.

Recommendation 4

Countless studies have been conducted to discover why LEOs do not seek mental health assistance more frequently. However, due to the untrusting nature of LEOs, many researchers were unable to gain access. A study exploring LEOs significant others' perceptions of barriers to seeking assistance and their awareness of available services would offer a divergent view of the phenomenon of LEOs underutilization of mental health services.

Recommendation 5

A replication study utilizing a descriptive, mixed-methods research design should be conducted, wherein the combination of methods would allow the research to balance the data collection. A mixed-methods approach would allow the analysis of a greater volume of data from surveys and provide comparative data from interviews.

Recommendation 6

A replication study should be conducted at various other major U.S cities to expand the geographic area of elicited data, which could be used to compare and contrast the different and similar needs of LEOs.

Recommendation 7

A replication study should be conducted with the counselors affiliated with the On-Site Academy to compare to the results of this study, which targeted volunteers from WCPR, which was modeled after the On-Site Academy. This study's findings could be compared to the responses from the On-Site Academy counselors to establish greater generalizability of the findings.

Recommendation 8

A study using the same study population of WCPR volunteers to identify and describe what regular, periodic, ongoing programs of preventive counseling would look like and how these programs would be implemented and sustained.

Concluding Remarks and Reflections

"Hero: an ordinary person facing extraordinary circumstance and acting with

courage, honor, and self-sacrifice"

-Unknown

The goal of this study was to identify and describe mental health professionals' perceptions of the personal and organizational factors affecting the mental health help-seeking behaviors of LEOs. The researcher hoped to identify the impacts of these "extraordinary circumstances," the ways in which LEOs dealt with the hazards of the policing profession, and the factors influencing them to seek or refrain from seeking

assistance. Research indicates how despite the availability of counseling services to LEOs, police significantly underutilized these services compared to other first responders. The law enforcement and mental health communities must be aware of these statistics and the ways in which underutilization of these services impacts the wellness of LEOs. Further examination of this topic could aid law enforcement leaders and mental health counselors ensure LEOs needs are being met.

This study was focused on only a few of the many topics to be explored to better understand the phenomenon of LEOs underutilization of counseling services. The information gained in this study revealed vivid descriptions of just a few of the many debilitating barriers LEOs encounter when determining whether or not to seek assistance.

Although many people view first responders as heroes or as having a special pedigree, they are not impervious to psychological or physical injuries. There is an expectation for first responders to take and remain in control during extraordinary circumstances, while everyone else is allowed to run away. These same responders are subsequently not allowed to have the same emotional responses as others involved in the same event. Society expects these men and women who put on uniforms and badges to protect our communities and to flawlessly execute their duties with little to no room for human error or long-term impact to their psyches.

Societal expectations of LEOs continue to rise, a phenomenon that further expands the roles of what now falls under the umbrella of policing. Modern LEOs are routinely experiencing situations they were not trained to address, but the expectation is for them to respond flawlessly. Under these conditions, officers are required to make spot decisions with minimal information, but the impacts of these decisions on the

community, on the LEO, and on their families lasts forever. In the current climate, every interaction LEOs have with the public is now being recorded by either officer-worn cameras or by private citizens. Essentially every moment on duty is carefully analyzed, reinforcing the demand for LEOs to respond with perfection. Unfortunately, the media frequently only broadcasts the negative interactions or the times during which the LEOs actions appear to deviate from what is deemed acceptable today.

Over the past few years, several highly publicized officer-involved shootings and police brutality have sparked public scrutiny of police tactics and an outcry declaring these shootings and actions were race related. Analysis of several of these officer-involved shootings and brutality matters revealed they were not racially motivated, but rather the officers involved were suffering from stress-induced hypervigilance stemming from a family or work related matter prior to the incidence (Martnelli, 2010; Miller, 2007). In today's social climate, an LEOs mental wellness must be at the forefront of the law enforcement community's priorities because wellness influences decision making, hypervigilance, and paranoia.

More than ever before, it is vital for law enforcement organizations and leaders today to ensure LEOs are provided with all of the tools, services, and support to counter the stressors and trauma inherent to the policing profession, because every tactic, public encounter, and use of force situation makes national news. The future of how law enforcement is perceived will first be judged by how its officers' personal needs are being tended to and second by this nation's citizens, who judge the profession based on how well the LEOs serve their communities.

If nothing else comes of this study, my hope is that LEOs will strive to educate themselves and others on achieving and maintaining wellness. LEOs who have had positive, life altering experiences with counseling will need to be vocal and share their experiences to grant "permission" to other LEOs to seek counseling and to slowly chip away at the masculine culture's customs and tenets.

In closing of this chapter and of my doctoral journey as a career first responder, this research study has been humbling, inspirational, and fulfilling. I truly enjoyed and will always treasure the dialogue and stories these 15 participants shared with me on their lived experiences and on the current state of the policing profession. To the 15 dedicated counseling professionals who graciously agreed to be a part of this study, the first responders you serve and I are indebted to your selfless commitment to an often thankless role. May this study highlight your gallant efforts and contributions to the field.

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Interview Protocol and Script

The primary focus of this study are those factors affecting Law Enforcement Officer's (LEO) seeking mental health assistance using the theories of help seeking behaviors and planned behavior as the foundational theory of this study. By focusing on the elements and factors that affect help seeking behaviors and planned behavior, this study intends to elicit perceptions and lived experiences of those dedicated to assisting LEOs with mental health matters, i.e. clinicians, chaplains and peer-group leaders. These interviews aim to identify and generate an accurate picture of the potential barriers and items promoting LEOs to seek assistance from the lens of the counselor. There may be additional follow up questions asked of the participants to clarify their responses or to define terms used in responses.

Interviewer: Vince Haecker

Interview time planned: Approximately 45-60 minutes

Interview place: Various Locations in Northern California

Recording: Digital Audio Recorder

Opening Comments: Based on the call, email, or flyer you received, you understand this study is to identify and explore the factors affecting the help seeking behaviors of LEOs. I would like to thank you for your participation in this study. Information and themes from this interview will be included in my dissertation. For privacy concerns, your identity and any sensitive information disclosed will not be revealed and will remain confidential. Although you have signed the consent form to participate in this study, you may elect not to answer certain questions or withdraw your consent at any time. Do you have any concerns or questions before we begin?

[Pass out informed consent forms].

The document I am passing out is an informed consent form. It explains much of the information I just shared, as well as outlines the potential risks and benefits for your participation. Please take a moment to read over the form. If you agree to participate, please sign consenting to participate. If you do not wish to sign the form or continue with the study, just let me know.

[Collect the signed forms].

Before we get started, I would like to ask your permission to record the interview. The recording will be used to ensure I capture an accurate representation of your experiences. Again, no names will be shared and the use is solely for my research purposes.

[Obtain permission to record. Turn on recorder if granted.]

Biographical Questions
What is your counseling role (clinician/counselor, chaplain or peer-group leader)?
How many years have you assisted LEOs?
Do you counselor other first responders as well?
What level of government LEO have/do you assist?
What information/services do you offer LEOs?

What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?
-What, in your opinion, is the personal factor promoting LEOs to seek mental health assistance?
-What additional factors promote or create an environment encouraging LEOs to seek mental health assistance?
-How did you come to the conclusion about these promoting factors you provided? i.e. advised by LEOs who sought assistance, personal observations, told by fellow counseling professionals, etc.

What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?
-What, in your opinion, is the main personal factor acting as a barrier to LEOs seeking mental health assistance?
-What other personal factors act as barriers or roadblocks to LEOs who are contemplating seeking mental health assistance?
-How did you come to the conclusion about the factors you provided? i.e. were advised by LEOs, personally observed, were told by fellow counseling professionals, etc. (To address this issue, the participants were asked if LEOs expressed not seeking care for prior events/issues and the factors that may have precluded their seeking assistance.)

What are the perceived organizational factors (policies, programs, campaigns) acting as either barriers or promoting LEOs mental health seeking behaviors?
-What if any are the organizational factors, procedural and/or programmatic elements that are factor in to LEOs seeking assistance?
-Are there advocates, informational campaigns, programs, policies, etc. that promote LEOs to seek mental health assistance?
-Are there positions, programs, policies, etc. that act as barriers to LEOs seeking mental health assistance?
-How have these factors been brought to your attentions? i.e. were advised by LEO leaders, personally observed, were told by fellow counseling professionals, read policies, etc…
-What are the root causes of some of the barrier that you perceived or observed?

What are the impacts of the promoting and limiting factors affecting LEOs seeking mental health assistance?
-Based on factors you provided that promote or act as barriers to LEOs seeking assistance, what are the impacts on the LEOs mental health?

-What impacts do the factors you offered have on the law enforcement community?
-What impacts do the factors you offered have on the mental health community?

What recommendations do mental health professionals offer to reduce barriers and promote awareness and support for health seeking behaviors within both the mental health and law enforcement communities?
-What recommendations would you offer to law enforcement leaders or mental health professionals and their respective communities to promote mental health seeking behaviors of LEOs?
-What advice would you offer to LEOs regarding the process of seeking mental health assistance?
-What advice would you offer to fellow LEO counselors or those embarking on a career to assist LEOs with mental health matters?

Closing Comments: Again I want to thank you for volunteering and participate in this study. Before we conclude are there any additional comments of thoughts you would like to add to this discussion that you feel are relevant, but were not addressed?

Literature Synthesis Matrix

Sources	Historical Attitudes Towards Mental Illness	General Attitudes Towards Mental Health (MH)	Stigmas Effect on Help Seeking Behaviors	Societal Attitudes Towards Mental Health	Help Seeking Behaviors & Factors and/or Barriers	Impacts of Stress & Trauma	Resistant to Seeking MH Assistance by Society	Negative Affects: Suicide, Depression, Self-medicating	LEOs Attitudes on Mental Health Assistance	Subculture of LEOs Effects MH Seeking Behaviors	Effects if MH Treatment is not sought by LEOs	LEOs Exposure to Risk, Danger, Trauma & Stress	LEO's Sense of Invulnerability and Control
Corrigan, P. (2004)	*	*	*	*	*		*						
Karaffa, K. & Tochlov, K. (2013)		*	*					*	*	*	*	*	
Karaffa, K. (2012)		*	*			*		*	*	*	*	*	
Cornally & McCarthy (2011)				*	*	*	*						
Acosta et al. (2014)		*		*			*		*				
Rickwood & Thomas (2012)				*	*		*						
Hoge et al. (2013)			*		*		*						
Janowitz (1964)						*		*		*		*	*
Walker & Katz (2012)										*		*	
Rothberg & Wright (1999)						*						*	
Perez (2010)										*		*	
Langworthy & Travis (2003)						*		*		*		*	*
Bacon (2014)								*		*	*		*
Crank (214)										*	*		*
Crank (1998)										*		*	
Möller-Leimkühler, 2002)			*				*			*		*	*
Pescosolido (2013)		*	*		*								
Pescosolido & Olafsdottir (2010)		*	*		*								
Myers (2004)		*									*		
Parry (2006)	*	*		*									
Husted et al. (1995)								*	*				
Herman (2015)	*	*	*	*									
Ajzen (1991)					*	*	*						
O'Hara et al. (2012)			*	*	*	*		*	*	*			
National Alliance of Mental Illness (2013)	*	*	*	*	*		*		*				
Zola (1973)					*	*	*						
Kessler et al. (2005)	*	*		*									
Insel (2013)		*		*	*		*						
Carlier & Gerson (1992)						*						*	*

Zelig (1988)					*	*	*			*	
Carlier, Lambert & Gersons (1994)					*				*	*	
Tucker (2015)					*	*	*	*	*		
Vogel, Wade & Hackler (2006)	*	*	*	*	*		*				
Komrad, M. (2012)	*	*	*	*		*	*				
Montross, C. (2013)	*	*	*	*	*		*				
Ferrell & Hamm (1998)								*		*	
Shorter, E. (1997) (B)	*	*	*	*	*	*					
Lamb, Weinberger & DeCuir (2002)		*		*	*	*	*	*	*	*	
Carlat, D. (2010)	*	*		*		*					
Wahl, O. (2012)		*	*		*	*					
Carter (2010)	*	*	*	*	*	*	*	*			
Perez, D. (2010)		*		*	*					*	*
Skolnick, J. (1975)					*		*	*		*	*
Violanti (1981)					*		*	*		*	
Violanti (1995)				*	*		*	*	*	*	*
Violanti & Paton (1999)	*			*	*		*	*	*	*	*
Violanti & Aron (1994)					*			*		*	
Hacket & Violanti (2003)								*		*	
Violanti et al. (2016)							*	*		*	
Gilmartin (2002)					*	*		*	*	*	
Gharibian (2015)		*		*	*	*	*	*	*	*	*
Mojtabai (2007)		*		*	*		*			*	*
Paton & Violanti (1996)				*	*		*	*	*	*	
Henry (1995)					*		*	*	*	*	*
Mitchell-Gibbs & Joseph (1996)					*	*	*	*		*	*
Lazarus (1983)			*	*	*						
Lazarus & Folkman (1984)		*			*	*					
Ferguson (2004)			*				*	*		*	
Herman (2015)	*	*		*	*	*			*		
Ajzen (2011)	*			*		*					
Kirschman, Kamena & Fay (2014)				*	*	*	*	*	*	*	*
Shallcross (2013)											
Sink (2015)		*		*	*			*			
Skolnick (2011)			*		*	*	*	*		*	
Solomon & Horn (1986)					*		*	*	*		
Niederhoffer (1968)							*	*	*		
Bureau of Labor Statistics (2013)										*	

APPENDIX C

BUIRB Action Form

BRANDMAN University Chapman University System

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD
IRB Application Action – Approval

Date: 8-7-16

Name of Investigator/Researcher: Vincent M. Haecker

Faculty or Student ID Number: B00465281

Title of Research Project:

A Qualitative Study on the Factors Affecting Mental Health Seeking Behaviors of Law Enforcement Officers

Project Type: ☑ New ☐ Continuation ☐ Resubmission

Category that applies to your research:
- ☑ Doctoral Dissertation EdD
- ☐ DNP Clinical Project
- ☐ Masters' Thesis
- ☐ Course Project
- ☐ Faculty Professional/Academic Research
- ☐ Other: _____

Funded: ☑ No ☐ Yes _____
(Funding Agency; Type of Funding; Grant Number)

Project Duration (cannot exceed 1 year): 90 days

Principal Investigator's Address: 5021 Brandon Oaks Lane, Carmichael, CA 95608

Email Address: vhaecker@mail.brandman.edu Telephone Number: (916) 248-9761

Faculty Advisor/Sponsor/Chair Name: Dr. Phil Pendley

Email Address: pendley@brandman.edu Telephone Number: (951) 712-2065

Category of Review:

☐ Exempt Review ☑ Expedited Review ☐ Standard Review

Brandman University IRB Rev, 11.14.14   Adopted   November 2014

☑ I have completed the NIH Certification and included a copy with this proposal

☐ NIH Certificate currently on file in the office of the IRB Chair or Department Office

Signature of Principal Investigator: Vincent M. Haecker _Digitally signed by Vincent M. Haecker DN: cn=Vincent M. Haecker, o, ou, email=vhaecker@mail.brandman.edu, c=US Date: 2016.08.05 19:41:26 -07'00'_ Date: 8-7-16

Signature of Faculty Advisor/ Sponsor/Dissertation Chair: Dr. Phil Pendley _Digitally signed by Dr. Phil Pendley Date: 2016.08.05 09:18:18 -07'00'_ Date: 8-7-16

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD
IRB APPLICATION ACTION – APPROVAL
COMPLETED BY BUIRB

IRB ACTION/APPROVAL

Name of Investigator/Researcher: Vincent M. Haecker

☐ Returned without review. Insufficient detail to adequately assess risks, protections and benefits.

☐ Approved/Certified as Exempt form IRB Review.

☐ Approved as submitted.

☑ Approved, contingent on minor revisions (see attached)

☐ Requires significant modifications of the protocol before approval. Research must resubmit with modifications (see attached)

☐ Researcher must contact IRB member and discuss revisions to research proposal and protocol.

Level of Risk: ☐ No Risk ☑ Minimal Risk ☐ More than Minimal Risk

IRB Comments:

> 1 – Provide BU IRB with a letter (or email) from Dr. Mark D. Kamena at the West Coast Post-trauma Retreat (WCPR) Center, approving your partnership in this effort to screen and acquire participants for the study.
> 2- Discuss with chair and consider determining a location for the in-person interviews with those selected from WCPR as noted in your BU IRB application.
> For example, instead of suggesting that you will meet with the study participants "at a location of the participant's choice, offering them a safe, neutral environment," consider working with the WCPR to use a space on their site, a Brandman University classroom, or an alternative local public facility such as a library or like location.

IRB Reviewer: Dr. Jalin Johnson   Digitally signed by Dr. Jalin Johnson DN: cn=Dr. Jalin Johnson, o=Brandman University, ou=IRB Member, email=jbrooks@brandman.edu, c=US Date: 2016.08.23 13:53:21 -07'00'

Telephone: _____   Email: jbrooks@brandman.edu

BUIRB Chair: Dr. Douglas DeVore   Digitally signed by Dr. Douglas DeVore DN: cn=Dr. Douglas DeVore, o=Brandman University, ou=BUIRB Chair, email=ddevore@brandman.edu, c=US Date: 2016.08.23 13:54:21 -07'00'   Date: 8/18/16

REVISED IRB Application ☑ Approved ☐ Returned

Name: Doug DeVore

Telephone: 623-293-2421   Email: ddevore@brandman.edu   Date: September 2, 2016

BUIRB Chair: Douglas DeVore   Digitally signed by Douglas DeVore DN: cn=Douglas DeVore, o=Brandman University, ou, email=ddevore@brandman.edu, c=US Date: 2016.09.02 13:11:29 -07'00'

Brandman University IRB Rev, 11.14.14   Adopted   November 2014

Informed Consent and Confidentiality Form

RESEARCH STUDY TITLE: Factors Affecting Mental Health Seeking Behaviors of Law Enforcement Officers

Brandman University
16355 Laguna Canyon Road
Irvine, CA 92618

RESPONSIBLE INVESTIGATOR: Vincent M. Haecker, Doctoral Candidate

TITLE OF CONSENT FORM: Research Participant's Informed Consent Form

PURPOSE OF THE STUDY: The purpose of this qualitative phenomenological study is to identify and describe personal and organizational factors promoting and/or limiting Law Enforcement Officers (LEOs) seeking mental health assistance following a stressful/traumatic event from the perspective of the mental health professional. This study explores the lived experiences of the participants and captures their rich narratives to describe the factors LEOs may encounter when seeking mental health assistance. Additionally, study participants will be elicited for recommendations to reduce barriers and promote awareness and support for health seeking behaviors in both the mental health and law enforcement communities.

In participating in this research study, I agree to partake in an interview. The interview will take approximately 1 hour and will be audio-recorded. The interview will take place at a location of my choosing. During the interview, I understand I will be asked a series of questions designed to allow me to share my lived experiences as a mental health counselor of LEOs. Additionally, I agree to share demographic information describing my background, training and experience.

I understand that:

  a. There are no known major risks or discomforts associated with this research. The session will be held at a location of my choosing to minimize inconvenience. Some interview questions may cause me to reflect on the factors promoting or limiting mental health seeking behaviors of LEOs via my lived experiences or personal observations of the LEO population.

  b. There are no major benefits to me for participation, but a potential may be that I will have an opportunity to share my lived experiences as a mental health professional assisting LEOs. The information from this study is intended to inform researchers, policymakers, and LEOs about the factors both promoting and limiting seeking mental health assistance.

c. I understand I will not receive money for my involvement in this study.

d. Any questions I have concerning my participation in this study will addressed to Vincent M. Haecker, Brandman University Doctoral Candidate. I understand Mr. Haecker can be reached at (916) 248-9761 or vhaecker@mail.brandman.edu.

e. I understand that I may refuse to participate or withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time.

f. I understand that my interview will audio-recorded, and the recording will not be used beyond the scope of this study.

g. I understand the audio recordings will be used to transcribe the interview. Once the interview is transcribed, the audio, interview transcripts, and demographic questionnaire will be securely maintained by the principal investigator for a minimum of five years.

h. I also understand that none of my personal identifiable information will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call of the office of the Executive Vice Chancellor of Academic Affairs, Brandman University, and 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights.

I have read the above and understand it and hereby voluntarily consent to the procedures(s) set forth.

Signature of Participant or Responsible Party	**Date**

Signature of Witness (if appropriate)	**Date**

Signature of Principal Investigator	**Date**

Brandman University IRB August 2016

IRB Participant's Bill of Rights

BRANDMAN
University Chapman University System

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.

2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.

3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.

4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.

5. To be told what other choices he/she has and how they may be better or worse than being in the study.

6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.

7. To be told what sort of medical treatment is available if any complications arise.

8. To refuse to participate at all before or after the study is started without any adverse effects.

9. To receive a copy of the signed and dated consent form.

10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.

Brandman University IRB   Adopted   November 2013

APPENDIX F

Invitation Letter

**RESEARCH STUDY INVITATION LETTER
FOR MENTAL HEALTH PROFESSIONALS SERVICING LAW
ENFORCEMENT OFFICERS IN NORTHERN CALIFORNIA**

August 2016

Dear Prospective Study Participant:

You are invited to participate in a research study conducted in Northern California. The principal investigator of this study is Vincent M. Haecker, Doctoral Candidate in Brandman University's Doctor of Education in Organizational Leadership program. You were selected to participate in this study based on your role in assisting Law Enforcement Officers (LEOs) in Northern California. Approximately 15 mental health professionals (clinicians, chaplains and peer group leaders) will be enrolled in this study and your voluntary participation will take no longer than an hour. You may withdraw from the study at any time or opt not to answer specific study questions.

PURPOSE: The purpose of this qualitative phenomenological study is to identify and describe personal and organizational factors promoting and/or limiting LEOs seeking mental health assistance following a stressful/traumatic event from the perspective of the mental health professional. This study explores the lived experiences of the participants and captures their rich narratives to describe the factors LEOs may encounter when seeking mental health assistance. Additionally, study participants will be elicited for recommendations to reduce barriers and promote awareness and support for health seeking behaviors in both the mental health and law enforcement communities.

PROCEDURES: In participating in this research study, you agree to partake in an interview. The interview will take approximately 1 hour and will be audio-recorded. The interview will take place at a location of the your choosing. During the interview, you will be asked a series of questions designed to allow you to share your lived experiences as a mental health counselor of LEOs. Additionally, you will be asked for demographic information in an effort to capture your background, training and experience.

RISKS, INCONVENIENCES, AND DISCOMFORTS: There are no known major risks or discomforts associated with this research and the information being elicited is not about specific LEOs or privileged communication. The session will be held at a location of your choosing to minimize inconvenience. Some interview questions will require you to reflect on your unique lived experience and/or observations which may cause minor discomfort.

POTENTIAL BENEFITS: There are no personal benefits associated to being a study participant; however, sharing your lived experiences as a LEO counselor could

collectively contribute to this study and better inform researchers, policymakers, and LEOs about the factors both promoting and limiting seeking mental health assistance.

ANONYMITY: Records of information you provide for this study and your personal information will not be linked in any way. It will not be possible to identify you as the person who provided any specific information for the study and any potentially identifiable information you provide not be used.

You are encouraged to ask questions in order to help you understand how this study will be performed and/or how it will affect you. You may contact the principal investigator, Mr. Haecker, by phone at (916) 248-9761 or via email vhaecker@mail.brandman.edu. If you have any further questions or concerns about this study or your rights as a study participant, you may write or call the Office of the Executive Vice Chancellor of Academic Affairs, Brandman University, and 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

Very Respectfully,

Vincent M. Haecker
Principal Investigator