

BUILDING LAW ENFORCEMENT OFFICER
RESILIENCE BY IDENTIFYING BARRIERS TO
REPORTING HEALTH AND WELLNESS CONCERNS
IN OKLAHOMA

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Abstract: This exploratory, mixed methods, study was informed by the interpretivist paradigm using Grounded Theory to identify barriers to reporting health and wellness concerns to higher command by law enforcement officers. The foundational principle starts with organizational behavior in emergency services with a focus on law enforcement. Current research has documented that a law enforcement officer's resilience, and ultimately an agency's, is dependent upon a plethora of factors, one of which is health and wellness. Though law enforcement stress and trauma have been well documented, the underlying factors on officer outreach, or lack thereof, is not as investigated in the literature. Therefore, to increase an officer's resilience, one must analyze it through such identification of barriers. The study aims to "Critically evaluate the barriers to reporting health and wellness concerns to higher command experienced by local law enforcement officers in Oklahoma" employing a mixed methods approach. This used 9 field interviews with various law enforcement command at the selected agencies to identify the current programs and tactics used to increase officer health and wellness. Additionally, a series of 91 survey questionnaires were administered to different local law enforcement officers from same participating agencies in Oklahoma. The results retrieved from those field interviews were incorporated into the officer questionnaires. The analysis of data was accomplished using the Atlas.Ti computer software for the interviews, and the Statistical Package for the Social Sciences (SPSS) for the questionnaire. Findings identified current barriers experienced by law enforcement officers in reporting health and wellness concerns such as illnesses, negative coping mechanisms, mental health concerns, leadership barriers, among others, and solutions to overcome such barriers based on current best practices from an interdisciplinary approach (fire, medical services, counseling, and others). The goal is to increase officer and, overall, organizational resilience.

Key words: law enforcement, officer resilience, first responder, health, and wellness

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CHAPTER I

INTRODUCTION

The field of emergency management is comprised of a variety of entities each pursuing a mission and fostering a series of partnerships with each other (FEMA, 2020). These entities operate within five core missions of management: prevention, protection, mitigation, response, and recovery, with first responders on the frontlines of all. Prevention refers to, among others, the plans and activities of entities and individuals that ready them for an extreme event. This includes threat avoidance, stopping, or prevention actions. Protection refers to defensive actions to protect individuals and systems against manmade and natural threats. Mitigation refers to efforts taken to reduce, or eliminate, risks by increasing capacities. Response is the activation of such planning actions and activities. Recovery is a multidimensional process and refers to actions taken to restore and rebuild community routines and activities (DHS-NPG, 2015; Neal, 1997; Masterson et al., 2014). Eyre (2018) describes the members of the emergency services, also known as first-responders, as *“heroes to the extent that they deliberately enter environments of risk as part of their ordinary duties, but their actions in the context of major emergencies may attract additional attention and analysis in the following days and weeks”* (p. 114).

The heroism described by Eyre (2018) presents itself with a series of negative consequences such as intrusions into one's privacy and survivor's guilt. The intrusion of a first responder is displayed in its drawn attention from media and public scrutiny. The survivor's guilt is also a reaction from those who experience the trauma. Stets and Burke (2000) argue that the identity theory provides meaning and expectations within each role. In other words, one's membership to a role determines his/her self-view which ultimately determines their identity. Cocking (2013) differentiates first responders from the zero-responders who are spontaneous helpers present during emergencies (Cocking, 2013). The terms "first responders" emerged out of the 9/11 attacks (Rielage, 2016). First responders include fire, emergency medical personnel (EMS), and law enforcement, all operating as official institutions with legitimate roles established by the bureaucratic framework necessary for the function of any society and its private and public entities (Suratman & Baharuddin, 2015; Weber, n.d.). According to the 6 U.S. Code § 101, the term "*emergency response providers*" includes *Federal, State, and local governmental and nongovernmental emergency public safety, fire, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities*" (para. 1). Nationwide, there are approximately 29,000 fire departments, 21,000 EMS, and 18,000 police departments (NFPA, 2020; NHTSA, 2014; BJS, 2016). These numbers provide an understanding of the need for appropriate training and education to effectively mitigate, prepare, respond, and recover from disasters and emergencies. This study focuses on law enforcement as there are numerous fire and EMS-related studies but few that address the specific context of law enforcement (Ragesh et al., 2017; Rashmi et al., 2014).

The study aims to:

“Critically evaluate the barriers to reporting health and wellness concerns to higher command experienced by local law enforcement officers in Oklahoma.”

This incorporates three objectives:

1. Identify current tactics and programs to increase officer health and wellness.
2. Assess strategies to build officer resilience by exploring barriers in reporting health and wellness concerns to higher command.
3. Develop recommendations for best practices employed in other agencies that were proven to be successful and effective in building officer resilience.

The aim and objectives strive to critically evaluate the status of officer resilience, capacity, and adaptability, and those characteristics as they apply to the overall agency. The following section will examine the literature to identify scholarship associated with these objectives and provide the justification for this study. Chapters I and II will discuss the background for the research topic starting with the establishment of bureaucratic institutions, resilience and first responder organizations, first responder toll and barriers to reporting health and wellness concerns. Chapter III discusses the qualitative findings while Chapter IV discusses the quantitative ones. Additionally, each of these two chapters will present the methodology and the theoretical framework underpinning this study along with the ethical approach. Chapter V discusses the study’s most significant findings, recommendations based on best practices for law enforcement officer resilience as identified in the literature and in the study’s findings, and limitations and future research.

CHAPTER II

LITERATURE REVIEW

Officer health and wellness programs within bureaucratic organizations

To identify current tactics and programs to increase officer health and wellness, one must first discuss the history of organizations and bureaucratic institutions. These provide the basis for program implementation and execution of services within the organizational environment including law enforcement (Syafuddin et al., 2015). This section will discuss the concepts of bureaucracy, organizational behavior, and emergency services along with programs and tactics geared at increasing officer resilience.

In society, vital public services are provided by bureaucratic institutions (Suratman et al., 2015). Bureaucracies are comprised of official jurisdictional areas where agencies have established authorities in which they conduct regular activities in the form of official duties and specialized tasks (Weber, n.d.; Suratman et al., 2015). Delimited rules frame authority and establish provisional methods for fulfilling duties based on qualifications. Written documentation is at the heart of office management, the latter relying heavily on specialized training. These bureaucratic characteristics demand the full working capacity of the worker while the job is not a title but a mere service to the organization.

Entrance in such bureaucratic establishments is based upon two factors: acceptance of duty and income return (Weber, n. d.). According to Taylor (1911) the greatest prosperity can only exist as the result of the greatest possible productivity of the men and machines of the establishment. All these attributes are present in a law enforcement organization. A police department's style of leadership resembles the bureaucratic model of leadership with ranks and stratification at its core (Chae & Boyle, 2013).

Bureaucratic characteristics encompass a plethora of factors. The measurement for bureaucratic incentives involves career development rather than coercion. Increased cultural demand for protection and order strengthens the demand for bureaucratic institutions. Other bureaucratic characteristics such as technological superiority provide a reduction in material and personal costs of administration. The capitalistic market economy in the United States requires the performance of official business in a precise, unambiguous, continuous, and speedy manner. Resources are monitored and regulated through a budget. This represents an increase in cash expenditures of the public treasury. Lastly, knowledge and expertise are claims to support status with its predetermined salary and advancement (Weber, n. d.; Suratman et al., 2015).

Bureaucratic responsibilities encompass a personal as well as moral responsibility established by institutions. Accountability is relying upon the responsible party to admit and correct wrongful behavior. Accountability for public officials must be transparent because of the public they serve (Finer, 1941). Policies guiding officials evolve and may be controversial, conflicting, and ineffective at times. This calls for consideration by administrators of public sentiment and societal interests overall as part of office

responsibility. Sound decisions are at the core of administrators and sometimes this could conflict with the popular opinion as good decisions are based on sound work rules and morale (Friedrick, 1940). Deviations from the formal system can hinder organizational goals and can be avoided through systematic evaluations. This includes organizational security, stability of authority and communication, informal relationships within the organization, continuity of policy, and homogeneity of expectations (Selznick, 1948). Organizations must rely on empirical analysis and logic to evaluate their effectiveness by studying their decision-making functions (Simon, 1946). Additionally, agency response to disruption is determined by its organizational attention: either delegated by authority and the use of formal routines or centralized authority and the use of informal procedures. For example, 9/11 and Katrina changed policymakers' attention and agencies' courses of action (May & Jones, 2008).

Bureaucratic systems are comprised of hierarchical systems described as complex and divided into a series of subset systems, broken down to analyze their behaviors and relationships in the context of the overall system and its descriptions (Simon, 1962). This system is threatened by path dependence wherein the organization loses its flexibility and becomes inert and even locked in, further leading to inefficiency. Routinization of tasks can also lead to negative effects such as preventing new knowledge from entering the organization, in turn decreasing absorptive capacity (Jansen et al., 2005). This can be avoided through various actionable steps such as outside party identification of issues and recommendations for breaking the cycle (Sydow et al., 2009). A result of this process can be found in the overall homogenization comprised of coercive isomorphism, mimetic processes, and normative pressure. Coercive isomorphism is the organizational pressure

caused by external organizations they depend upon as well as cultural expectations. Mimetic processes are the mimicking of an organization's processes from another, particularly during ambiguous and uncertain times. Normative pressure is the professionalization of members by defining the conditions and methods of their work and controlling the product (DiMaggio & Powell, 1983). Sometimes competing interests of operators, engineers, and executives (stakeholders in general) can lead to a lack of improved efficiency and learning capacity on the grounds of the absence of financial return (Schein, 1996).

Organizational behavior is further characterized by cultural differences. For example, Zammuto and Krakower (1991) identify, among others, two cultures that could be used to describe law enforcement agencies today. The first is group culture where affiliation is based on norms and values that individuals embrace and comply with based on trust, tradition, and long-term commitment to the organization. The second is the hierarchical culture characterized by stability and enforcement of rules and regulations (Zammuto and Krakower, 1991). Additionally, for an organization to be self-sufficient, it must promote spontaneity for the system to find balance and flexibility under dynamic and complex conditions (Comfort, 1994). This should also be a characteristic of the law enforcement environment. These entities are representations of bureaucracies with all their inherent characteristics. One such characteristic is the need for efficiency and, as Taylor (1911) argued, prosperity is only achieved through the greatest level of productivity from people and machines. An evaluation of such productivity and barriers in its hinderance are key to managerial action and policy decisions (Mattke et al., 2007). Furthermore, an organization can become vulnerable through liabilities when different

variables interact such as inaction, action, values, and circumstances. The individual combined with a triggering agent (internal or external factor) can lead to poor outcomes (McEntire, 2004). Lack of achieving bureaucratic goals can become a threat to bureaucracy (Suratman & Baharuddin, 2015). These goals include health and wellness initiatives, protocols, training, productivity, record keeping, critical incident stress, poor leadership, etc. and any barriers to such goals can be seen as vulnerabilities that threaten bureaucratic institutions.

A bureaucracy holds the key to success in implementing quality programs. The interaction between individual and bureaucratic characteristics determines the latter's behavior. Therefore, understanding differences in characteristics will determine the ability to achieve an organization's goals (Suratman & Baharuddin, 2015). One such difference is present in the tactics that agencies implement for its officers' overall health and wellness. These can include recruiting practices, career development, retention, stress management, and training, to name a few (McAleavy et al., 2021; Gottfried, 2021). This is of utmost significance because an officer's motivation and confidence, among other characteristics, will determine the fulfillment of an organization's goals (Suratman et al., 2015).

Institutions provide services to its community through various means such as emergency management organizations and other first responders. As such, there is a constant need for identifying factors affecting organizational practices (McAleavy et al., 2021). Therefore, it is paramount that the individuals, and thus organizations, identify their vulnerabilities and implement appropriate mitigation measures. The following section will review current scholarship on related concepts such as resilience,

sustainability, and adaptability in the context of law enforcement. These concepts are part of the development of programs and tactics to promote and implement health and wellness initiatives as a response to individual and organizational vulnerability. The next section will discuss some of these vulnerabilities present in the job of a law enforcement officer.

Law enforcement physical and mental stressors

Personnel, such as law enforcement officers, is the greatest asset for an agency (OSWG, 2016). The reason being that personnel determines organizational productivity and effectiveness (IACP, n.d.; Kuecker, 2015). This job can lead to a series of challenges to the officers' long-term sustainability. Poor eating habits, night shifts, overtime hours, lack of exercise, and emotional stress are just a few of the factors that can lead officers to experience a range of short- and long-term consequences. This may include trauma, intense grief, survivor's guilt, vicarious victimization on management, event triggers, and impact of trauma on and anxiety in family members that can lead to hyper-vigilance. Stress is defined as "a person's response to a stressor such as an environmental condition or a stimulus" (Hunnur et al., 2014, p. 198). Increasing officer resilience is critical to better respond to such challenges through access to and use of tools such as emotional and physical health resources as a resilient organization creates a safer community (OSWG, 2016). Thus, both, individual and organizational resilience are critical to the execution of job duties and an effective public safety (OSWG, 2016). The benefits of officer resilience, and protocols to promote a culture of resilience and organizational resilience will now be discussed providing justification for the proposed study.

Numerous case studies such as the Dallas, San Bernardino, and Orlando shootings have uncovered the extended consequences of mass casualty incidents. These included, but were not limited to, intense grief and survivor's guilt; inability to find counselors with expertise in trauma and law enforcement; vicarious impacts of guilt and trauma; after the event, officers experienced triggers that had to be dealt with; feelings of grief and guilt that extended to all ranks not just the responding officers; and the presence of officer hyper-vigilance from the impact of trauma and anxiety in family members. Furthermore, additional risks associated with the job of a law enforcement officer and first responders have been identified: suicide, alcohol and substance abuse, self-medication, and isolation. A study on suicide by the Fraternal Order of Police (1995) found that the officer suicide rate was 22 deaths per 100,000. The Center for Disease Control found that the rate of suicides for the general population was 12 per 100,000. Thus, law enforcement officers are almost twice as likely to commit suicide compared to the general population. When analyzing specific departments, studies have found that suicide rates were up to three times higher for specific law enforcement agencies than the general population. For example, the United States Customs and Border Patrol's suicide rate was 45.6 per 100,000. In a study of the Los Angeles Police Department, findings found that their rate was 20.7 per 100,000. Regarding personal characteristics, the LAPD study found that the mean age of suicide was 38 with 70% in the rank of police officer with a mean of 13 years on the job (Jablonski-Kaye & Barone, n.d.). Suicide rates in law enforcement have seen an increase since the 1980s (Mohandie & Hatcher, 1999; Slovenko, 1999; Goldfarb, 1998). This concern is further emphasized by professionals in the field, with one such professional being Chief Casstevens. As the Chief of the Buffalo Grove Police

Department in Illinois and former president of the ICAP, Chief Casstevens expressed his concerns over the recent increase in officer suicide from 2017 to 2020 that now surpasses line-of-duty deaths. Thus, he says there is an increased need for evidence-based resilience programs (Casstevens, 2020).

Other studies showed that physical health declines with the officer's longevity and beyond the job. For example, a study found that "50% of law enforcement retirees will die from a heart disease within five years of retirement" (OSWG, 2016). The probability of an officer dying between the ages of 55-59 is 56% compared to 1.5% in the general population. A study in a Texas law enforcement agency revealed that more than 50% of its 750 officers screened for cardiovascular disease showed signs of coronary artery disease. Fitness is a challenge for law enforcement officers as well and studies have shown that 40% of officers are clinically obese in one instance and 83% of officers in a study of eight Midwestern states were overweight (BMI>25). Being physically fit will allow officers to properly handle the demands of the job such as chasing a suspect as well as last in the career (Lagestad et al., 2014; VALOR, n.d.) Estimates show that cardiovascular endurance, as one component of the physical fitness, is used in 50% of events involving use of force (Quinones, n.d.). Police work is emotionally draining, and officers need to move from one call to the next without much time for decompressing. Constant pressures on emotional ties used to maintain self-balance can weaken them and dangers such as self-medication through alcohol and other substances can lurk. The latter can further lead to impaired decision-making and overall officer safety concerns. Stressors can also be from outside the work environment such as family that can impact officer performance on the job (OSWG, 2016).

According to the Commonwealth Fund, approximately \$260 billion are lost on health-related problems yearly in the United States for a total of 405 million days of work (Davis et al., 2005). The cost annually, per officer, from poor physical and psychological health and loss of productivity is estimated around \$4,489 (Johnson, 2016). Thus, the need for identifying remedies for such losses are acknowledged by employers and policymakers alike. Though research has identified a plethora of methods for measuring productivity, the ability to validate such measures remains difficult to accomplish. However, there are numerous studies that measure such a concept by accounting for individual characteristics. Some researchers focused on providing a more in-depth picture of loss of productivity by analyzing the concept of presenteeism in addition to absenteeism. This is where a worker is present at work but functions in a limited capacity. Mattke et al. (2007) performed an analysis of 17 survey instruments that assessed issues such as absenteeism and presenteeism. Though the former is more quantifiable in terms of days missed from work, the latter seems to be more challenging to assess. Approaches included: (1) assessment of perceived impairment, (2) comparative productivity, and (3) estimation of unproductive time while on the job. These approaches used tools such as the Health and Productivity Questionnaire, Health and Work Questionnaire, Stanford Presenteeism Scale, Work Limitations Questionnaire, Work Productivity, and Activity Impairment Questionnaire, and Work Productivity Short Inventory. These tools are comprised, typically, of 10-point Likert scale questions that range in answers from “worst performance” to “best performance” (Mattke et al., 2007, p. 214). As Mattke et al. (2007) argue, each approach comes with its challenges such as lack of validation or monetarization value. Some of the tools used to measure

performance include the human capital approach (HCA) that considers the employer's contribution to firm outcomes concerning his/her salary, team production model (TPM) as an extension to the HCA, though it falls short at accounting for the interdependence of job functions in the modern world. Interdependence refers to criteria such as employee replacement, teamwork, and time sensitivity. Thus, the friction cost method (FCM) was used to overcome such a gap by estimating the actually lost production (ALP). However, all these approaches limit the analysis to individual-level characteristics also known as introspective models. Attempts have been made to incorporate organizational-level methods since certain costs might be intangible and are measured through individual perceptions. This would be the case for a manager who perceives productivity based on other factors outside monetary ones. In the end, empirical evidence is lacking (Mattke et al., 2007).

A study by Andersen et al. (2015) discussed the importance of officer resilience to increase officer performance and personal resilience. For instance, officers in the control group who did not participate in any resilience training scored lower on personal resilience and job performance compared to experimental group. Accordingly, the latter group had better stress-related outcomes such as heart rate, recovery time, and stress - hormone cortisone levels (Andersen et al., 2015). Therefore, an agency must incorporate resilience techniques in its training and exercises planning as a mitigation factor on the impact of stress and trauma. These types of research studies are highly needed to further discuss the appropriate type of techniques for resilience training and their implementation.

These challenges such as maintaining officer health and wellness, increasing organizational behavior in terms of productivity, and reducing the impact of stress and trauma on everyone within the agency and their families, are further exacerbated as agencies try to balance public demand for transparency and officer's need for privacy especially during on-going investigations of critical incidents. UNHCR (2015) defines a critical incident as a "A critical incident is a sudden, unexpected and overwhelming event, that is out of the range of expected experiences" (para. 1). Agencies might be challenged by black swan events (i.e., Sen Bernardino PD shooting, budget crisis, and logistics). These are events that are difficult to predict due to lack of prior occurrence (Yarovaya et al., 2021). Other identified challenges include finding counselors trained in trauma and experienced in working with law enforcement; identifying evidence-based programs; promoting such programs in a masculine profession; overcome stigma and other concerns; and eliminating the fear of lack of privacy in speaking with counselors. The OSWG group (2016) encourages agencies to discourage officers from going to the bar and discussing incidents among themselves because it could turn into self-medication, negative perceptions, and groupthink. Benabou (2013) defines groupthink as "a pattern of thought characterized by self-deception, forced manufacture of consent, and conformity to group values and ethic" (p. 430). Furthermore, this so-called "choir practice" after work socialization events can lead to agency liability. For example, a Michigan court case upheld a worker's claim that his alcoholism was due to the "unique circumstances of the employment that shaped the course of his disease" (Collins, 2020, p. 14). In *Bilben v. City of Wheaton*, a court of appeals ruled that a person cannot be denied unemployment benefits when one showed "reasonable efforts to retain employment" but was unable to

because of a serious illness such as chemical dependency (p. 14). In *City of Lindsay v. Worker's Compensation Appeals Bd.*, the court expressed the presence of police officer's permanent disability was not in absence of the work stress as noted by the testimony of the psychiatrist. This was measured based on the officer's lack of psychiatric problems prior to the beginning of the police work compared to the time of his disability claim. Furthermore, in *Berglund v. Kozlak's Royal Oak Rest. Inc.* awarded the claim of chemical dependency for unemployment benefits upon the claimant's efforts to seek cognitive behavioral therapy for her alcohol dependency. These cases show the need for agencies to consult with their legal counsel and psychiatrists to better understand state and federal in cases involving claims of alcoholism and injuries on the job. Furthermore, agencies are encouraged to build a comprehensive employee assistance program (EAP) encompassing access to a psychiatrist or psychologist and peer-to-peer programs (Collins, 2020).

First responder resilience

The interaction of characteristics mentioned earlier between the individual and internal and external factors can lead to poor outcomes (McEntire, 2004). Whether vulnerabilities are created by manmade events such as the September 11 attacks, or natural sources such as Hurricane Katrina, Kobe earthquake, or a combination of both as seen in the Fukushima disaster, and others have demonstrated the need of a nation to prepare against such vulnerabilities (Masterson et al., 2014). Therefore, these interactions require appropriate steps to prepare against or minimize consequences from adverse events (DHS, 2021). The overall process is focused on building resilience.

Resilience

Resilience can be defined in different ways depending upon the discipline (Masterson et al., 2014). The Department of Homeland Security (DHS) states that *“resilience is the ability to not only withstand...but quickly recover from, adverse events”* (DHS, 2021, para. 2). This is further emphasized in FEMA’s vision stating its focus on a prepared and resilient nation (FEMA, 2020). According to Masterson et al., 2014, resilience can be *“measured by the amount of shock a system can absorb and the rapidity with which it rebounds after shock”* (p.25). These events/shocks can be manmade and/or natural. A resilient system is then one with a capacity to learn from those events and adapt accordingly (Masterson et al., 2014).

Capacity and adaptability in resilience

Manyena et al. (2011) differentiate between bouncing forward from a disaster compared to bouncing back. The former concept acknowledges the capability of change after disasters; thus, resilience is defined as the ability to bounce forward from an event. Furthermore, Paton and Johnston (2006) argue that *“a measure of people and society’s resilience is expressed in the ability of people to adapt to a changed reality and exploit new opportunities”* (p. 8). This includes specific qualities of people and societies to cope with external stressors (Buckle et. al., 2000). These dimensions of resilience focus on the ability to absorb and sustain an impact, promptly recover, and diminish future vulnerabilities through proper adaptive strategies, all in the context of capacity known as available capital to act in adverse events. The types of capital include social, economic, physical, and human. According to Masterson et al. (2014), social capital includes networks, norms, and social trust; economic includes financial resources; physical is the

built environment; and human capital refers to the labor force that can work. Out of all, human capital in the form of health, physical ability, knowledge, and skills, is believed to be the greatest determinant of disaster resilience. When individuals collect these capitals, the organization and community prosper (Masterson et al., 2014). The following section will describe the characteristics of individual and organizational resilience.

Individual and organizational resilience

Individual resilience can be made or broken by management and individual resilience is built within the organizational environment (Kuntz et al., 2017; OSWG, 2016). The culture of resilience promoted by the agency is comprised of a series of activities fused under a common mission. A resilient organization supports and protects its employees against traumatic events through the intertwined relationships between individual and organizational resilience. (Kuntz et al., 2017). Kuntz et al. (2017) argue that it is not enough for an agency to provide its employees with resources but the organization itself must adopt resilient measures to increase agility and robustness such as optimism and goal setting (Kayes, 2015). Organizational effectiveness is directly tied to employee well-being (Juniper et al., 2010). Factors such as transparency, honesty, and trustworthiness within and outside the agency are key. Selecting healthy candidates and building and maintaining a resilient workforce are tenets leaders must embrace. Agencies have a moral and ethical responsibility to care for its officers, to ensure their recovery and overall sustainability (Andersen et al., 2015; OSWG, 2016).

Resilience and the law enforcement officer

A law enforcement officer's resilience goes beyond the ability to withstand the effects of traumatic events and thrive in the daily activities an officer completes. In a

report by the Officer Safety and Wellness Group (OSWG) in 2016, individual resilience was defined as “*behaviors, thoughts, and actions that promote personal well-being and mental health. It refers to a person’s ability to withstand, adapt to, and recover from adversity*” (p. x). The positive effects of good mental health and wellness is a goal reflected in the overall population, first responders included. It is the foundation of proper thinking, communication, and resilience in society (Bell & Palmer-Conn, 2018). This concept is of heightened significance in law enforcement officers and other first responders as their jobs constantly expose them to stressors daily (Andersen et al., 2015; Chae & Boyle, 2013). Resilient officers exhibit a variety of positive behaviors such as missing less workdays, lower recovery expenses and other services, able to bounce back to daily activities after a critical incident, rely on healthy coping strategies, and overall increased job satisfaction. Though it is unrealistic to believe that agencies can prepare officers for every situation they will encounter, they should have a detailed plan on dealing with critical incidents and the aftermath these produce as key to maintaining officer wellness and safety. Increased physical safety leads to improved mental well-being (OSWG, 2016). These, and more, highlight the need for a resilient officer operating within a resilient organization to provide appropriate community safety and protection.

Individual and organizational impacts from decreased resilience

As McAleavy et al. (2021) stated and the Officer Safety and Wellness Group (OSWG, 2016) identified, an agency is responsible for appropriate hiring, retention, and development initiatives as well as monitorization of officer performance to ensure fulfillment of organizational goals and mitigation of officer stress on the job. Emergency services personnel are faced with a daily plethora of stressful situations (Hunnur et al.,

2014; McAleavy et al., 2021). Therefore, appropriate coping skills are key to successful decompression in crisis response professions (USDHHS, 2005).

Resilience and hiring standards

Standards for hiring and training have been improved throughout the years though continued efforts are necessary as seen by the continued turnover rates in areas such as Emergency Medical Services (EMS) and decreased applicant pool (Gottfried, 2021; McAleavy et al., 2021). Kuntz et al. (2017) stated that resilient officers are more productive. The more effective the recruitment and training initiatives, the higher the performance of personnel will become (Warren, 2017). Furthermore, lack of training can result in decreased coping capacity for stress, which in turn impacts the overall individual well-being (McAleavy et al., 2021).

The resources spent on academies and the selection process are time-consuming and costly (Caro, 2011). Caro (2011) and Warren (2017) looked at fiscal responsibility by organizations and determined that it requires hiring the right police officers because hiring and training are expensive undertakings. It is estimated that losing an officer will cost anywhere between one to five times the employee's salary (Hilal & Litsey, 2020). An estimated cost of losing such an officer is \$150,000 which includes annual salary, benefits, and supervision (Ward43, 2015) though estimates vary and are difficult to measure. Johnson et al. (2010) estimated that the cost of a turnover in a police agency is 2^{1/2} the officer's yearly salary. White (2008) emphasizes how hiring the right employees saves time when trying to manage and supervise them; additionally, this helps to build trust with the community.

Resilience and productivity

Previous research has analyzed the importance of productivity from an organizational standpoint along with a series of factors to determine and measure officer productivity. These include sociological, psychological, and organizational variables impacting outcomes in the field (Mastrofki et al., 1994). According to Fitzpatrick (2001), employees only apply 10% of what they learn in training during the job, and Bostaph (2008) found an uneven distribution of workload in law enforcement (8% of officers accounted for half of the arrests in an entire department). Despite this, further research is needed to determine the reasons for those findings. As Wang et al. (2000) stated, an evaluation of police productivity requires the use of innovative measures. Warren (2017) stated that organizational goals are achieved through high-performing individuals; thus, hiring motivated and productive individuals is a significant challenge when recruiting police officers.

Other studies showed that as the age of the officer increases, performance in the academy decreases but were less likely to use force or get injured (Aamodt, 2004b; Lagestad et al., 2014). As Elinson & Frosch (2015) stated, police misconduct cases can cost the department millions of dollars. These studies emphasize the need for performance measurements that accurately measure job duties but could also predict future performance from the start of the career and beyond. As Brennan et al (2009) and Forero et al. (2009) emphasized, there is a need for high performing officers and screening for unfit candidates from the beginning of the process to avoid later issues. Chikwem (2017) found that stress accounted for 80% of variance in police performance that could be alleviated through proper physical fitness. Bonkiewicz (2015) expresses the

need for multiple measures of productivity because of the nature of an officer's job (officers perform a variety of tasks thus making productivity difficult to quantify). In return, as Bostaph (2008) and Mastroski et al. (1994) stated, individuals influence coworkers thus a productive officer can lead to other productive coworkers.

Traditional police outputs were measured by a law enforcement officer's time spent in the community and benefit of police service. Officer productivity measured by reports, arrests, and citations are widely used as measures – a more quantifiable measure than community involvement (Bonkiewicz, 2017; Marx, 1976; Moore & Braga, 2003; Shane, 2013; and Wang et al., 2000).

Furthermore, research has explored the impact of other variables such as education and types of degree. According to Reaves (2015), only 1% of police departments in the US require a bachelor's degree. When education was examined, it was found that it does help predict officer performance but only in the early years (Aamodt, 2004a; Smith & Aamodt, 1997). In terms of degree major, criminal justice majors were not a significant predictor of performance over other college majors (Aamodt, 2004b; Paoline et al., 2015). Other variables like prior military experience are given preferential hiring status at times (Aamodt, 2004a; Ivie & Garland, 2011). However, research has shown that military experience was not a significant predictor of success or academic performance (Aamodt, 2004a; White, 2008).

Others have considered the impact of marital relationships and discovered that some unmarried officers exhibit higher performance because they can dedicate more time to their careers (Shane, 2013). Decrease in productivity has been measured through

internal factors such as performance evaluation and internal supervisor bias (Gorby, 2013, and White, 2008).

Others, though rare in occurrence, analyzed factors such as sick time usage, failure to testify in court, and officer-involved collisions used to predict performance (Shane, 2013). The degree of discretion, as a measure of productivity, is exercised in enforcing laws and varies from officer to officer. Some offenses are officer-observed behaviors while others are reported to the police (Mastrofski et al., 1994). Thus, discretion is expected to be an internal factor impacting productivity as officers gain more knowledge and experience on how to perform their jobs with job longevity.

Organizational outcomes rely on officer productivity measured in various ways such as arrests, crime and clearance rates, and response times, among others (National Institute of Justice, 1999; Moore & Braga, 2003; Sparrow, 2015). This further determines a department's efficiency and efficacy. However, as noted by Mastrofski et al (1994) the main goal of an officer is to maintain order; therefore, an arrest might not take place. This can cause difficulty in measuring productivity simply based on arrest records. Mastrofski et al. (1994) discussed how an officer's work expectations are shaped, among others, by his or her own filters such the organizational hierarchy and its expectations, comfort with enforcing certain offenses, rewards of actions, and peer perception of such actions. Additionally, opportunity based on temporal, geographical, and roles assigned, and capability to perform the job have been found as influential factors in outcomes (Mastrofski et al., 1994).

External factors such as crime rate and citizen perception of police were also used to measure police outcomes (though not directly controlled by the officer but the

environment such as citizen demographics) (Davis et al., 2015). However, despite this, police productivity seems to decrease over time (Bonkiewicz, 2017) while no factor seems to have a significant impact. Therefore, other factors such as the impact of stress and trauma and barriers to reporting such concerns to higher command must be analyzed.

Communities, law enforcement officers, and resilience

Mitigation efforts are key to an officer's ability to fulfill his/her oath to protect and serve the community (Dreisbach, 2008; OSWG, 2016). A community that embraces new changes after a disaster or threat using the bouncing forward principle is more likely to withstand future challenges (Manyena et al., 2011). Resilient officers lead to resilient communities (OSWG, 2016). The International Association of Chiefs of Police (ICAP) report (2020) identified that building social support for the law enforcement officer to promote healthy family relationships is important in building officer resilience. This, in return, aids in building resilient communities as law enforcement officers and their families are a part of such communities. The National Officer Safety Initiative (NOSI) describes the concept of family readiness, present in military families, and developed to help families while their spouses are deployed. This provides the soldiers with a peace of mind that their families are taken care of and connected to the broader community to enhance family resilience (NOSI, 2018). The same concept can be applied to law enforcement officers as they are also a part of the community. As Chae & Boyle stated, communities, in return, can foster resilience through relationship networks with law enforcement officers (2013). The OSWG (2016) stated that community training programs like Stop the Bleed launched by the Department of Homeland Security (DHS) reflects a

partnership between agencies and communities to prepare for “*responding to active shooter or other mass casualty events*” (p. 28).

Furthermore, agencies and officers must engage in similar planning and mitigation actions of building resilience, like a community, in the context of emergency management phases. This includes planning steps (i.e., accessibility to a list of resources after a critical incident; training; counseling services; etc.), mitigation efforts (i.e., mitigating the impact of stress on officers and their families; resilience building programs; suicide prevention initiatives; trauma-informed initiatives to address effects of critical incidents; access to mental health care; resilience training), response (i.e., mandated trauma-informed counseling after critical incidents; incident debriefs; peer-counseling connections); and recovery (i.e., increasing self-awareness after the event and methods to address self-care) (IACP, 2020; Andersen et al., 2015; Masterson et al., 2014; BJA, 2020). In the end, community safety and protection are the bedrock of law enforcement, and barriers in executing this oath by law enforcement officers threatens the adequate executions of such duties (NOSI, 2018).

Health and wellness programs and resilience

Agencies and organizations are tasked with evaluating these impacts of these challenges and promoting initiatives to address them. Resilient organizations must prioritize officer health and wellness through continued resilience training, access to health and wellness resources, and continued partnerships with outside organizations. One such initiative is the Bureau of Justice Assistance’s partnership with NOSI to develop strategies to combat suicide in law enforcement and increase training and education (Costigan, 2020). In the quest for resilience strengthening, organizations

embrace four areas of focus in resilience planning and mitigation: Intervention, assessment, operational support, and organizational consultation (Jablonski-Kaye & Barone, n.d.).

Another example is the Law Enforcement Resilience Training Program developed by the Buffalo Grove PD in Illinois in partnership with the University of Pennsylvania's Positive Psychology Center (Casstevens, 2020). Another is the Federal Bureau of Investigation's National Academy Associates (FBINAA) partnership with Acadia Healthcare on an Officer Safety and Wellness Initiative to teach officers proper adaptive strategies when faced with stressful situations (Genovese, 2019).

Aside from programs to enhance resilience, law enforcement agencies are tasked with providing aid to families of officers who lost their lives in the line of duty and other first responders. BJA's Public Safety Officers' Benefits (PSOB) is one such program that provides peace of mind for the officer knowing the family will receive the help it needs when tragedy strikes. The PSOB has determined that most of its payouts involved those first responders involved in the September 11 attacks and their families. The program further extended its benefits to officers who contracted COVID-19 in the line of duty.

Unit cohesion and unit support are also initiatives used to eliminate stigma of reaching out for help (Johnson, 2016). Other initiatives include behavioral science services; nutrition services; addiction prevention units; crisis support services; psychotherapy/counseling for individuals and relationships; support/educational groups and, peer support and critical incident response teams (BSS, n.d.). Police agencies across the nation have implemented programs to address officers' health and wellness. The Indianapolis Metropolitan Police Department implemented the Office of Professional

Development and Wellness (OPDW) to create an organizational culture of support towards wellness (Cunningham, 2020). The Metro Nashville Police Department's Wellness Unit was created to address resilience, suicide prevention, and critical incident stress management. Their guiding motto is "From Hire to Retire and Beyond" (12) (Gooch, 2020). Next, the literature will discuss some of the barriers to resilience.

Barriers to resilience

The literature identifies barriers to law enforcement officers reporting health and wellness concerns from an individual as well as organizational standpoint. From an individual perspective, factors such as self-care coping mechanisms, family and other personal relationships, health and wellness concerns, fear of delayed promotions, as well as stigma as significant barriers (Pruitt, 2020). This can also be explained through the identity theory discussed earlier where certain self-views are taken upon the self during the performance of the job. In this case, the role of law enforcement comes with a set of values and cultural characteristics that the individual embraces while performing his/her daily role which could also perpetuate those barriers (Stets & Burke, 2000). From an organizational perspective, factors such as resources, knowledge and education, resilience training, and programs on coping strategies such as peer counseling for substance abuse, trauma, driving under the influence (DUI), department's political environment and ethos of leadership, are just some barriers to officer and organizational capacity and adaptability (Allen, 2020). The individual and organizational characteristics determine an officer's capacity to adapt to the stressors of critical incidents. Chae & Boyle (2013) define the ability to sustain and process these stressors as adaptive capacity. The plan of

action implemented to tackle job stressors depends upon this capacity (Chae & Boyle, 2013; Ivie & Garland, 2011).

As McEntire (2004) acknowledged, theoretical development in the emergency management field must consider contributions from other disciplines that address such as issues of critical incident stress management, budgeting, vulnerability analysis, leadership, and the study of human behavior. This provides what McEntire (2004) calls “the big picture” (p. 11) which is comprised of internal and external variables. This section analyzes the current scholarship on external factors and impact on organizational behavior such as civil unrest, pandemics, and other emergencies and disasters. Life events can cause collective stress situations such as looting, riots, natural and technological disasters (Quarantelli & Dynes, 1977; McEntire, 2004). These could either be classified as dissensus types of crises or consensus. Dissensus types of crises disagree on the views of the nature of the situation while consensus types agree on the meaning of the situation and appropriate actions necessary to deal with it (Quarantelli & Dynes, 1977). Law enforcement agencies must diligently prepare to respond to inside and outside forces such as budgeting and civil unrest, respectively. All these challenges and more emphasize the need for continued research into strengthening individual and organizational resilience through innovative and evidence-based approaches (OSWG, 2016).

The decrease in officer productivity and the need for better recruiting methods in law enforcement officers are of great interest for researchers to explore the critical implications these have for the organization and community’s resilience overall. Furthermore, these findings identify the need for further exploration of the reasons for

such decreases in productivity as they relate to resilience especially seen by the toll these jobs take on officers. The next section will articulate the need for the current research as identified within the literature.

Justification for the current study

Current scholarship has identified barriers to reporting officer concerns such as self-medication or reaching out for programs. These include fear of discipline, fear of career advancement, stigma, fear of embarrassment or retaliation, distrust in confidential or anonymous reporting, lack of officer knowledge about programs, and others. The current research also identified a lack of adequate dissemination of health and wellness resources available to law enforcement personnel (OSWG, 2016). This study aims to “*critically evaluate the barriers to reporting health and wellness concerns to higher command experienced by local law enforcement officers in Oklahoma.*”. The research questions are:

- a) *R1: What strategies do agencies use to identify early warning signs of health and wellness concerns in their officers?*
- b) *R2: What are the barriers to officers self-reporting health and wellness concerns?*

The researcher will, therefore, explore the presence, or absence, of safety and health and wellness programs, education and training promoting officer safety, health, and wellness, opportunities for self-reporting and barriers experienced by officers, and the culture of leadership that addresses these pillars of resilience. The following section will discuss the overall methodology employed to explore the research questions.

CHAPTER III

QUALITATIVE METHODOLOGY

BACKGROUND

This exploratory, inductive study employs a mixed methods approach though the quantitative method does not encompass a causal relationship between a set of variables testing a proposed theory. The exploratory nature of this study is not concerned with a causal relationship between variables but an exploration of a concept instead. The principal investigative thrust of this study is the use of qualitative interviews supported by a quantitative questionnaire which leads to a more practical interpretation of findings assisting in the problem-driven approach (Denscombe, 2010). Through using the two techniques, the researcher hopes to provide flexibility in sampling, especially during the COVID-19 pandemic, when the agency might lose officers to medical leave and other situations. Also, these techniques will enhance the researcher's bona fides and credibility, a desired feature of this method (Denscombe, 2010).

Accordingly, this chapter will address the qualitative methodology with the results of this study, while Chapter IV will address the quantitative one. The complexity of law enforcement duties coupled with limited resources requires law enforcement agencies to revert to thinking outside the box for solutions to current challenges. To achieve organizational goals, departments must hire suitable individuals who are emotionally mature and control themselves in stressful situations (Gottfried, 2021). In the following sections, the researcher discusses the underpinning theoretical and sampling frameworks of this qualitative methodology and their findings from the nine interviews conducted with various law enforcement agencies in the State of Oklahoma. To maintain confidentiality and ethical research standards, the names of the agencies and other identifying factors are not exposed. An explanation of site selection, participants, and method are also discussed.

Methodology

Qualitative data can be words or images and is associated with strategies such as Grounded Theory. Standard methods include interviews, documents, observations, and open-ended survey questions. For this reason, Grounded Theory was chosen as the methodological strategy using interviews, questionnaires, and document analysis as the research methods. The data from such methodology is of critical value here; in this case, recorded speech and printed text (Denscombe, 2010). This strategy provides a theoretical lens into “a practical and flexible approach to interpret complex social phenomena and a strong intellectual justification for using qualitative research to develop theoretical analysis” (Hussein, Hirst, Salyers, & Osuji, 2014, p.1). Applications of this theory are rooted in the use of exploratory research through qualitative analysis to study human

behavior and interaction on a small scale. This research explores barriers to reporting health and wellness concerns through a series of semi-structured interviews and a short questionnaire of law enforcement officers at the local and state level. Most full-time law enforcement is local and state-level agencies (66%), and the allocation of resources is more limited than at the federal level (Reaves, 2015; DOJ, 2016; VERA, 2020). For instance, the New York City Police Department (NYPD) is the largest local police department in the US, with a budget of \$10.9 billion for a total of 36,000 sworn officers. This budget amounts to roughly \$300,000 per officer (NYPD, n.d.). The Federal Bureau of Investigation, though it has requested the same budget for the year 2023, has 13,000 special agents amounting to roughly \$838,000 per agent (DOJ, 2020). Considering that most agencies do not have the budget of NYPD, it is safe to assume that most local and state law enforcement have lower resources than federal agents. This exploratory and inductive study aims to answer both research questions (R1 and R2) without inferring a causal relationship and using the framework of Grounded Theory. The aim of the study is a critical evaluation of factors rather than a cause-and-effect analysis to identify why such barriers exist since there are no empirically identified studies exploring these factors. These are discussed next.

Phenomenon to study

Chief Brown, Ph.D., from the Alexandria, VA Police Department, stated that *“police research, though an invaluable tool, is mostly underutilized”* (NIJ, 2020). There are identifiable gaps in current scholarship, as highlighted in the literature review. These include officer knowledge of resources and barriers in reporting health and wellness concerns to higher command. This study will address this gap through a mixed-methods

approach focusing on building officer resilience through enhanced capacity and adaptability utilizing social constructivism. Though prospective police officers are required to pass some form of a psychological screening, such as the Minnesota Multiphasic Personality Inventory (MMPI), studies have not been able to link such tests to the future prediction of well-being (Marshall et al., 2021).

Consequently, resilient agencies must identify barriers to self-reporting health and wellness concerns among their officers while on the force. A comprehensive research design including elements of qualitative analysis (interviews) and quantitative (questionnaires) will provide a holistic approach to addressing the stated research aim. Prior scholarship has expressed the need for such studies in law enforcement in the United States (OSWG, 2016; Casstevens, 2020; Mattke et al., 2007; Andersen et al., 2015; Kuntz et al., 2017; Kayes, 2015; Wang et al., 2000; Jablonski-Kaye & Barone, n.d.). Moreover, this proposed study offers the added elements of anonymity and outside inquiry as encouraging factors to address such barriers. This method extends prior approaches to this topic by Johnson (2016) in using a combined method approach to study local and state-level law enforcement agencies as the sample of interest. This approach has not been implemented before. Secondly, this method will combine supervisor with first-level officer input into barriers to self-reporting. Thirdly, no study was identified to empirically analyze local law enforcement's barriers to self-reporting health and wellness concerns. Therefore, this research will consider the characteristics of these law enforcement agencies such as size, budget, structure, policies, programs geared towards health and wellness, culture, mission and vision, and officer demographics. Collectively these facets provide a more holistic and richer understanding of the

underpinning factors influencing officer resilience, capacity, and adaptability. The following information was collected by the researcher based on the needs identified in the literature to answer the first research question (R1): (1) agency health and wellness programs/initiatives; (2) protocol for reporting concerns (if present); (3) post-critical incident protocol. Additional information was retrieved, such as the estimated number of officers, budget, number of suicides (informal number), and other pertinent details identified throughout the research process, such as recruiting strategies and recommendations.

An essential purpose of qualitative research is to study people in their natural habitat, unleashing the richness of everyday life. This provides invaluable insight and a perspective that cannot be measured through quantitative measures alone (Yin, 2011). Using the element of a qualitative measure to explore this topic provides a distinct approach to this analysis by exploring, through new lenses, reasons for reluctance to report mental health symptoms, as seen in other studies (Marshall et al., 2021). Personal interviews with supervisory-level personnel explored the status of health and wellness reporting in their agency, the number of suicides, and wellness programs targeted at addressing such concerns. Survey questionnaires with officers in the field will explore the reasons for reporting or reluctance to report health and wellness concerns to supervisory-level personnel. Interviews will be structured to reflect questions measuring the topics mentioned above. For example, question identify current approaches to reporting mental health concerns, programs, or other initiatives to encourage and address early reporting, and the number of casualties (i.e., suicides) identified on the force. These under-analyzed

factors will be studied using the following research questions within the theoretical framework addressed next.

Research philosophy, theoretical framework, and research questions

To understand the world around them, researchers have considered different perspectives in studying the matter, human behavior, and the environment in which they operate. The ontological philosophy embraced by this research is interpretivism, a view researchers take when seeing the world around them as meanings that people attribute to social phenomena (Bryman & Bell, 2015). The interpretive viewpoint states that there is no reality beyond our world knowledge. Organizations are the result of human actions and understanding. Generating knowledge about such activities allows researchers to base their claims on best practices (Bell et al., 2019; Bryman & Bell, 2015). Therefore, the study aims to:

“Critically evaluate factors strengthening individual and organizational resilience to increase overall officer capacity and adaptability through studying such phenomenon.”

This investigative process of understanding a social phenomenon from a particular perspective and gaining insight into the social process defining it is called epistemology. Applying the interpretive paradigm will help gain insight into the barriers to reporting signs of health and wellness among law enforcement officers and the presence or absence of programs to address these barriers. This allows the researcher to understand the social phenomena from a subjective viewpoint.

This research will design a more holistic approach to understanding barriers to reporting by incorporating the elements generated by the semi-structured interviews and

questionnaires using a third-party method instead of the agency itself. This focus on the researcher as the interpretive was studied by Charmaz (2006) and Strauss (2008), arguing that data can be interpreted systematically since meaning cannot merely inductively emerge from it. Furthermore, the interpretive view seeks to enrich human knowledge by understanding the truth of the research subject, a fact that might not be attainable through quantitative measures alone.

The research strategy for this study was carefully chosen to meet the purpose of this exploratory research. This is suited, feasible, ethical, and meets all the requirements of proper research strategies (Denscombe, 2010). Exploring the impact of health and wellness on law enforcement officers is not new. However, this approach focuses on barriers identified at the local level agencies through a mixed methods approach.

Developed by Glaser and Strauss (1967), the origins of grounded theory are found in the qualitative study of dying patients through the philosophical lenses of positivism and symbolic interactionism. These philosophical differences led Glaser and Strauss to diverge into different versions, such as Glaser (1978), Strauss (1987), and Strauss and Corbin (1990). Glaser criticized Strauss and Corbin for the procedural data analysis that was said to force preconceived categories (Charmaz, 2014). Strauss and Corbin (1990) disagree with Glaser (1992) and emphasize that coding starts from data collection to build categories throughout the process. Glaser (1990) suggests that category development goes before coding. Furthermore, Strauss and Corbin (1990) state that the researcher decides the timing of the literature review.

Lastly, grounded theory has evolved to what is known as constructivist grounded theory developed by Charmaz (2006 & 2014). This emphasizes flexibility in the research

process focusing on the idea that research is constructed through abstract analytic categories using the inductive process. This process uses a constellation of methods that provide the frame for qualitative inquiry, and overall flexibility when gathering data and focus through coding and categorization. This is the appropriate strategy used for this current study's qualitative method approach using inductive logic to generate theory through fieldwork by linking explanations with practical situations (Bell et al., 2019; Denscombe, 2010). The idea is that theories are grounded in empirical research from collected data (Denscombe, 2010; McEntire, 2004). The grounded theory methodology is used to critically evaluate barriers to law enforcement resilience by subjecting the data to a rigorous comparative analysis to inform policy and practice. This allows for a desirable tool to generate, mine, and make sense of data through a constellation of methods such as document, interviews, and surveys (Charmaz, 2014). The open-ended interviews coupled with open-ended survey questions, and augmented with documents on different agency protocols, provide a holistic approach to exploring barriers to resilience.

The focus on exploratory research provides an approach to investigating barriers to reporting of health and wellness concerns and the respective organizational programs without taking on the lenses of prior theory or concepts and by exploring something innovative – a new path of explanation through social research. This further emphasizes the studying of an activity that is practical and routine, explored through the participants' point of view that shape their social reality, core principles of grounded theory methodology (Charmaz, 2014; Denscombe, 2010). As current literature suggests, exploration of barriers to reporting signs of health and wellness at the local level of law enforcement is lacking and further research is desired (OSWG, 2016; Casstevens, 2020;

Mattke et al., 2007; Andersen et al., 2015; Kuntz et al., 2017; Kayes, 2015; Wang et al., 2000; Jablonski-Kaye & Barone, n.d.). The analysis of prior scholarship stated in the literature review chapter identified the need for this study to address the following research questions:

- c) *R1: What strategies do agencies use to identify early warning signs of health and wellness concerns in their officers?*
- d) *R2: What are the barriers to officers self-reporting health and wellness concerns?*

Social research renders indispensable data using various research methods such as interviews and questionnaires (Denscombe, 2010). A description of the choice of qualitative methods to answer R1 is discussed next.

Sampling and qualitative methods

Sampling method

It is unrealistic to reach the entire population for this study (all law enforcement officers in the United States) because of limited resources, time constraints, and participant access. Therefore, a small, exploratory, and convenient sample is chosen (Denscombe, 2010). Exploratory sampling is suited for small-scale, qualitative research where new ideas or theories are desired (Denscombe, 2010). The authors of grounded theory encourage the use of non-probability sampling where participants or sites are chosen based on specific characteristics such as relevance to new concepts and themes, creation of comparisons and contrasts, and eventually reaching theoretical saturation. The snowball sampling method (SSM) is the chosen technique and is defined as a non-probability sampling method, chosen for the qualitative part of the study (interviews). This sampling technique is used to identify and locate potential participants through

informal channels that would not otherwise be known to the interviewer. In this case, the command can refer to others in leadership positions who may have information on the topic covered such as health and wellness and officer resilience. Those interviewed have direct access to others due to their daily interaction in their current jobs as law enforcement officers. This further aids in the pursuit of targeting a population with the shared characteristics desired for this type of research. The SSM has been used in other research studies to identify hidden or unreachable populations (Cohen & Arieli, 2011; Denscombe, 2010; Yin, 2011). The theoretical sampling method suggested by Strauss and Glaser intends to be cumulative, building on previous participants' responses and expanding the study's depth of focus while maintaining theoretical relevance. Flexibility with GT is maintained despite its focused attention on critical concepts by allowing a degree of freedom during the investigation process. Participants are expected to generate new pathways of investigation previously unknown to the researcher and worth pursuing during this inquiry. Corbin and Strauss (2008) call this theoretical sampling method a responsive approach because it allows theoretical considerations to be included in the sampling of the participants (Foley et al., 2021).

Sample size

A series of semi-structured interviews containing 21 open-ended questions were conducted with nine law enforcement officers in command positions in Oklahoma's three local and state law enforcement agencies (See Appendix A for details). This enhanced validity through triangulation of multiple agency levels and sizes (Creswell, 2000; Yin, 2007). The participants ranked from deputy chief (1) to lieutenants (4) who supervise 8-10 first-line officers. Next were sergeant (1) and first-line officers (3). The sergeant and

two of the three officers were part of the wellness unit/peer support team, and two of the four lieutenants were part of the critical incident response team and wellness unit.

Participant selection

The nine participants were chosen based on their knowledge and expertise in health and wellness to best inform the research questions and increase understanding of the phenomenon (Sargeant, 2012). The sample fit the inclusion criteria matching the characteristics of the desired participants possessing knowledge on the topic of health and wellness and resilience. The average years on the job for all participants total 20.75 years. The overall organizational structure is paramilitary, containing the following ranks, from lowest to highest: first-level officer, sergeant, lieutenant, captain, major, deputy chief, and chief. The targeted participants were the rank of Lieutenant and above, as these ranks are typical for leadership positions in a law enforcement agency.

Additionally, their leaders impact organizational resilience through programs targeting health and wellness concerns and other stressors (Ragesh, 2014; Erstad, 2021). However, agencies are training all levels of police officers to be in the wellness/peer-to-peer group. Therefore, some participants were of lower ranks but possessed a wealth of knowledge on either the topic of health and wellness or critical incident response protocol, or both. The average agency size comprised over 500 employees, including civilian and commissioned personnel. This State was chosen because of its relevance to the topic, time constraints, and proximity and familiarity with the researcher.

Regarding relevance, Oklahoma comprises 416 local and state law enforcement agencies with approximately 7,700 officers (Banks et al., 2016). This provided access to data from larger agencies. Oklahoma has experienced 19 first responder suicides though

there is no official recording for such events (BLUE H.E.L.P., n.d.). As of January 2022, the FBI implemented a law enforcement suicide data collection process (LESDC), with the first official data to come by the end of 2022 (FBI, n.d.). The state of Oklahoma is also relevant as it has experienced protests during the national defund the police movement and other events, which led some agencies to revise policies and implement new ones (Metz & Metz, 2020; Thompson, 2022).

Furthermore, the researcher has worked in the criminal justice field, resided in this state for almost 15 years, and is familiar with its law enforcement agencies. This provides appropriate selection of participants, increased representation of law enforcement roles informing different facets of the research question, and access to the desired population sample (Sargeant, 2012). Also, this knowledge and proximity to the research site allowed departments to provide access to the participants and authorization to access certain information which Denscombe (2010) argues are important research considerations.

Method of inquiry

The use of semi-structured interviews allowed the researcher to ask more general questions in a non-sequential manner and provided overall flexibility (Phillips, 2014; Charmaz, 2014). For example, further inquiries had to be conducted when the participant shared information about a program unknown to the researcher or tactic specific to the department, such as the post-critical incident response protocol or outside agency health and wellness assessments (see Appendix A for interview questions). This matches the goal of grounded theory methodology described by Charmaz (2014).

The interviewee is the data collection unit, with a total number of nine units of analysis— three from each agency. According to best practices guides, wellness units are typically comprised of one lieutenant who acts as the program manager and coordinator, and a sergeant and volunteer officers for peer support (Rego, 2020, Waidler et al., 2019; Yuhasz, n.d.). Thus, a sample of three individuals would reach the desired sampling profile. The interviews were conducted using various methods such as phone conversations (2), in-person meetings (1), and Microsoft Teams video recordings (6) and then recorded either in Teams or directly with Otter.ai. These recordings were then transcribed and annotated in their entirety using the Otter.ai software. These recordings were deleted as soon as the analysis was completed. The interview notations included an Excel sheet containing the date, time, method (Teams, phone, etc.), years with the department, participants uniquely assigned identifying numbers for reference and confidentiality purposes as described by Denscombe (2010) and Phillips (2014), along with other annotations. These included notes on the participant’s reactions or gestures, time of day and outside interferences, and other valuable comments that enrich meaning (Denscombe, 2010). For instance, due to time constraints, one participant was driving at the time of the interview. Another was unable to join Teams, and the interview was conducted over the phone as a last-minute decision. One participant was sitting in the patrol car, which made it difficult to observe any overall facial expressions due to sunlight brightness. Another participant had to move the interview time up due to time constraints. Overall, there were no major concerns regarding the interview's integrity or significant body language notations.

In addition to the semi-structured interviews, official reports were analyzed to determine the agency's health and wellness programs and post-critical incident protocols. In addition, analysis of agency reports helped provide a more holistic picture, discussed in the next chapters. The study's validity and reliability, and the methods for analysis are discussed next.

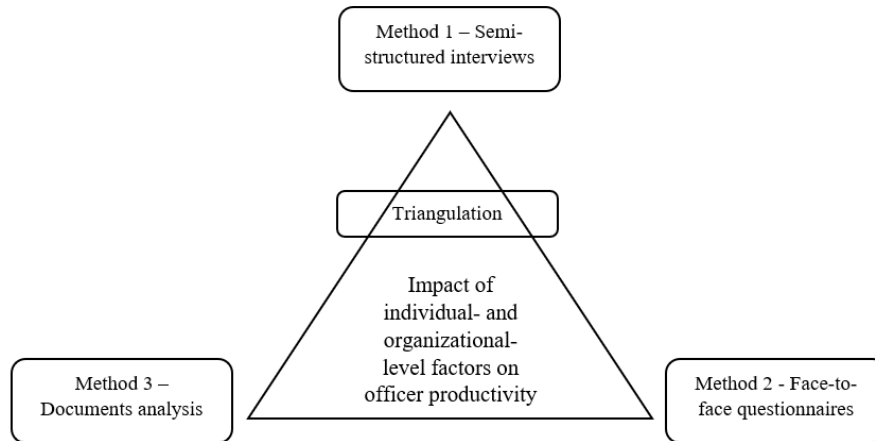
Validity and reliability

Unlike quantitative studies, qualitative ones do not have a method of inquiry that will generate the same results regularly. Therefore, validity is achieved by assessing its relationship to its purpose and the circumstances in which it is used. This is called a processual construction of validity (Hayashi et al., 2019). According to Maxwell (1992), the assessment of validity is about the connection between the account (represented by the participant) and its external influences (barriers and programs to reporting and coping, respectively). This validity assessment focuses on a typology of understanding rather than procedure (Maxwell, 1992). In social sciences, the researcher builds validity through each phase of the inquiry from collection to interpretation (Zohrabi, 2013). The overall validity was achieved through strongly formulated research questions, a well-described theory, a well-suited research design, and an appropriate process for collection and analysis (Hayashi et al., 2019). In this study, this was achieved from the fostering stage of the design using a pilot test, prior familiarity with the agencies to gain access to the subjects, prior contact with the interview participants to determine subject knowledge on the topic of health and wellness, and the proximity of the location being studied to allow the researcher to create proper strategies for collection and analysis. To test the interview questions for clarity, validity, and accuracy and implement the necessary

changes and adjustments to interview questions, a pilot interview was conducted with other individuals with prior experience in this field. Though there is no required sample size for a pilot study, Ismail et al. (2018) suggest using a fourth of the targeted sample size. For this study, there were 10 pilot interviews conducted with participants with knowledge from the field of law enforcement and fire to provide more comprehensive feedback. The reason being five participants had knowledge in law enforcement while the other five had firefighter knowledge. This provided a dual perspective on resilience, from a law enforcement as well as firefighter field. This process ensured validity by reviewing the interview transcripts and giving feedback on the proposed measures from the people being interviewed to ensure it accurately captures their information and is an appropriate measure. Using the process of triangulation and saturation, the researcher achieved validity in the collection and analysis stage where nine semi-structured interviews were conducted and documents on critical incident protocols were reviewed to enrich findings. Using a mixed methods approach provides a triangulation with other data sources supporting the research questions (Morse and Niehaus, 2009). Figure 2.1 describes this construct. This enhances confidence in the overall findings and building of validity and reliability through comparison and cross-check of data from different sources (Patton, 1999; Hayashi et al., 2019).

Figure 2.1

Triangulation



Source: Morse and Niehaus, 2009

Lastly, the discussion of results incorporated a comparison to other studies similar in nature addressing resilience in first responders which is discussed in Chapter V.

Overall content validity was achieved using proper instruments in the form of semi-structured interviews informed by prior scholarship with questions validated by experts in the field, also increasing their face validity (Zohrabi, 2013). Furthermore, the interpretation of the researcher, the construction, reflection, and reconstruction of the information through the comparative method is used to obtain a good understanding of the phenomena under investigation (Hayashi et al., 2019).

Maxwell (1992) described five types of validity considerations in qualitative research, four of which will be discussed here due to their applicability to the current study. Descriptive validity is achieved using coding and their corresponding quotes (see the section on analysis and Appendix D for further details). This ensures the factual

accuracy of subjects' accounts. Interpretive validity is achieved by inferring meaning from the participants' responses. The researcher avoided the insertion of biases by carefully coding raw data and objectively linking the codes into appropriate concepts and categories using the literature review as guidance. Validity generalization, generalizability, external validity, or transferability as it is often called in qualitative research is achieved by providing insight into the findings that are not unique to this setting and have been supported by prior research studies. This form of limited generalizability in qualitative studies focuses on the ability to apply findings to a particular group or location being studied (Maxwell, 1992). Utility criterion is used here to increase validity generalizability referring to the degree of usefulness the evaluation findings have for administrators, managers, and stakeholders. Findings that generate useful and accurate information to these stakeholders are said to meet the utility criteria and consequently achieve validity requirements (Zohrabi, 2013; Hayashi et al., 2019). This study provides useful feedback on how agencies and law enforcement officers can increase their overall resilience through health and wellness initiatives, discussed in Chapter V. Lastly, internal validity or credibility was achieved through triangulation discussed earlier and avoiding researcher bias throughout the process by following the rules of ethical standards of research. The study involved minimum risk of harm to the participants (Laeerd, 2012; Cuhk, 2020; Denscombe, 2010; Phillips, 2014). The researcher applied to and received approval from the Institutional Review Board (IRB) to ensure such minimalization of harm is present. An informed consent form retrieved from the Oklahoma State University was administered in advance, in electronic form, to the interviewees, and verbal consent was obtained at the beginning of the interview (See

Appendix B and C for details). Participants were informed of their right to withdraw from the process. The consent outlined the sponsor and the purpose behind the research; the statement of confidentiality; the emphasis on voluntary participation; the possibility of harm; and contact information in case the participant has questions before or after the interview. To maintain confidentiality and ethical standards during the data collection process, the researcher assigned each participant an identification number between 1-9 (1 for the first participant interviewed and so on) (Denscombe, 2010; Phillips, 2014). After the interviews were completed, the researcher sent a thank you email to the agency expressing her gratitude for the time and effort on behalf of the participants (Denscombe, 2010).

Reliability overall was enhanced through the data collection processes using a clear statement on the investigator's position in the inquiry process, triangulation as discussed earlier, and an audit trail by describing in detail how data was collected and analyzed, and themes achieved, which helps with its replicability in the future (Hayashi et al., 2019).

External reliability was achieved through a series of steps. First, the researcher clearly identified her status and social position (an academic studying the practitioner setting in law enforcement at the local level). Second, the sampling frame was established based on prior scholarship on validity, reliability, sampling availability, and participants' accessibility (Patton, 2002; Rahi et al., 2019). The frame is relevant, complete, precise, and up to date. It is provided from current sources with access to such information (the total number of participants achieved was nine, three from each agency, as desired). The sample is relevant and meets the inclusion selection criteria (Cohen & Arieli, 2011;

Denscombe, 2010; Yin, 2011; Sargeant, 2012; Rego, 2020; Waidler et al., 2019; Yuhasz, n.d.). Third, the study explained the environmental conditions and settings of the interviews described earlier. Next, the main terms, constructs, definitions, and unit of analysis was described along with the chosen method of data collection and analysis (Zohrabi, 2013). Qualitative research observes the presence, absence, or nature of a phenomenon - in this case, factors impacting officer resilience in a local police department. In qualitative research, interviews are excellent techniques for soliciting information from a participant directly without the interference of a third variable. This information relates to norms, beliefs, understanding, perception, attitudes, and values (Bell et al., 2019). The aim is to critically evaluate the social reality comprised of complex variables. Interviews allow for a “hermeneutic-dialectic interaction” between the researcher and the participant (Phillips, 2014, p.28).

Internal reliability was achieved using low inference descriptors that can be easily observed and quantified (these are described in Appendix D). Furthermore, peer examination using prior relevant studies and mechanically recording the interviews that can be preserved and reanalyzed were also used to boost internal reliability (Zohrabi, 2013). This analysis process is discussed next.

Analysis

Analysis refers to the separation of a thing into its parts. These parts are then linked together for the interpretation and meaning of raw data. In other words, an analysis attempts to identify the underlying components of its production. In general principle, an analysis aids a researcher in explaining the nature of the studied topic. This research topic is officer resilience, and the analysis includes raw data from interviews, questionnaires,

and documents. The case study's essence is captured through concepts or building blocks (Denscombe, 2010). A systematic analysis of such data goes beyond ethnography in that it concentrates on further analyzing the concepts for comparison and theories emerging throughout the research process. This is the regular investigative part of the process where new leads are pursued and new concepts emerge – “a voyage of discovery” (Denscombe, 2010, p.108). The researcher starts the investigation with an open mind and a general focus direction (See Figure 2.2 for details).

Codes, categories, and themes

The raw data was backed up in a separate location (external hard drive), and a copy of it was used for analysis instead. This ensures original data protection against any corruption or damage issues (Denscombe, 2010). During this study, the recorded interviews were stored on an iCloud account protected by dual security: password and Authenticator application. During the recording and analysis stages, the information was kept confidential through the assignment of numbers to each participant. Data from interviews was transcribed using Otter.ti. Transcription provides a written account of interviewees’ statements that leads to theoretical constructs through a representational and an interpretive process (Davidson, 2009). Each interview was edited for errors, saved with an unidentifiable number assigned, and then uploaded into ATLAS.ti for analysis. Phillips (2014) recommended this software program as suited for this type of qualitative, exploratory disaster research. Data were analyzed using codes extracted from raw information.

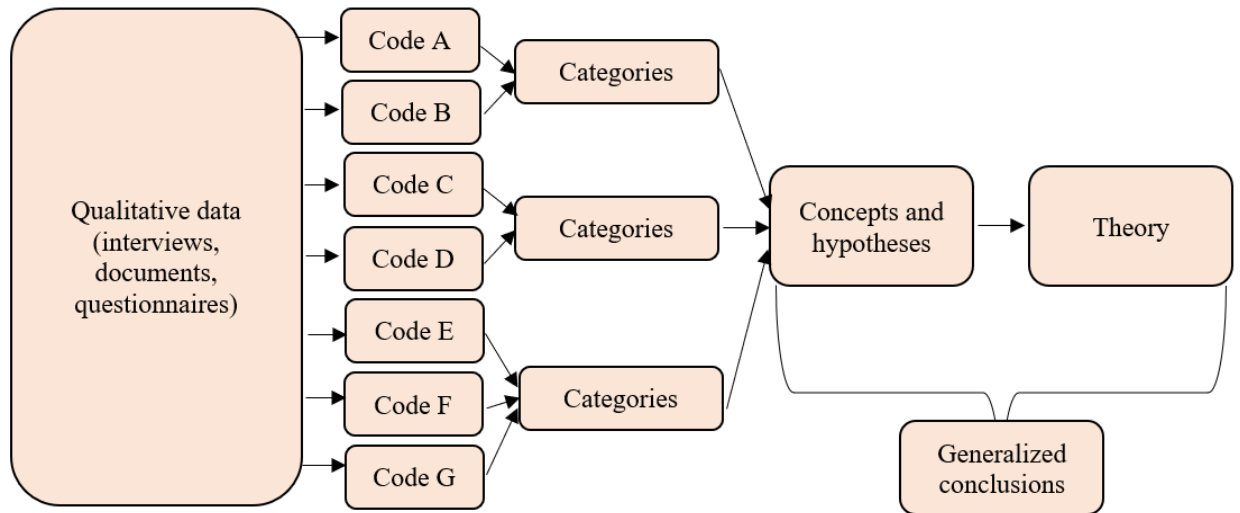
The ATLAS.ti software provides a helpful way of storing, coding, and retrieving data (Denscombe, 2010). This allowed for a careful analysis of interview transcripts and

gradual identification of commonalities in concepts and themes through code analysis. These codes are descriptive and refined throughout the research process, identifying critical components through associations and links, known as axial coding. The open axis analysis identified selective codes to focus on possible explanations of the social phenomenon, such as barriers to health and wellness. Dissemination of findings is provided in the aggregate format using the established coding. This coding is a division of terminology into various categories to address the research questions on the barriers to reporting health and wellness concerns and match them to the individual responses. These codes are recorded each time a participant refers to it, or the PI infers that the answer belongs in that category. Findings derived concepts that explain such phenomena providing a single-notion account for how categories relate to each other (See Figure 1 for details). This process forms the cornerstone in the pursuit of theory generation. One of the strengths of GT is that theory testing is implemented throughout the developmental process of such a theory. Its credibility is enhanced by the facts, eliminating the possibility of selective perception where points could be discarded as irrelevant. The two forms of theory possibly generated by this research are substantive and formal. The substantive theory would focus on a localized theory, such as studying the barriers to health and wellness through the lenses of resilience. Traditional theory can expand this theorization to a broader audience and circumstances beyond this setting, such as health and wellness in the field of emergency management overall, not just law enforcement. The Theory of Cognition through the process of improvisation in the emergency management field is one such example (Mendonca & Wallace, 2007). The Theory of

Reasoned Action could also be considered a preestablished theory for interpreting findings (Fishbein & Ajzen, 1975).

Figure 2.2

The analysis process using Grounded Theory methodology



Source: *The Good Research Guide*, Denscombe, 2010

The researcher employed the constant comparative method to enhance the explanatory power of theories and concepts derived from data analysis. This approach is used as a continuous process of comparisons and contrasts of emerging codes and concepts. The process highlighted similarities and differences and ensured proper code integration into common categories while verifying developing theories as they appeared. All these characteristics are vital to ensuring the research remains grounded in empirical data. Theoretical saturation was reached once additional analysis no longer contributed to new categories. Though this was a small sample of participants, the researcher established such saturation as required by research standards (Patton, 2002).

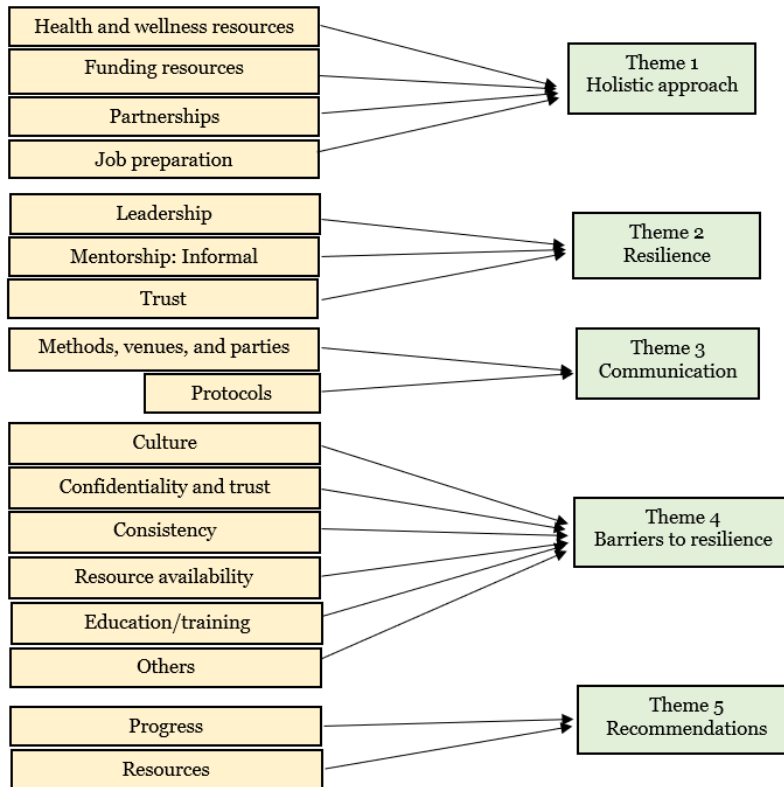
The following section will describe the research findings with a discussion to follow.

Research findings and discussion

This section outlines the themes and categories identified by findings and summarizes the key information to be used in the formulation of policy and practice. For better visibility and readability, the outline is divided among the themes reflected in a green color with their corresponding categories highlighted in yellow. The section concludes with a discussion of the findings. The overall analysis supporting R (1) revealed five general themes, 17 categories, and 114 codes (See Figures 2.3 through 2.8 for details). The five themes encompassed the holistic approach to health and wellness; organizational and individual resilience built through trust in leadership and among officers/peers when seeking help or addressing innovative approaches to resilience; the communication of resources and protocols to officers; critical issues in health and wellness also known as barriers; and lastly, the progress achieved so far on this topic as well as future recommendations for building resilience. Next, each theme will be discussed in detail and supported by existing literature (See *Appendix D* for a summary of quotes and their pertaining themes, categories, and codes).

Figure 2.3

Overall identified themes and categories



Source: Personal communication, 2022.

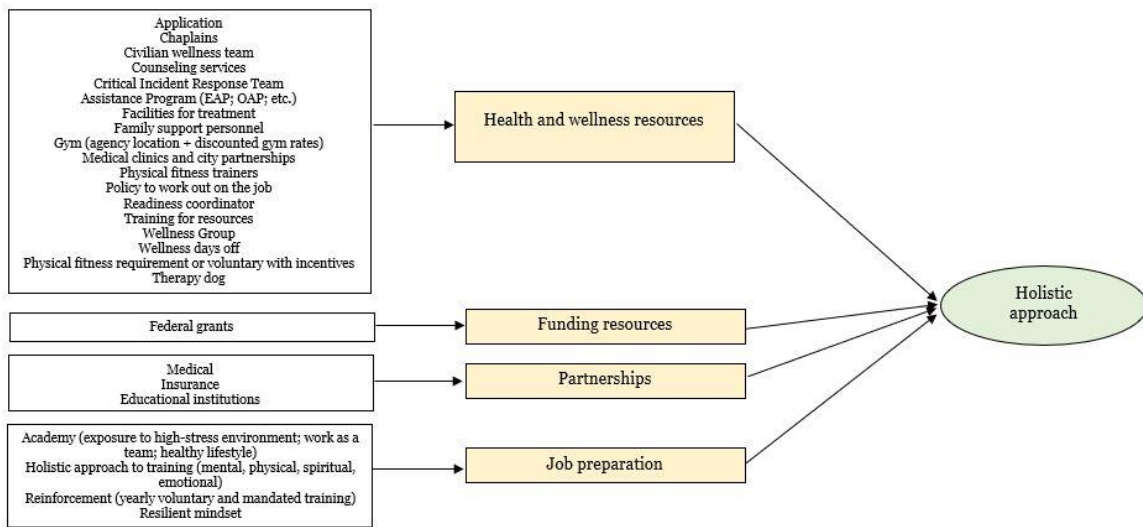
Theme 2.1 - Holistic approach to health and wellness

The first theme addressed the need for a holistic approach to health and wellness initiatives and overall resilience building (See Figure 2.4 for details). This is consistent with current literature that stresses the need for such an approach to address officer resilience adequately. Chief Henninger, the President of the International Association of Chiefs of Police, stated that “*police leaders must...maintain a culture and policies that support holistic approaches to wellness*” (Henninger, 2022, p. 6). White and Heslop (2012) and Orton and Cooper (n.d.) refer to this holistic approach as a tool to develop a person through an integrated mind and body approach to stress. Furthermore, Caro (2011)

states that a holistic approach is embedded in the academy environment through learning and teaching. Participants 01, 05, and 07 said an agency needs to “*teach a holistic wellness approach*” (Personal communication, March 8, 2022; Personal communication, March 17, 2022; Personal communication, March 24, 2022).

Figure 2.4

Theme 1 - Holistic Approach



Note: This figure demonstrates the coding analysis for theme one, holistic approach. This was comprised of four categories: health and wellness, funding, partnerships, and job preparation. These categories were comprised of several codes for each though not all are represented here for spacing reasons. This theme was built using the risk factors to resilience. Source: Personal communication, 2022.

This holistic approach is further emphasized by Goerling (2016) in his article on *Police officer resilience and community building* where he stresses the need for a holistic lens to address “*the corporate un-wellness that persists in the business of policing...this has significant ripple effects in American communities*” (p. 394).

Elkins (2021) describes six pillars to officer resilience: mental, physical, social, spiritual, financial, and tactical. Mentally, officers need psychological resources to increase performance. Physically, nutritional and training advice are needed to reduce injury and increase health. Socially, agencies must create social support systems to include family assistance programs, peer support, and training. Spiritual wellness refers to services such as chaplain, mitigation of burnout, and resources to develop a positive mindset. Financially, programs must target employees and their families. Tactically, programs targeting academy and in-service trainings are necessary to promote proper agency protocols in all situations (Elkins, 2021). Using these pillars, the categories supporting the holistic theme were comprised of agency health and wellness resources, funding resources, partnerships with outside agencies to provide counseling, medical treatment, and other services, and overall job preparation initiatives starting with the application process to become an officer. The following will describe these categories in further details.

Health and wellness resources

Application and recruitment

The findings identified the application and recruitment process as one of the health and wellness approaches to resiliency, particularly the tactical pillar preparation addressed by Elkins (2021). All agencies have an established application process for candidates to apply to become an officer. This process starts with a written application, a written and physical test, interviews, a background investigation, polygraph, medical, and psychological evaluation. This is to ensure that candidates are qualified for the position and meet its physical and psychological requirements. Additionally, at this stage,

agencies look to identify key characteristics and traits such as integrity, empathy, self-control, team orientation, and problem-solving skills, to name a few (Morison, 2017). These requirements are endorsed by current literature and other police departments around the nation such as the United States Capitol Police (Morison, 2017; USCP, n.d.).

Academy

Next, according to all interviewees, agencies have an academy the selected candidates must complete and varies from six to seven months. This academy is comprised of mental health training, emotional survival, psychological first aid, diaphragmatic breathing while wearing a heart monitor, principles of a healthy lifestyle, and physical fitness. All these are geared at creating what Participant 05 calls “a roadmap” for a critical incident and “create a foundation” for future (Participant 05, personal communication, March 17, 2022). Cadets are taught to function as a team the entire time and become each other’s peer support (Participant 01, personal communication, March 8, 2022; Participant 04, personal communication, March 15, 2022). Overall, academies are a combination of practical (military or para-military style) and instructional (non-stress) exercises (Buehler, 2021).

Field Training Program (FTP)

Upon graduation from the academy, all agencies subject the cadets to a Field Training Program (FTP) where a Field Training Officer (FTO) supervises the cadet for four months in four stages. This provides an opportunity for the cadet to learn on-the-job skills based on the knowledge gained during the academy but also for the FTO to instill some lifelong behaviors and abilities the cadet could use on the job. All participants referred to the FTO program as a formal mentorship program though the mentoring

process stops upon its completion. This program was developed in San Jose, California in 1971 as on-the-job training incorporating an evaluation process and has been modified throughout the years and remains widely used (Fischer, n. d.). This training on resilience and health and wellness decreases over the duration of an officer's career, as mentioned by all participants.

Other health and wellness resources

The mental, emotional, physical, and social pillars identified by Elkins (2021) were present in all three agencies. These were comprised of assistance programs, counseling services, health and wellness resources, peer-to-peer teams, wellness units, critical incident response teams, workout policy and facilities, and others.

EAP/OAP/ETAP

According to the interviewees, all agencies had an employee program to provide resources for officers and their families. These were either an Employee Assistance Program, also known as EAP, Officer Assistance Program, OAP, or Employee Tracking and Assistance Program (ETAP). This is an initiative to provide education and resources to employees and their families for proper coping strategies (ODMHSA, 2020). The EAP is a program established by an agency or provides of emergency services for counseling and other support services to its employees (Oklahoma Statute Title 12, 2008). The EAP is used in various ways, one of which is to provide an on-site counselor for critical incidents, if the first-line supervisor deems it necessary. Another is to set a referral avenue for supervisors who see officers in need of services after a critical incident or discussing a concern with the officer and offering the EAP as a resource.

Counseling resources

Outside the EAP, all agencies provide counseling resources though the extent, access, and frequency differ among them. The target of such resources is to provide first responder support services (FRSS) through vetted mental health professionals.

(Participant 02, personal communication, March 9, 2022; Participant 03, personal communication, March 14, 2022; Participant 07, personal communication, March 24, 2022). At one agency, the FRSS program is available to officers, their families, and children until the age of 21 (Participant 02, personal communication, March 9, 2022; Participant 05, personal communication, March 17, 2022). These professionals are trauma and first responder trained and are contracted out by the city. One agency offers unlimited visits while the other two are limited to a certain number of consecutive sessions or until the therapist clears the officer to return to duty. Up to this point, the agency pays for the sessions as it is a retainer contract. However, if the officer is cleared but he/she desires to continue such services, he/she will use personal insurance as payment. One agency only allows officers to seek the contracted therapist for on-duty incidents only (Participant 08, personal communication, March 28, 2022). All agencies provide these counselors to be called after a critical incident if deemed necessary.

Phone application

In addition to these services, all agencies use a phone application through a third-party company called Lighthouse that focuses on law enforcement applications. Officers can access health and wellness resources, a daily assessment questionnaire, and search for peer-trained officers they can trust to reach out to along with their biography, background, and personal testimonies. The application is confidential, and the search is

not reported to command staff which provides security for officers, as Participant 08 stated (Personal communication, March 28, 2022).

Wellness Units and peer-to-peer training

The peer-to-peer training is offered in two out of the three agencies, and it is sometimes conducted by the department therapist or a team of officers and/or civilians from the agency who are trained accordingly. *“Peer support programs train peers to recognize and respond to suicide risk”* and connect the person to the appropriate resources (NOSI, 2018, p. 21). This peer support program is recommended for first responders as they provide positive examples for officers involved in critical incidents from trusted peers who have experienced such events themselves and can talk about them (Morison, 2017). This practice can also develop into a mentoring program and strengthen social connections which have been linked to better coping and reduced overall stress (Fischer, n.d.; NOSI, 2018). Sometimes, these members are part of an established wellness unit within the department dedicated solely to health and wellness (NOSI, 2018). Two out of the three agencies had such a unit in place while the third one was in the process of developing a state-wide program that its officers can access entitled the First Responder Wellness Division. Whether it is called a Peer-to-Peer Unit or the Wellness Unit, agencies had anywhere between 40 and 80 members trained on the team. These members include officers, reserve officers, retirees, dispatchers, chaplains, and family members. All agencies agreed that members should be vetted through an application process and interviewed to ensure they are the proper fit for the team. Trained peers *“roadmap out a plan to...get control of their life, and deal with these trauma events in a better, healthier way”* (Participant 07, personal communication, March 24, 2022).

The unit is led by a wellness coordinator who connects the officer to the appropriate resources but also converses to learn more about the situation. Participant 04 stated that the agency has an open-door policy to its wellness unit to avoid this practice become an anomaly or create an environment where officers are looked down upon if they are seen walking into the coordinator's office (Personal communication, March 15, 2022). Under Oklahoma law §12-2506.2, peer-to-peer conversations are protected communication and must remain confidential (Oklahoma Statute Title 12, 2008), which helps increase trust in these programs by officers. Aside from critical incidents, the wellness coordinator can also mobilize some of the team members to responder to personal crises such as the death of a family member, financial hardships, infidelities, etc.

Critical Incident Response Team

In addition to the wellness units, two out of the three agencies have a critical incident response team (CIRT) while the third one has an informal one. These are either volunteers or paid team members who are on call 24/7 to respond to critical incidents and post recovery through diffusions and debriefs (Participant 05, personal communication, March 17, 2022; Participant 06, personal communication, March 18, 2022; Participant 07, personal communication, March 24, 2022). According to Malcom et al. (2005), a critical incident is defined as *“a stressful event that is so consuming it overwhelms existing coping skills”* (p. 262). The Critical Incident Stress Debriefing, or CISD, was created in the 1970s by Mitchell Jeffrey and in the 1990s developed the Critical Incident Stress Management (CISM) system in collaboration with Everly George. The CISD strives to help first responders quickly recover from a traumatic incident. This is a seven-phase group discussion triage process to facilitate the recovery of an individual or

organization. A debriefing is an approach to addressing the reactions of first responders to these critical incidents (Malcom et al., 2005). A diffusion is a smaller group intervention, away from the scene, within eight hours of the incident while a debrief is within one to 10 days or more, depending on the event size (Malcom et al., 2005; Nebraska CISM, 2006). All agencies used either one or both interventions after critical incidents though for one agency there was no clear consistency in the way it was considered.

Wellness readiness coordinator

One agency is in the process of acquiring a wellness readiness coordinator who evaluates officers after critical incidents to determine if they are fit for duty. Other times, these coordinators will be a resource for officers who aspire to a healthier lifestyle as a preventative initiative. This coordinator can further provide meal plans, workouts, and other resources. (Participant 01, personal communication, March 8, 2022; Participant 03, personal communication, March 14, 2022).

Physical fitness policies and facilities

All agencies encourage officers to work out through either mandatory annual physical fitness for one agency or voluntary initiatives for the other two. For one agency, an officer can receive up to 30 hours if he/she passes the test with maximum points and did not use sick leave that year. This is like other incentives around the country as seen in the Westfield Police Department's Physical Fitness Incentive Program where officers are offered a voluntary fitness incentive program to maintain a minimum level of fitness (WPD, 2018). Other incentives are in the form of workout policies while on duty. All agencies have a workout facility either on site at each division or discounted

memberships for officers and their families at various workout locations. All agencies had a workout policy of either 30 minutes per shift or three times a week for 45 minutes where officers could work out while on duty if call volume allows. One agency uses peer pressure to motivate officers to work out (Participant 08, personal communication, March 28, 2022). Other workout facilities include boathouses and nonprofit that officers can access at no cost to them (Participant 01, personal communication, March 8, 2022). One agency created a certified CrossFit gym to allow for high-intensity training or rucking, low-level intensity, exercises where trainees move from point A to point Z using weight in the form of a backpack or other gear (GORUCK, 2022). Certified members of the gym travel with the wellness team to different places across the state and conduct a workout after the wellness training (Participant 07, personal communication, March 24, 2022; Participant 08, personal communication, March 28, 2022).

Resilience training and other resources

One agency provides additional resources such as Gottman couples communication, a therapy dog, a chaplain, and allowance of wellness days after an incident (Participant 01, personal communication, March 08, 2022; Participant 03, personal communication, March 14, 2022). All agencies include a mandatory two-hour mental health training a year for their officers. Others offer specific trainings focused on reality-based training, breathing techniques, therapy techniques such as Eye Movement Desensitization and Reprocessing (EMDR), resiliency courses on repeated exposure to trauma, and overall education on nutrition, fitness courses, and mental wellness.

Wellness programs

Other resources include a wellness program from the Community Oriented for Policing Services (COPS), Warriors Rest Foundation, Safe Call in Oklahoma, Mighty Oaks Program, and services through the Fraternal Order of Police (FOP). Furthermore, the Oklahoma First Responder Wellness Division created for the State of Oklahoma will include in-patient treatment facilities and preventative services such as rest beds that all first responders can use without agency knowledge. This is meant to provide a holistic approach to recovery (Participant 07, personal communication, March 24, 2022).

Health and wellness partnerships

Lastly, agencies were asked to provide current partnerships with the outside community to facilitate health and wellness resources. The findings showed that though some agencies have partnerships with a medical clinic, officers were reluctant to use it because of high turnover rate of doctors. However, this service was free to city employees if they decide to use it (Participant 01, personal communication, March 8, 2022). Another agency had a trauma surgeon on its Special Operations Team (SOT) who trains with the team twice a month (Participant 02, personal communication, March 9, 2022). All agencies had a licensed therapist through the EAP who responds to a critical incident.

None of the agencies had preestablished partnerships for services such as health and wellness screenings. One agency offers a yearly health checkup that offers decreased insurance premiums, but it was not mandatory nor comprehensive. All agencies were receptive to establishing partnerships with the outside medical community to provide preventative screenings for their officers such as heart and diabetes screens. Another type

of partnership one agency established was educational. This agency uses a community college to allow students to gain credit hours by completing the training academy (Participant 08, personal communication, March 28, 2022). Considering the implications on cost savings and for building overall officer resilience, agencies are encouraged to explore and implement such partnerships in the future (Spence, 2017).

Funding resources

Lastly, the financial pillar is critical in achieving resilience as Spence (2016) states as it determines whether an agency will be able to properly respond to critical incidents. This can be achieved through grants and partnerships with outside entities that can aid with resources the agency lacks. These short-term financial investments in health and wellness programs have long-term payoffs (Spence, 2016). Aside from the partnerships mentioned earlier, this section focuses on monetary and educational partnerships rather than services alone. For example, the Law Enforcement Mental Health and Wellness Act offers grants to local, state, and federal agencies as well as other organizations to:

fund projects that develop knowledge, increase awareness of effective mental health and wellness strategies, increase the skills and abilities of law enforcement, and increase the number of law enforcement agencies and relevant stakeholders using peer support, training, family resources, suicide prevention, and other promising practices for wellness programs. (COPS, n.d., para. 1)

One of the three agencies used such a grant awarded for two years with a possible extension of another three to support fund its wellness unit, health and wellness

resources, and other educational trainings (Participant 01, personal communication, March 8, 2022; Participant 03, personal communication, March 14, 2022).

Holistic approach summary

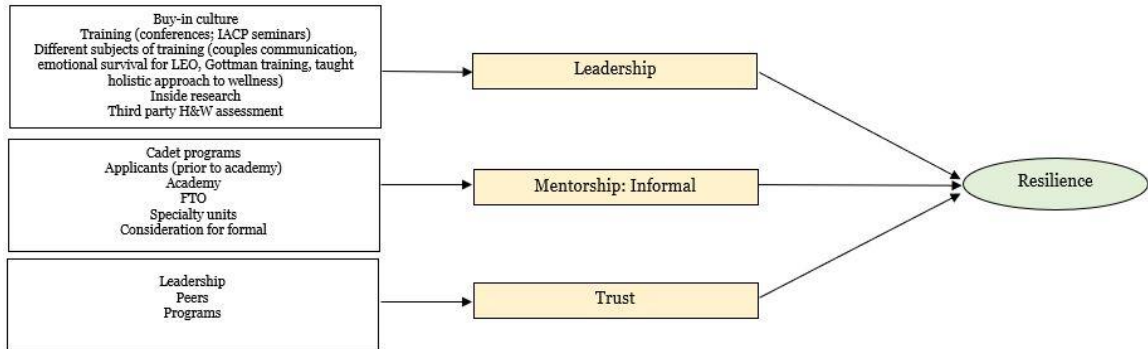
Overall, the theme of using a holistic approach to officer resilience was supported by health and wellness resources, funding opportunities, partnerships, and overall job preparation steps. However, despite the presence of such resources supporting the five pillars identified by Elkins (2021) as conducive to officer resilience, all participants agreed that there is a need for improvement on the overall health and wellness topic within each agency. This will be discussed under the critical issues section later. Next, the discussion addresses the second theme identified by the analysis, trust.

Theme 2 - Resilience

The second theme revealed the significance of leadership, mentorship, and trust in both, leadership, and peers, when addressing organizational and individual resilience (See Figure 2.5 for details). In turn, these impacted considerations of reaching out for health and wellness services or addressing wellness concerns. As Spence (2016) stated, law enforcement leadership is built on trust particularly when it comes to the officers' well-being. For a program to be successful, trust and leadership buy-in are paramount because "*management can make or break officer resilience*" (Spence, 2016, p. 23). Leaders must be trusted by officers for programs to be successful. Spence (2016) stresses the importance of transparency, honesty, and trustworthiness in building a culture of resilience. This not only determines the individual physical and mental health, but the health of the organization and community overall (Spence, 2016). The categories supporting this theme were leadership and mentorship, which are discussed in detail next.

Figure 2.5

Theme 2 –Resilience



Note: The second theme, resilience, was comprised of three categories: Leadership, mentorship, and trust. These categories were supported by 16 codes. Source: Personal communication, 2022.

Leadership - Training

Leadership, as mentioned, can help or hinder trust and, in turn, resilience. Leaders can build trust by promoting EAPs comprised of a comprehensive emotional and mental health program. For this, leaders must be educated on the types of emotional health and other resources that are then extended to the staff (Spence, 2016). Participants from two out of the three agencies stated that leaders and those involved in the Wellness Unit attended conferences and seminars sponsored by the International Association of Chiefs of Police (IACP), Community Oriented Policing Services (COPS), and Fraternal Order of Police (FOP) Wellness Conference. The same two agencies included their leadership such as chief and deputy chiefs in their peer-to-peer training and other trainings specifically for majors and above (Participant 02, personal communication, March 9, 2022; Participant 04, personal communication, March 15, 2022). One agency offers specific types of training like Gottman, and emotional survival for law enforcement, all

with a focus on a holistic approach. The Gottman training, though it focuses on couples' communication, it expands to professional relationships. This integrates best practices through research-based interventions using the Sound Relationship House Theory to disarm conflict and increase empathy and understanding in a relationship (The Gottman Method, 2022). The emotional survival for law enforcement training uses behavioral science to help officers and their families gain the skills for emotional survival (Gilmartin, 2021).

Others, such as members of the Critical Incident Response Team are trained on Critical Incident System Management (CISM) and Critical Incident System Debrief, for defusing and debriefings incidents (CISD) (Participant 03, personal communication, March 14, 2022). Participant 05 expressed the need to follow other agencies' models such as the Indianapolis' Internal Affairs Division model. According to Ed King, the Indiana Department of Transportation Director, the *"Internal Audit and Investigations, Internal Affairs maintains an effective monitoring and reporting system and prevents, detects and identifies trends, improprieties and irregularities throughout the department, promoting loss control and improved operational efficiency thus enhancing the public trust"* (King, 2022, para. 2). This allows the agency to prevent officer complaints from escalating by focusing on the cause of the problem such as personal and professional matters (Participant 05, personal communication, March 17, 2022). Participant 06 further emphasized the need for such an early warning system that will prevent officers from escalating in their behaviors (Personal communication, March 18, 2022).

Leadership – Buy-in

In addition to training, leadership buy-in, as mentioned earlier, is critical. Findings showed that only one agency exemplified leadership buy-in for health and wellness initiatives in a holistic manner. As Participant 01 stated, “*command bought it; all in*” (Personal communication, March 8, 2022). Participants 03 and 04 stated that the “*chief is very progressive*” and embraces the “*holistic approach*” (Personal communication, March 14, 2022; Personal communication, March 15, 2022). The changes came with new command where officers were able to carry health and wellness conversations. This change permeated all the way down to lineups where third-party dissemination of information was eliminated and the Wellness Unit spoke directly to officers. In the words of Participant 04, the change happened because officers “*refused to give up*” (Personal communication, March 15, 2022). The other two agencies lacked support from leadership in certain areas such as emotional, spiritual, and mental health (Participant 5, personal communication, March 17, 2022; Participant 07, personal communication, March 24, 2022; Participant 09, personal communication, April 2, 2022). Participant 02 stated that the leadership “*starts at the top and goes down*” and is “*very supportive of taking care of ourselves*” (Personal communication, March 9, 2022), though leadership support in all aspects of a holistic approach is lacking. However, Participant 07 stated that the agency is changing where every officer will be trained as peer support, all the way to the chief because health and wellness does not stop at the unit level (Personal communication, March 24, 2022). As Participant 03 stated, “*peer support starts with you.*” (Personal communication, March 14, 2022).

Leadership - Inside research and external health and wellness assessment

In addition to leadership education and buy-in, one agency went further into conducting an assessment on the state of resiliency of its officers and agencywide. This was a two-part process. One, Participant 01 stated that the agency conducted internal research on specific topics such as agency response to officer-involved shootings. Though the participant did not elaborate too much on this, it was stated that the agency was interested in seeing whether officers involved in such critical incidents believed they received the proper resources to overcome the challenges presented by such events. Findings from this internal study were used to address shortcomings in health and wellness resources after officer-involved shooting incidents. The second part of the assessment incorporated an external review of the agency's overall wellness. This incorporated interviews with various command and officers, and a review of current policies and procedures. Results from this assessment aided in creating the Wellness Unit with its proper command structure, the Family Support Group to increase family members' access resources, conducting education and training on available resources such as the EAP, restructuring current programs such as the Peer Support Team using best practices to vet candidates, creation of a Critical Incident Response Team, and others. In all, these recommendations helped strengthen the promotion of wellness as a holistic approach (Metz & Metz, 2020).

Findings also identified the element of politics as influencing access to health and wellness resources and actions on employees. This was particularly present in two out of the three agencies, with more emphasis on one of them. As Participants 08 and 09 stated, the politics of the agency are affected by the current political parties in power. This

affects the overall operations of an agency as leadership constantly changes (Personal communication, March 28, 2022; Personal communication, April 2, 2022). As Knight (1982) and Selig (1993) stated, politics influence an array of functions within an organization such as finance, policies, and standards, to name a few; thus, politics should be independent of law enforcement. Next, the findings discuss the role of mentorship in building individual and organizational resilience in a law enforcement agency.

Mentorship

Organizational resilience, as stated by Nanavaty (2014), is placing employees first as they represent the most important assets of the agency. The agency's commitment is to equip officers with the resources and tools for early intervention and educational programs to enhance individual resilience. Nanavaty (2014) emphasizes that the five areas of intervention for individual resiliency include "*addictive issues, behavioral health, physical health, personality issues and family relationship*" (p. 2). Addiction includes substances such as alcohol and drugs but also behaviors such as sex and pornography. Behavioral health targets issues such as those of depression and anxiety. Personality concerns relate to issues of narcissistic personality disorder, impulsivity, and anger issues. Lastly, family-relationships include issues of divorce, custody, and financial issues (Nanavaty, 2014). All these areas must be addressed to ensure officer resilience and a way to address it is through organizational focus on employing resources targeting such concerns.

In addition to the holistic approach mentioned earlier, law enforcement agencies are implementing mentorship programs to promote this personal and professional development. The Indianapolis Metropolitan Police Department's (IMPD) formal

volunteer mentoring program is called *My Legacy* where trained mentors connect officers with the proper resources such as wellness programs. Mentors are selected based on personal history of a healthy and quality lifestyle after overcoming distress issues. Among other qualities, applicants are selected based on their personal perseverance throughout their career. Furthermore, the program is specialized to target various groups such as military veterans (Nanavaty, 2014). IMPD's mentoring program philosophy is that mentoring is different from peer support or field training in that "*mentoring is a long-term peer relationship aimed at assisting officers to navigate challenges in their personal and professional lives in the core distress areas throughout their career and not just in the aftermath of critical incident or personal crisis*" (Nanavaty, 2014, p. 3). The FTO's, peer support officers, critical incident management team, and mentors are trained together, twice a year. One of the main key elements of success is officer confidentiality and remains the responsibility of everyone involved to maintain its integrity (Nanavaty, 2014).

"Mentoring is described as a relationship where the mentor guides the protégé and sharing wisdom gained from his or her career" (Caparo, n.d., p. 1). As mentioned earlier, these relationships are paramount for agencies as it focuses on organizational and individual resilience. Unfortunately, none of the agencies that participated in this study had a formal mentorship program. This finding supports Caparo (n.d.) where 65% of the agencies interviewed did not have a mentoring program. Of the 35% that had one, 58% started the mentorship within the last five years of the survey (Caparo, n.d.).

Informal mentorship and desirability for formality

Despite this, all interviewees agreed that their agencies would be interested in implementing a formal mentorship program. As Nanavaty (2014) stated, mentorships are essential for recruiting and retention; therefore, agencies must address them. Some forms of mentoring were revealed to take place informally through the academy, FTO, and specialty units. Four of the participants considered the FTO training as a mentoring program though it is informal.

Participant 06 stated that sometimes senior officers take it upon themselves to reach out to the junior officers and engage in this informal mentorship. Whether formal or informal, these relationships are critical as the *“first person that you work with in your field training role, makes or breaks you...for the rest of your career”* (Participant 08, personal communication, March 28, 2022). As Participant 05 said regarding suicides in his career and the importance of a formal mentorship program, *“I don’t like to count them, but probably 10 officer suicides and you know, it’s different people that you know, people that you work with, people that you’re close to. So, I see that, you know, that can be useful.”* (Personal communication, March 17, 2022).

Mentorship – Recruiting and retention

Lastly, findings identified recruiting and retention as an important consideration. One agency engages in two separate efforts to recruit and retain officers from early stages of high school. One effort is a mentoring cadet program for high-school students interested in a career in law enforcement. This is a recruiting tool that departments can use to attract young adults to the career of law enforcement as stated by Devore (1989). In his survey of 48 police departments, he found that cadets who completed the program

were 80-100% more likely to become full sworn officers (Devore, 1989). Another effort to retain applicants and ensure their successful completion of academy training is offering a pre-academy program. This program is like San Diego Police Department's Candidate Assistance Mentoring Program (CAMP), and it prepares police officer recruits for the police academy's mental and physical challenges. Candidates in the background process are eligible to attend (City of San Diego, n.d.).

Trust

Participant 05 stated that as an officer, he chooses which team member of the Critical Incident Response Team reaches out to those involved based on his/her personality. This ensures that the CIRT member can relate to the person affected by the incident. Participant 07 stated that trust must be developed ahead of time, prior to a critical incident, to be effective. If trustworthiness does not exist, officers will talk, and these units will not be effective (Participant 08).

Resilience theme summary

In sum, this second theme revolves around the issue of leadership, mentorship, and trust where effective training, proactive officer programs, and management become pillars of organizational and individual resiliency (Nanavaty, 2014; Jaja & Amah, 2014). The next section will discuss how these first two themes of holistic initiatives and organizational and individual resilience are communicated within the agencies studied.

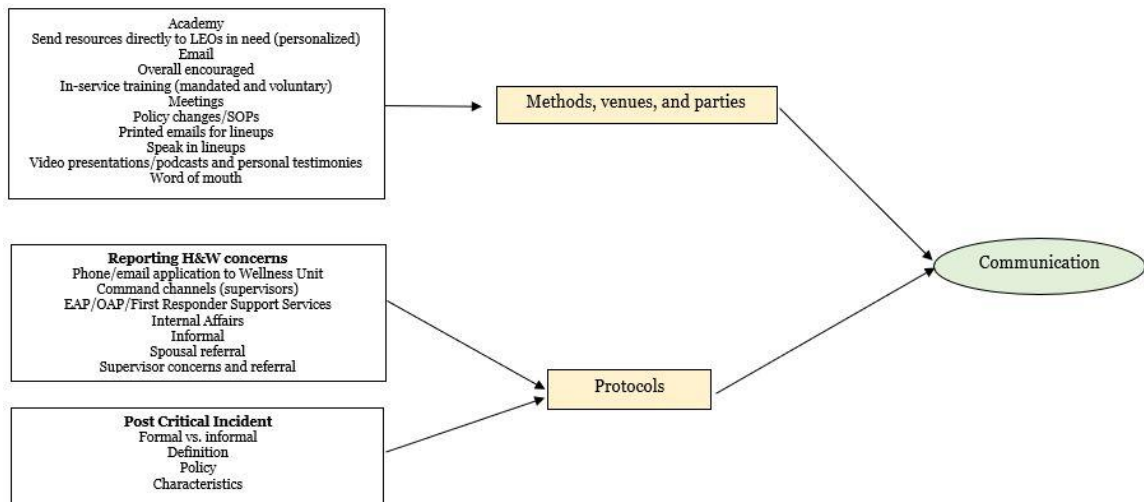
Theme 3 – Communication

Communication is said to influence actions, behaviors, and perceptions of people. Ajzen (1971) stated that an individual's attitude toward an act and his beliefs about others' expectations of him in a situation will determine that individual's intention of

performing that act. Though others’ expectations can encompass family and friends, in organizational settings, these can be supervisors and society at large. These are normative beliefs. Overall, the three determinants of behavior are attitudes towards it, normative beliefs, and motivation to conform to the norms (Ajzen, 1971). The current research’ third theme identified that the most effective and common way of communication of resources or their effectiveness was the word of mouth. The categories supporting the theme of communication were methods (verbal and written), venues of dissemination, parties responsible for such communication, and overall standard operation procedure protocols (See Figure 2.6 for details).

Figure 2.6

Theme 3 –Communication



Note: The third theme, communication, was comprised of two categories: Methods, venues, and parties to communication and overall protocols for health and wellness and critical incidents. These categories were supported by 22 codes. Source: Personal communication, 2022.

In emergency management, the Protective Action Decision Model (PADM) was developed to analyze people's responses to environmental crises. This focuses on the processing of information through communication channels of those at risk (Lindell & Perry, 2012). If applied to law enforcement and resilience, one might argue that the first responder force is the population at risk. Thus, channels of communication aimed at disseminating resources and information to increase resilience must ensure they are proper and officers act upon those messages. Mezirow (1997) states that transformative learning is a type of learning theory that is geared towards adult learners and focuses on human communication. It is defined as "*the process of effecting change in a frame of reference*" (Mezirow, 1997, p. 5). This frame of reference is composed of two parts: "*habits of mind and a point of view*" (Mezirow, 1997, p. 5). Therefore, building organizational and individual resilience must incorporate proper channels of communication and learning.

Methods of communication

In the current research, findings showed that the most common method of communication is the word of mouth followed closely by email. Participant 08 stated that "*personal testimony...is powerful to someone who needs help*" (Personal communication, March 28, 2022). "*The word of mouth is really what makes any major change in a police department*" (Participant 04, personal communication, March 15, 2022). Other common methods of communication were emails from the Wellness/Peer-to-Peer Unit (general or personalized), printed emails for line-up distribution, and video presentations and podcasts with personal testimonies. Some participants stated that health and wellness resources are also verbally delivered in meetings and lineups. Policies and procedures in

the form of Standard Operating Procedures (SOPs) are also used to incorporate communication on critical incidents and reporting of wellness concerns. An SOP is defined as “*a set of instructions used to describe a process or procedure that performs an explicit operation or explicit reaction to a given event*” (NIST, n.d., para. 1). Participant 4 stated that a protocol on returning to duty includes definitions on critical incidents and those involved; steps for the officer/s involvement with the critical incident; the role of the Wellness Unit in the entire process from showing up to the incident to coordinating resources; and access to a licensed professional counselor (LPC) in circumstances such as officer-involved shooting, in-custody death, or fatality accident (Personal communication, March 15, 2022).

Venues of communication

The venues for communication of resources varied. The academy environment is one where cadets are informed of health and wellness resources. In-service training, whether mandatory or voluntary, where officers are apprised of new and existing resources as well as policy changes. Another venue of dissemination were the agency internal websites, phone application called Lighthouse discussed earlier, trainings, and lineups.

Parties for communication

Lastly, the parties responsible for communication mainly included the Wellness/Peer-to-Peer Unit along with first-line supervisor which is a lieutenant. The former is the point of contact for all health and wellness-related resources while the latter is the one with the “*pulse check*” (Participant 01, personal communication, March 8,

2022). The overall protocol for such reports varied among agencies and will be discussed next.

Written communication - Protocols and procedures

The communication theme identified the need for consistency in protocols whether these were for reporting health and wellness concerns or post critical incidents. This written communication sets the stage for a resilient crisis response. Spence (2017) defines this as a response in which preparation for crises is in place prior to an event, checklists for multiple scenarios are set, and resources such as counseling are available 24/7 if needed. A resilient crisis response ensures proper recovery and sustainability (Spence, 2017). Protocols for health and wellness reporting and post critical incidents embed the idea of a resilient crisis response as they outline the preparation for crises and resource availability. Findings showed that both protocols were present in all agencies though consistency was seen as lacking. This critical issue will be discussed in a later section.

Reporting protocol for health and wellness concerns

Reporting health and wellness concerns varied in methodology and structure. Overall, all three agencies had a system to report concerns though one agency did not see it as formal or consistent. The other two agencies assigned the Wellness or Peer-to-Peer Unit (specialized units) as the designated entity to receive such reports. As mentioned in the holistic approach section, an officer can access resources on his/her own without the knowledge of specialized units or supervisors. However, if members of the specialized units are contacted, this can be over the phone or email where an application is submitted (Participant 01, personal communication, March 8, 2022; Participant 02, personal

communication, March 9, 2022). Officers can reach out for resources such as marriage counseling, physical fitness, health issues, financial struggles, and others (Participant 01, personal communication, March 8, 2022). Members of the specialized units will then provide the appropriate resources to the officers in need. Throughout this process, it is upon the officer to reach out for services either to the unit, immediate supervisor, or employee services on their own.

To add another layer of defense, frontline supervisors (i.e., lieutenants) are encouraged to make referrals if they see an officer struggling with issues of tardiness, rudeness complaints, and others. The reason being that these supervisors spend the most time with the officers and learn their normal behaviors and identify when things are not normal.

One agency uses what is called the Employee Tracking and Assistance Program (ETAP) through Internal Affairs (IA). Officers are flagged on a certain number of uses of force that then triggers a particular protocol (Participant 05, personal communication, March 17, 2022). If a supervisor sees the need to reach out for services, he/she makes a referral to the specialized unit, the officers' assistance program (i.e., EAP/OAP, First Responder Support Services), or both. Another way of providing referral is to include spouses in different trainings like Peer-to-Peer. This not only provides an avenue for referral but also support for spouses on questions such as post critical incident resources, protocol, and others. One agency created a Facebook page for spouses only where they can ask questions and share resources on different topics (Participant 02, personal communication, March 9, 2022).

In sum, the protocols for reporting health and wellness concerns are very informal and even inconsistent for the three agencies studied. This critical issue will be discussed later. Next, the discussion will focus on the second part of the communication protocol related to the post critical incident.

Written communication - Critical Incident Protocol

A critical incident protocol is a written document with best practices to address response and recovery after a critical incident (Jones, 2001). This is part of the Critical Incident Stress Management system discussed in the holistic approach section where agencies establish Critical Incident Response Teams (CIRT). This is based on a team approach where multiple services are coordinated across areas of mental health, peer support personnel, and other emergency services. It is estimated that 86% of first responders experience psychological distress after certain calls. CIRT is then activated when there is a potential that an officer will suffer an intense reaction from such calls (CISM, 1995). These calls are classified as a critical incident stress which is defined as *“workers responding to emergency events and/or disasters will see and experience events that will strain their ability to function”* (OSHA, n.d., para. 3). These events can be the death of an officer, a child, a shooting, a fatality wreck, and many others. However, no two incidents are the same which means that recovery can look different for everyone and having effective protocols in place is crucial (IACP, 2022). Findings showed that two out of the three agencies have a formal critical incident protocol. This involves mental health resources from the wellness unit, a peer assigned to the officer as an advocate, a member from CIRT, and a series of notifications that go out (Participant 05, personal communication, March 17, 2022; Participant 06, personal communication, March 18,

2022). Debriefs or diffusions are not forced upon officers immediately after the incident and the Wellness Unit keeps in contact with the immediate supervisor of the officer involved in the incident for further action (Participant 01, personal communication, March 8, 2022). All three agencies remove the officer from the scene and assign a peer to the officer. This is also a legal consideration as stress impacts the memory and the officer might not be in the proper state of mind to give a briefing (Participant 08, personal communication, March 28, 2022). However, another participant stated that despite the agency's informal policy of removing someone from the scene, it is not a common practice as debriefs are still forced upon officers (Participant 09, personal communication, April 2, 2022).

In homicide incidents, attorneys are assigned to officers and the latter will provide a statement 24-72 hours after an incident. During this time, the officer is in contact with the Wellness Unit for any resources necessary or Officer Assistance Program is notified (Participant 01, personal communication, March 8, 2022; Participant 08, personal communication, March 28, 2022). The officer also has the option of bringing the spouse or family with them during a homicide interview if it was an officer involved shooting. Furthermore, in these specific cases, officers are mandated to attend counseling services where they sign a limited release of information form. This is just to confirm to the agency that the officer attended the meeting. Before returning to duty, officers follow a return-to-duty protocol and a fit-for-duty assessment (Participant 01, personal communication, March 8, 2022). In homicide cases, officers are completing the return-to-duty protocol after the district attorney sends a letter of release. After that, the agency

sends the officer through a series of reality-based trainings to determine comfort with shooting exercises (Participant 03, personal communication, March 14, 2022).

Communication – Specialized units

In general, the Wellness/Peer-to-Peer/CIRT units rely on communication with frontline supervisors for pulse check. The specialized unit, for one of the agencies, is responsible for debriefs and diffusions. At this stage, the main goal of these debriefs is for emotional stability not tactical (Participant 03, personal communication, March 14, 2022). This focuses on the immediate needs of the officer (Participant 08, March 28, 2022). Participant 01 stated that the agency uses the Eye Movement Desensitization and Reprocessing (EMDR) approach after critical incidents which is discussed earlier in the holistic approach section (Personal communication, March 8, 2022).

Communication theme summary

Overall, health and wellness reporting protocols and post critical incident protocols vary among the agencies studied. Whether formal or informal, these protocols lack consistency, and their characteristics vary from agency to agency in terms of actions steps and resources provided. All these shortcomings, along with the previous two themes', are discussed in the next section in theme four.

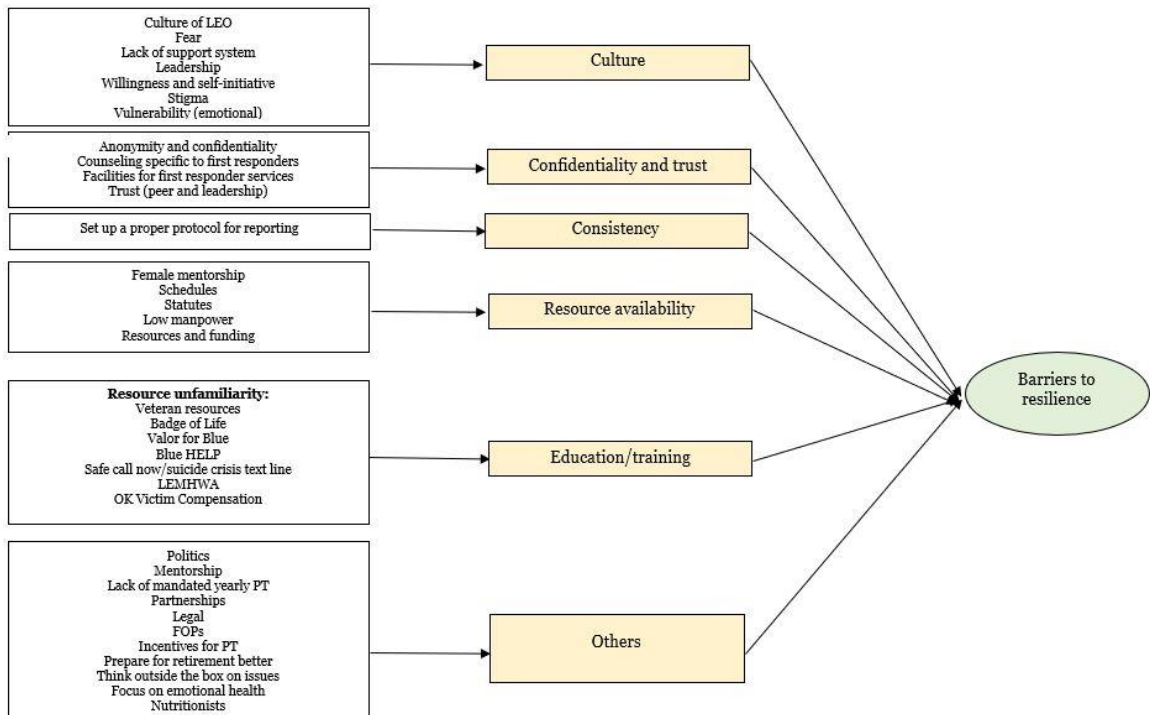
Theme 4 – Barriers to resilience

The fourth theme was comprised of several categories of critical issues identified throughout the interview process (See Figure 2.7 for details). These pertained, but were not limited to, cultural and confidentiality barriers, lack of knowledge of available resources and consistency in protocols, resource unfamiliarity, and others. This theme

and these categories are consistent with the literature as seen in Bell & Palmer-Conn (2018), Soomro & Yanos (2018), and others mentioned in the literature review section.

Figure 2.7

Theme 4 –Barriers to Resilience



Note: Theme four was comprised of six categories: Culture, confidentiality and trust, consistency, resource availability, education/training, and others. These categories were supported by 35 codes. Source: Personal communication, 2022.

Culture of law enforcement

The first category identified as a barrier to resilience was the overall cultural environment of law enforcement. Culturally, law enforcement officers avoid seeking mental health services because of fear of being seen as weak by others and/or a career impediment if coming forward (Bell & Palmer-Conn, 2018). Officers are expected to be emotionally stable when dealing with crises (Jablonski-Kaye & Barone, n.d.). Therefore,

coming forward with concerns can look like a weakness. The culture does not promote an open conversation about health and wellness needs. The law enforcement personality can be a hinderance to access to resources or outreach.

The culture of law enforcement forces itself to acquire coping mechanisms that are unhealthy. Behaviors such as alcoholism and suicidal actions are present and alive. Participant 09 stated that alcoholism is not an uncommon coping mechanism in law enforcement (Personal communication, April 2, 2022). Participant 06 stated that the agency has dealt with alcoholism in officers to the point of them getting charges of Driving Under the Influence (DUIs), two while on duty.

Another participant stated that

I was isolating, drinking myself into oblivion every night and totally sticking out...I left my bathroom, grabbed a riffle, walked to the back side of my farm, stuck it in my mouth. Put my finger on the trigger and I started gagging on this buildup of carbon on the muzzle. The end of the rifle barrel collects a lot of carbon leftover from the powder that's leaving the barrel is pushing it out. So, it's, it's gagging me, so I'll take it out, put it back in multiple times for several hours. And I couldn't keep it in my mouth long enough to shoot myself; and finally, I broke. I reached out for professional help that day.

(Participant 07, personal communication, March 24, 2022)

Leadership needs to embrace conversations on officer suicide and other topics. Otherwise, silence promotes the idea that suicide is just a job hazard of law enforcement (Jablonski-Kaye & Barone, n.d.). This lack of disclosure is detrimental to the individual but also the organization the people it serves (Bell & Palmer-Conn, 2018).

Stigma

This culture is also embracing the stigma that comes with mental illness. Stigma is defined as “*a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, or excluded*” (Bell & Palmer-Conn, 2018, p. 25). Participant 05 stated that the number one barrier to health and wellness outreach is stigma (Personal communication, March 17, 2022). It is said that police officers share the same stereotypical views on mental illness as the communities around them. After family and friends, the workplace is the second most common place for mental health stigma (Bell & Palmer-Conn, 2018). Furthermore, Soomro & Yanos (2018) and Bell & Palmer-Conn (2018) argue that officers experiencing Post Traumatic Stress Disorder (PTSD) are less likely to seek help and more likely to pass that stigma on to their colleagues. As Participant 08 stated, there is a “*stigma of strength that has to occur and that where it’s not okay for us to break down*” (Personal communication, March 28, 2022).

Fear

The stigma of seeking help is also coupled with the fear of reaching out because of job loss or other consequences (Participant 05, Personal communication, March 17, 2022). Fear manifests in a plethora of ways but some common ones include fear of being seen as emotionally weak and unreliable when responding to critical incidents and fear of betrayal of confidentiality; and fear of the impact on the job itself (Bell & Palmer-Conn, 2018; Marshall et al., 2021).

Officers are also reluctant to reach out to counseling and other services because of the stigma of seeking out those resources but also fear that it will come back to the department. It is also the fear of whatever they say that might come back to them; “*that’s*

a concern of theirs” (Participant 05, personal communication, March 17, 2022; Participant 01, March 8, 2022).

Participant 08 added that officers do not want the information from counseling or other groups to come out and be used against them. Participant 07 continued that *“the first thing they did was put you in timeout, possibly reduction in pay, even lose your job. So, there was no safe manner to report someone”* (Personal communication, March 24, 2022). Lastly, Participant 08 expressed concerns with how officers can afford to pay for continued counseling services once the department cleared them for duty (Personal communication, March 28, 2022).

Emotional vulnerability

Vulnerability of emotions is another barrier to reaching out with concerns. As Participant 08 stated, *“because they lack the ability to feel, they lack the ability to have empathy, all of those different things that make us human and so...primarily the characteristic of who we are to be to do the job plays against us”* (Personal communication, March 28, 2022). Participant 05 added that *“the number one emotion that officers run from, hide from, try to squash, is that vulnerability. Officers do not want to be vulnerable, ever...”* (Personal communication, March 17, 2022)

Participant 04 stated that *“pride can do a lot of damage; pride makes poor decisions”* (Personal communication, March 15, 2022). Another participant added, *“nobody is included because it’s a deep, dark, secret. Nobody wants to talk about these bad things that affect us all because we are human”* (Participant 07, personal communication, March 24, 2022). Lastly, officers are unwilling to report concerns for the reasons addressed earlier. It is up to the officer to *“step through that door”* to access the

information and “*they are very good at covering it up*” (Participant 05, personal communication, March 17, 2022). “*Admitting you have a problem is usually the hardest step*” (Participant 06, personal communication, March 18, 2022).

Lack of a support system

In addition to the culture of law enforcement, stigma, fear, and emotional vulnerability, officers experience a lack of a support system, and leadership support. Participant 08 stated that if an officer does not have a prior support system in place such as family, he/she will have a difficult time overcoming the toll of the job. This support group must be already established (Personal communication, March 28, 2022). The leadership support, on the other hand, ensures officer assistance on the job. Sometimes, supervisors are out and do not notice the changes in an officer which causes this officer to go unnoticed until it is too late. Another participant expressed the need for leadership to consider the inconsistency in scheduling as it affects officer sleep and family life. Even though the top leadership sets a particular schedule, the immediate supervisor changes it according to his/her desires.

Lack of confidentiality and trust in services

Along the same thought, the second category identified as a barrier to resilience was comprised of lack of confidentiality and trust in reaching out for resources or communicating health and wellness concerns to others. This finding is consistent with Spence (2016) where he found that EAP services were not trusted as an anonymous resource. One major concern identified was confidentiality and anonymity, stating that they refused to use it and would seek outside agency help instead. Another participant expressed concern with the way it was communicated to first-line officers in that it

depended solely upon the first-line supervisor, or the officer assigned to the EAP to make the referral, inform the officer of such a resource, or rely on the officer to reach out to the supervisor when in need of services.

Lack of trust

Another issue was trust in services, leadership, and peers. The trust in services issue was based on the need for specialized first responder counselors who provide services after critical incidents or are assigned for assistance in general. Some participants stated that most of the qualified counselors were no longer available through the EAP because they moved to private practices and had to be sought on a personal basis. One agency created a funding program to address this. An additional issue with the EAP was that for some agencies, it only covered six sessions and there was a waiting period of 90 days before another set of sessions could be started. Another agency had the EAP tied to on-duty incidents only so if an officer experienced personal problems like divorce, the EAP would not cover such services. Delays in receiving the proper medical treatment is detrimental to officer resilience (Spence, 2016). Other barriers included specialized facilities where officers can access services or stay for short or long-term treatment.

The other issue of trust was in peer and leadership. Participant 05 stated that even though the leaders are trained in this issue and have education in this area, *“they are the worst ones to promote that. I think they could do a lot better job.”* The concept of emotional wellness is *“a concept that our leadership has never, never bought into.”* (Personal communication, March 17, 2022).

The trust in peers relates to peer-to-peer individuals who arrive on scene after a critical incident or simply a person who is trained to help those in need. As Participant 07 stated, if the trained peer has never experienced any trauma of their own, they will have a difficult time connecting with the officer in need because of lack of trust in his/her ability to understand. *“This trust has to be developed ahead of time before the traumatic event occurs to be truly effective”* (Personal communication, March 24, 2022). This lack of trust in peers also impacts mentorship as *“the best mentors are those who have failed and have recovered from their failure”* (Spence, 2016, p. 39). Therefore, having someone who has never experienced failure might not be a good support for an officer in need. Participants 05 and 08 stated that there are only a few people they would trust for advice and help after an incident (Personal communication, March 28, 2022). One of the reasons for this was lack of trust in other officers to maintain confidentiality. This finding is consistent with Bell & Palmer-Conn (2018) where findings showed that officers are reluctant to confide in their peers. This was named *“won’t tell, can’t tell culture”* (Bell & Palmer-Conn, 2018, p. 33).

Lack of consistency

Consistency was identified as another issue in health and wellness. Among others like schedule changes, workout requirements, and lack of mentorship, this related to critical incident protocols as well as reporting of health and wellness concerns. All agencies had a critical incident protocol. However, one of the agencies did not follow it. For the other two that did, critical incident responses were dependent upon the type of incident such as an officer involved shooting. However, as Participant 08 stated, the

everyday calls, the little incidents, are taxing, which in turn impact the response to a critical incident (Personal communication, March 28, 2022).

Lack of formal health and wellness reporting protocols

All agencies lacked a formal protocol for reporting health and wellness concerns. This can lead to officers progressing in their habits without proper intervention. As Participant 08 stated, the agency has

law enforcement psychologist that does a great job, but it's very reactionary, and it's very much after we've seen significant signs that someone is in need. Well, in our experience now it's beginning to look like when those signs appear it may be a little too late. (Personal communication, March 28, 2022)

Lack of health and wellness resources

Aside from culture, confidentiality, and consistency, participants identified a series of health and wellness resources that lacked in their agencies. As mentioned earlier, specific counseling programs for treating trauma was lacking among some of the agencies. The ones offered, were outside the network and officers had to pay out of pocket. This is consistent with prior research where finding trauma-informed counselors for law enforcement after critical incidents seemed to be a difficult task and critical to a resilient force and healing (Spence, 2016). Another was lack of facilities specific to first responders where officers can check themselves in for short- or long-term treatments (Participant 07, personal communication, March 24, 2022). These are related to funding though some agencies found ways to cover some of the counseling services if officers needed them. These funding sources were discussed under the holistic approach section.

Other important resources that were identified as lacking were, overall, manpower and, specifically, female mentorship. Participant 02 stated that they are overworked and tired because they are shorthanded (Personal communication, March 9, 2022). All three agencies were around 100-300 officers under the approved number. The recruiting for law enforcement is not a new challenge as seen after the mid-2000s economic downturn (Wilson et al., 2016). This trend over the years coupled with the pandemic and Defund the Police Movement have caused the force to reimagine recruiting. This crisis of short staffing has led to officer burnout (Burleigh, 2021). Another resource is female recruiting and mentorship. The reason for this being that law enforcement is a male-dominant profession and female recruiting and mentoring is lacking (Wilson et al., 2016; Sprafka & Kranda, n.d.). For example, if an agency only has one female recruit in its academy class, there are different needs for her since she would be alone throughout the process (Participant 08, personal communication, March 28, 2022; Participant 09, personal communication, April 2, 2022).

Identified needs for improvement

Lastly, changes in statutes and hiring requirements were identified as needs for improvement. For instance, agencies are statutorily bound to educational requirements for officers. This can cause difficulty when recruiting (Participant 08, personal communication, March 28, 2022; Participant 06, personal communication, March 18, 2022). Though some agencies have tried different approaches to alleviate this issue as discussed in the last section of these findings, issues continue to persist.

Resource unfamiliarity

Along the resources lacking due to funding or other constraints, participants seemed to be somewhat unaware of those available to them at no cost. Each participant was provided with a list of 20 resources gathered through the literature research (See table 2.1 for details). The table was color coded from the most unfamiliar resources in orange to the most familiar resources being in green.

Table 2.1

Law enforcement resources familiarity

<i>Resource</i>	<i>Percent</i>
The Badge of Life	33%
VALOR for Blue (application or website)	67%
Blue H.E.L.P.	67%
Psychological First Aid Program (Department of Veteran Affairs)	78%
Crisis Text Line (National)	78%
Veteran crisis line (call, text, or chat)	89%
Veteran services and hospitals (other than the ones mentioned above)	89%
Law Enforcement Mental Health and Wellness Act (LEMHWA)	89%
National Peer Support Groups	89%
Peer Support Group Program	89%
Safe Call Now (Crisis referral service)	89%
Oklahoma Victim Compensation Program	89%
Workers Compensation (WC)	100%
Employee Assistance Programs (EAPs)	100%
Critical Incident Stress Debriefing/Management (CISD/CISM)	100%
Professional counseling services (private)	100%
Professional counseling services (agency)	100%
International Association of Chiefs of Police (IACP) conferences and resources	100%
Concerns of Police Survivors (C.O.P.S.) conference and resources	100%
National Suicide Prevention Hotline (Lifeline)	100%

Source: Personal communication, 2022.

Of those, the most common resources participants were unfamiliar with were the Badge of Life (33%), VALOR for Blue and Blue H.E.L.P. (67%), and Crisis Line and Psychological First Aid Program (78%). Others included services for veterans, crisis

referral services, Oklahoma Victim Compensation Program, peer support groups, and the Law Enforcement Mental Health and Wellness Act (LEMHWA). One reason for the other resources being more familiar is because they are embedded in every agency such as the Employee Assistance Program, counseling services, workers' compensation, and Critical Incident Stress Debriefing/Management (CISD/CISM). Additionally, according to participants, resources from the IACP seem to be the most used method of training and education for leadership in all three agencies. Recommendations to improve on this topic will be discussed in the last section.

Other barriers to reporting health and wellness concerns

Lastly, when considering other barriers to reporting health and wellness concerns, participants identified a series of factors as seen in Table 2.2.

Table 2.2

Other barriers to health and wellness reporting

Political and statutory barriers
Acceptance of change by leadership
Lack of yearly mandated physical fitness requirements and proper incentives
Legal concerns with physical fitness mandates and Fraternal Order of Police barriers
Lack of partnerships with outside agencies and thinking outside the box on addressing funding for health and wellness resources
Focus on emotional and nutritional health
Officer communication to identify health and wellness concerns
Lack of preparation for retirement

Source: Personal communication, 2022.

Political and statutory barriers

The political and statutory barriers were identified as issues concerning hiring mandates such as the educational requirements for new applicants and protection of jobs for officers through the merit system. Though these were not barriers strictly related to health and wellness, it is important to be discussed because it impacts applicant pool,

initiatives in an agency, as well as officer job security. Politically, regarding job protection, one participant added that with Oklahoma eliminating the merit system it will impact officers' careers as they can be fired at will. This change came from the fact that some officers could not be fired despite performing poorly on the job or receiving a DUI charge, all due to acquaintances within the agency. Therefore, the treatment of officers was very inconsistent in terms of reprimand. *"So, that in that way, it was good [elimination of merit], but it also created so much instability"* (Participant 09, personal communication, April 02, 2022). Regarding the educational requirement, some agencies are bound by statute on requiring either a college degree or a minimum number of college credit hours to join the agency as an officer (Participant 08, personal communication, March 28, 2022). Between the educational requirements and job safety concerns, the recruiting of new officers continues to be a challenge (Participant 06, personal communication, March 18, 2022; Participant 09, personal communication, April 2, 2022).

Acceptance of change by leadership

The next barrier identified was the acceptance of change by leadership. As Participant 04 stated, *"any change in a law enforcement agency is very slow"* (Personal communication, March 15, 2022). The command must buy in for any of these initiatives like the wellness unit, peer-to-peer training, first responder counseling services, and others, to succeed. As mentioned earlier, leadership could gain the trust of officers through such initiatives (Participant 01, personal communication, March 8, 2022; Participant 02, personal communication, March 9, 2022).

Lack of mandatory physical fitness tests

Another barrier was the lack of mandated physical fitness tests for officers once on the job. This led to barriers with the legal department and the Fraternal Order of Police (FOP). All agencies are using incentives to motivate officers to stay in shape. However, all participant stated that the incentives are not enough to encourage a person to keep working out for a year. These incentives involved receiving a maximum of three days off if the officer scores within a certain bracket. Unfortunately, *“it’s really difficult to score really well”* so even for officers in shape, they refuse to participate because they are not seeing the gain (Participant 06, personal communication, March 18, 2022). The same participant added that the agency has a fitness coordinator but there is no information being pushed out to officers on exercise. The issue is that if someone who has not worked out in years wants to begin, there is no program to help them or they are embarrassed because they are out of shape (Participant 04, personal communication, March 15, 2022; Participant 06, personal communication, March 18, 2022). These findings support others like Stinson (2000) who found that most police departments in the US use physical fitness as a voluntary tool rather than mandatory.

One participant stated that establishing partnerships with the outside community on services such as heart screens could incentives officers to work out and live a healthier life overall. One agency is working on such a partnership while the others do not have any current plans in place. This health-based screening aid in preventing job injuries but also predicting job performance (Lonsway, 2003). Other partnerships can include hiring civilians for positions such as fitness coordinators with a degree in kinesiology or other related fields who know about injuries and proper fitness (Participant 04, personal

communication, March 15, 2022). Participant 09 also added the need for a nutritionist to establish healthy eating habits along with emotional and physical programs (Personal communication, April 2, 2022).

Aside from beginner programs and better incentives, the FOP barrier was also mentioned. FOPs are against allowing mandated physical fitness requirements due to liability and administrative control issues (Participant 04, personal communication, March 15, 2022). The current scholarship supports this finding of police unions protesting that officers be reprimanded if unable to pass required physical fitness standards. This is a difficult barrier considering that police departments can be liable for hiring officers who cannot perform the job (Bissett et al., 2012). Lastly, Participant 04 stated that doctors write notes on behalf of the officers to excuse them from working patrol.

Lack of communication

Aside from the above-mentioned barriers, officer communication to identify health and wellness concerns was also a concern though not all participants discussed this. Participant 04 stated that social media has removed the ability of officers to spend time with other officers and the face-to-face communication moved towards texting and other electronic formats. This makes it very difficult to read a person and identify whether he/she is dealing with any issues (Personal communication, March 15, 2022). Participant 05 stated that communication training is lacking, and agencies should focus on addressing this (Personal communication, March 17, 2022). This finding was not surprising considering that communication barriers were identified as one of the main themes in reporting health and wellness concerns in this study.

Lack of preparation for retirement

Lastly, multiple participants stated that agencies can do a better job to prepare officers for retirement. Washburn (2018) confirms this finding by stating that “*Police agencies have procedures in play for the mental well-being of officers when it comes to initial hiring and on the job incidents or trauma, but nothing is aligned for those faced to deal with the years following retirement and the emotional distress that may follow*” (p. 2).

Barriers to resilience theme summary

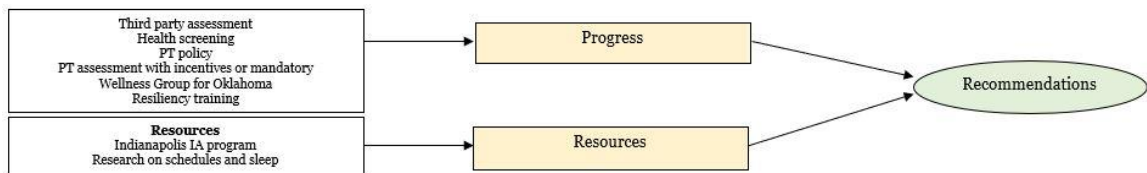
In sum, this theme of barriers to resilience focused on six categories: the culture of law enforcement, confidentiality and trust, consistency of protocols, resource availability and familiarity, and other identified barriers. Next, the section will discuss the fifth and final theme comprised of recommendations for the identified barriers to resilience.

Theme 5 – Recommendations for increasing officer resilience

The fifth and final theme was recommendations. This was comprised of two categories: current agency progress and recommendations moving forward (See Figure 2.8 for details).

Figure 2.8

Theme 5 – Recommendations



Note: Theme five, recommendations, was comprised of two categories: Current agency progress of actions and resources geared towards building officer resilience, and resources for best practices in building resilience. These categories were supported by 8 codes. Source: Personal communication, 2022.

Current agency progress

The agency progress was comprised of current initiatives and policies that agencies were implementing or have implemented to address resilience through health and wellness. This included, but was not limited to, pilot health screenings, physical fitness policies to allow officers to work on the clock as well as incentives for maintaining yearly fitness standards, resiliency and peer-to-peer training, wellness units, third-party health, and wellness assessments, and recruiting initiatives. The category on recommendations was comprised using identified needs by the participants supported by current literature. These included, but were not limited to, needed research on work schedules and impact on officer sleep as well as internal affairs (IA) programs from around the country that addressed the identification of behavioral red flags early on with a focus on prevention.

Another initiative is the workout policy while on duty. Generally, all agencies allow officers to work out three times a week, 45 minutes per day, on duty, if call volume allows. This was a needed effort to motivate officers but also provide opportunities for working out.

Another agency became a certified CrossFit box because “*we know that physical affects the mental side, so on the physical side*” (Participant 08, personal communication, March 28, 2022). All these workout initiatives are attached to incentives to work out, a

topic discussed earlier in this study. Other policies were tied to changes in how the agency deals with an officer who is suicidal or expresses other concerns. The same agency is discussing adjusting shift work but still allow for the same number of people to cover the needed calls considering the crisis for manning levels.

Participant 03 discussed how progressive the command staff is in his agency. This was reflected in the creation of the Wellness Unit to help officers in a holistic manner. *“We help with finance, retirement, sleep, fitness.”* (Personal communication, March 14, 2022). This Unit no longer reported directly to the chief as was the case with the chaplaincy program in the past. This is intended to build trust in the reporting system. Participant 04 added, we had *“a heart-to-heart conversation that we’ve progressed and educated, the whole department, and it’s been really successful”* (Participant 04, personal communication, March 15, 2022). Participant 05 added that *“the newer the officer, the more willing they are to seek help”* (Personal communication, March 17, 2022). Progress in building resilience was shown through peer-to-peer training and the creation of wellness units and the fact that younger officers are more willing to seek help. All this progress happened because *“policies are changing. Command staff is changing”* (Participant 08, personal communication, March 28, 2022). *“We’ve made leaps and bounds and this idea that our officers’ mental wellness is just as important as any other training”* (Participant 05, personal communication, March 17, 2022). The goal for one agency is to have everyone trained as peer-to-peer as well as other resiliency training (Participant 08, personal communication, March 28, 2022).

Lastly, regarding health and wellness initiatives, one agency hired a third-party assessor to evaluate the agency’s state of health and wellness. The recommendations

from CODE-4 Counseling, LLC were presented to the agency to implement the necessary changes for increasing officer health and wellness overall (Participant 04, personal communication, March 15, 2022).

The last of the findings identified progress in recruiting initiatives. Agencies have become creative in their recruiting efforts such as offering bonus pays anywhere between \$3,000 and \$5,500 for new recruits. Another initiative was to focus on minority recruiting such as females, Hispanic, African American, and others. Recruits travel to historically minority colleges for such events (Participant 06, personal communication, March 18, 2022). One agency offers the recruiting officer up to three days off if he/she recruits someone who finishes the academy (Participant 04, personal communication, March 15, 2022). Other agencies use podcasts and other social media platforms to recruit (Participant 09, personal communication, April 2, 2022). One participant stressed that officers are the biggest recruiters themselves (Participant 04, personal communication, March 15, 2022). Two out of the three agencies have a bridge academy where officers from other departments can join and complete a reduced academy because they are already certified as law enforcement officers for the state. Two agencies have established partnerships with educational institutions where if the recruit has a certain number of accrued credit hours, the academy will count as an additional number of credits. This allows for a cumulative minimum number of credit hours to join the department as stated in the statute (Participant 08, personal communication, March 28, 2022). Lastly, two out of the three agencies had a significant pay raise this past year which helps with recruiting (Participant 02, personal communication, March 9, 2022). Overall, “*we’ve kind of had to think outside the box*” (Participant 06, personal communication, March 18, 2022).

Participants recommendations

Next, the findings triggered a series of recommendations that some of the participants expressed as necessary but also the literature found to be critical to building officer resilience. Incorporating a formal protocol for monitoring officer's health and wellness and implement proactive steps must be at the forefront of all agencies. Participant 05 suggested that agencies could use other agencies' models such as the Indianapolis Internal Affairs program mentioned earlier.

Summary

This qualitative methodology in the form of semi-structured interviews provided a series of answers to R(1), the strategies used by agencies to allow for reporting of health and wellness concerns (See Table 2.3 for details). Though mostly informal, these included wellness/peer-to-peer units, critical incident response teams, and a series of resources such as phone applications and websites for officer to access. The inquiry identified a series of shortcomings that will be addressed in more detail through a series of recommendations later. These shortcomings create barriers to resilience and include the overall culture of law enforcement focused on a mentality of being tough, fear of reporting health and wellness concerns along with stigma of doing so, willingness and self-initiative in making the first step towards admitting there is an issue, and overall emotional vulnerability. Next, leadership, lack of a support system for the law enforcement officer, lack of confidentiality and trust in peers, leadership, and services, lack of protocol consistency, and lack of health and wellness resources have also been identified as barriers. Lastly, politics, lack of mentorship, mandated yearly physical

fitness, partnerships for health and wellness resources, along with legal barriers, all were stated as critical issues for reporting health and wellness concerns. There was a recognized state of progress in agencies in the form of health and wellness assessments, pilot tests on health screening, adoption of voluntary or mandatory physical fitness policies, the creation of a new Wellness Group for Oklahoma, and a focused training on resilience. Some recommended resources included programs from other agencies, creation of a formal reporting protocol for health and wellness concerns, and research on different topics, all of which will be addressed in Ch. V.

Table 2.3

Summary of findings for R(1)

<i>Research question</i>	<i>Findings</i>
<i>R(1) - Strategies</i>	Informal Wellness/peer-to-peer units Critical incident response teams Various resources (phone application, websites, etc.) Barriers to reporting: <ul style="list-style-type: none"> ✓ stigma ✓ fear of reporting ✓ overall culture of law enforcement ✓ willingness and self-initiative ✓ emotional vulnerability ✓ leadership ✓ lack of a support system ✓ trust in peers, leadership, and services ✓ lack of protocol consistency ✓ lack of health and wellness resources ✓ politics ✓ lack of mentorship, mandated yearly physical test, partnerships for health and wellness resources ✓ legal barriers Agency progress

No matter the recommendation, current scholarship states that it is paramount for agencies to prepare ahead of crises. During this time, agencies form relationships with various services in the community that aid in preparing for possible scenarios and their checklists. Resiliency is not limited to the individual but the organization which it fosters (Spence, 2017). Next, Chapter IV will address the findings from the quantitative method, the law enforcement questionnaires. Chapter V will conclude this study with a further discussion on recommendations for addressing barriers to health and wellness reporting and study limitations.

CHAPTER IV

DESCRIPTIVE STATISTICS FINDINGS

BACKGROUND

This chapter will address the descriptive statistics methodology and analysis chosen for this study. As mentioned, the goal is to assess a participant's resilience using both quantitative and qualitative measures to increase the reliability and validity of and enhance the overall findings. To answer the research question R (2) - *What are the barriers to officer self-reporting health and wellness concerns?* the mixed method approach was used. This combination of research instruments augments the validity and reliability of data and their analysis. Validity and reliability were further achieved using a representative sample of 91 participants and pilot testing of 15 others. Content validity was developed using theoretical definitions from the literature along with expert opinions for evaluations of instrument development. Face validity was achieved through a series of considerations such as clarifying the meaning of questions measuring the concept of resilience, barriers, and health and wellness; readability of scales such as continuous (i.e., strongly disagree to strongly agree) and Likert scales; survey attractiveness by limiting it

to 24 questions using two pages length; and considerations for participants' understanding (Surucu & Maslakci, 2020). Interpretive validity is supported using open-ended questions, as it is in interviews (Zohrabi, 2013). Reliability was a major limitation to this method though the researcher used some prior-used questions in other surveys along with their validation through the semi-structure interviews method. This could also reflect inter-rater reliability though further statistical analyses are required (Surucu & Maslakci, 2020).

The programs for and barriers to resilience from the qualitative findings were implemented in the quantitative ones. This tries to identify whether the same issues are present at the lower level or there is a gap between command and first-line officers regarding knowledge, access, and use of health and wellness resources. Even though Grounded Theory methodology is associated with qualitative methods, quantitative methods are also accepted though used less frequently because of its need to produce unstructured data for interpretation and comparison (Denscombe, 2010). The literature pertinent to the use of such quantitative methods to measure resilience, health and wellness, and overall strategies for enhancing resilience is discussed next.

Literature review

Officer wellness programs have been the topic of discussion in many police forums and conference trainings lately. With the passing of the Law Enforcement Mental Health and Wellness Act in 2018, officers now have access to wellness resources at all levels of law enforcement. Despite this, evidence-based research is limited (McManus & Argueta, 2019). The need for evidence-based approaches to programs combating health

and wellness concerns has never been more detrimental. Today's news continues to be ridden by negative police interactions but there is no surprise that "those who hurt are hurting" (Bowen, 2017, p. 13). Therefore, agency leaders must step outside their comfort zones and be vulnerable to innovative ideas. "Leadership is the ability to step outside the culture to start evolutionary change processes that are more adaptive" (Elliott & White, 2019, p. 16). Courses on resiliency such as Tactical Brain Training and mindfulness are gaining more popularity as they combine science to navigate the culture of law enforcement (Elliott & White, 2019; Schauf, Ramey, & Anderson, 2020). For example, Schauf, Ramey, & Anderson (2020) discussed the importance of timing for resilience training with the academy being the most effective place to deliver it. Using survey and focus groups, the Milwaukee and Madison, Wisconsin Police Departments studies were able to provide officers with a series of new habits to address coping with stress using self-regulation. The Milwaukee Model is comprised of four stages: assessment, education, incorporation, and evaluation. The overall emphasis falls on the use of agency wellness coordinators, academic researchers, and mental health professionals in any of the resiliency models discussed. This ensure the wellness program is holistic and addresses all aspects of resilience (Walsh, 2020). Empirically based studies are paramount to the development and evaluation of resilience training. As Smith (n.d.) stated, empirical studies can identify the relationship between cause-and-effect variables and answer questions about policy changes. They can also provide robust police science to the field (Muhlhausen, 2020). The current research aims to provide the field of policing and academia with additional knowledge of empirical studies using the mixed-

method approach. The next section will address the methodology for the quantitative approach with its respective findings.

Methodology

The study combined exploratory qualitative (semi-structured interviews) and quantitative (questionnaire) tools using the exploratory sequential mixed method design. This design uses the qualitative methodology to inform the quantitative one. This helps build a more suited survey instrument for the sample at hand (Creswell & Creswell, 2018). To answer the research question R (2) - *What are the barriers to officer self-reporting health and wellness concerns?*, the following information was collected by the researcher based on the needs identified in the literature and the interview results: (1) law enforcement officer barriers to reporting health and wellness concerns; (2) knowledge of programs and services identified through interview findings and current literature; (3) experience with reaching out to peers and family with health and wellness concerns; (4) demographic and administrative information (LEO shift as in day/time or shift number, years on the job and rank, special unit membership, and demographics as in age). These critical issues were identified in the qualitative findings and needed further exploration with the augmentation of the quantitative method. This aims to identify whether the same issues are present at the lower level or there is a gap between command and first-line officers regarding knowledge, access, and use of health and wellness resources. A description of the choice of quantitative methods to answer R (2) is discussed next.

Sampling and quantitative methods

In addition to the semi-structured interviews, two out of the three agencies responded to questionnaires distributed to officers of all ranks to identify individual

barriers to reporting health and wellness concerns. This mixed method was chosen to strengthen the research design and overcome current literature gaps (Creswell & Creswell, 2018). Though the initial goal was to reach out to the rank of sergeants and below, agencies were unable to separate such ranks for survey distribution. Therefore, every officer was included in the survey. The reason for this selection is that these officers are representatives of the lowest level of force for a police department and research has found that they experience the highest level of organizational and operational stress (Ragesh et al., 2017). These questionnaires included a series of 5-point Likert and continuous scale questions (i.e., strongly disagree to strongly agree) compiled from previous research models coupled with open-ended questions (Mattke et al., 2007). The Likert and continuous scale questions were chosen based on academic expert advice and prior research establishing their reliability. These scales are common measures for unobservable constructs (Jebb et al., 2021). The response rate for Agency A could not be calculated because the survey could not be distributed through agency channels. Therefore, other methods of delivery such as private social media and word of mouth were used to gain nine responses. The response rate for Agency B was 9%. The total number of valid responses was 91 (N=91) with nine from Agency A and 82 from Agency B. Agency C did not respond to inquiries about the survey and was therefore unable to be analyzed. The sample size for this exploratory research was pragmatic considering the time, resource, and nature of the survey constraints. This pragmatic approach is used for small scale research projects such as this. Unlike representative samples, pragmatic ones are studied in more depth facilitating the discovery of richer details. Additionally, this type of sampling was chosen based on its informative rather than representative power

(Denscombe, 2011). As Denscombe (2011) stated, social research frequently uses small numbers between 30 and 250 with non-probability sampling. The nature of the population being studied is also small considering that almost half (48%) of police departments in the U.S. employed fewer than 10 officers (BJS, 2015). Despite the small sample size, the results provide empirical data that can be used for further research gaps and recommendations.

Analysis

The survey distribution took place over the duration of two months (May and June, 2022) and was comprised of a total number of 24 questions. Six questions were related to demographics such as rank, age, shift worked, special units, years on the job, and military experience. Eighteen questions were related to familiarity with health and wellness resources, access of such services or programs by the officer him/herself and family members, officer outreach to peers regarding health and wellness concerns, agency improvement, barriers to reporting health and wellness concerns, and pandemic, defund movement, and violent crime impact on stress levels (see Appendix D for details). The survey was distributed using Qualtrics. The researcher contacted the agency liaison who distributed the survey using electronic means such as email. Informed consent was attached to the email and a summary consent statement was included at the beginning of each survey. At the end of each survey, participants were provided with a series of services related to health and wellness. The reports from Qualtrics were then exported to use with the Statistical Package for Social Sciences (SPSS). Out of 155 responses, 91 were deemed valid as the rest were missing data or were incomplete (five from Agency A

and 59 from Agency B). Agency A and B responses were then combined to increase sample size. Variables were relabeled for better view during the analysis process.

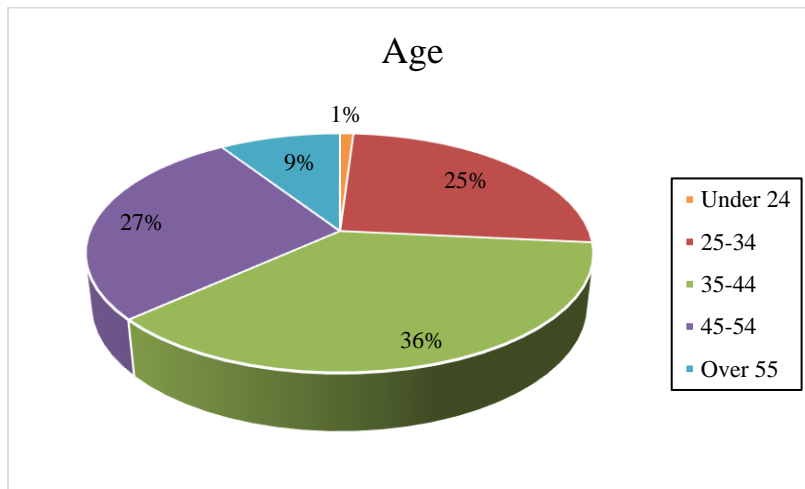
Findings and discussions

Demographics

The demographic information was comprised of age, rank, shift, years on the job, membership to a specialty unit, and military experience (See Table 3.1 for details). The participants' age range was 23 to 63 with a median of 39 years old (N=88). Three participants had values such as "48-52", "50-55", and "over 50" which could not be included in the calculation (see Figure 3.1).

Figure 3.1

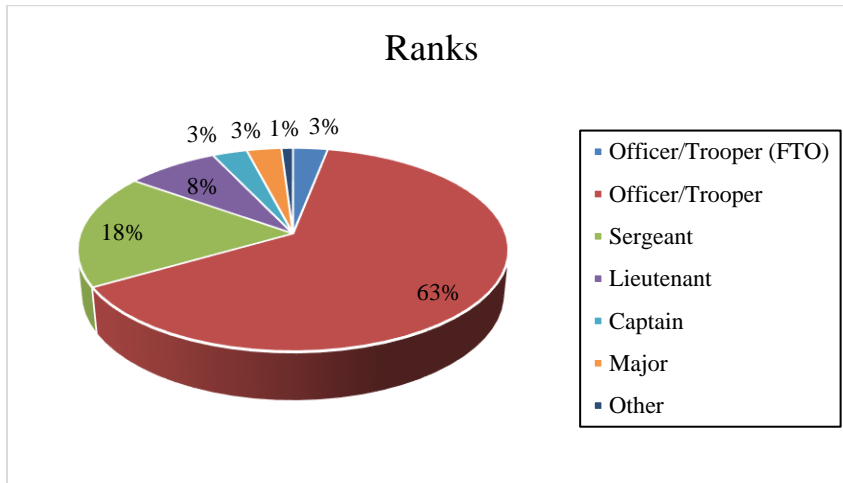
Age



Sixty three percent of participants were in the rank of Officer/Trooper (N=56), 18% were Sergeants (N=16), 8% were Lieutenants (N=7), 3% were Captains (N=3), 3% were Majors (N=3), 4% were in Field Training Program or FTO (N=3), and one percent "Other" (N=1). Overall, most participants were Sergeants and below (N=72 or 81%) (See Figure 3.2 for details).

Figure 3.2

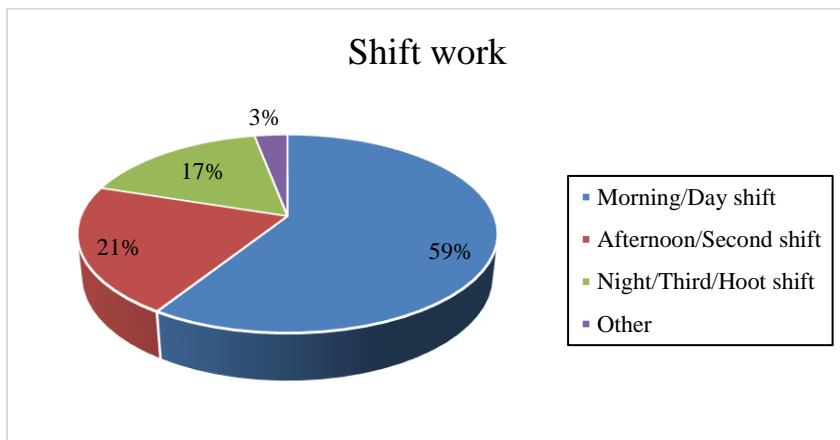
Ranks



Regarding shift work, 59% were Day shift - 07:00-17:00/Morning shift – 6:30-14:30 (N=53), followed by Afternoon shift – 14:00-00:00/Second shift – 16:00-02:00 at 21% (N=19), and Night shift – 21:00-7:30/Third shift – 21:30-07:30/Hoot shift – 22:00-06:00, respectively, at 17% (N=16). Three percent were identified as “Other” shifts which were 08:00-16:00, 10:00-18:00, and 13:00-21:00 hours (N=3) (see Figure 3.3 for details).

Figure 3.3

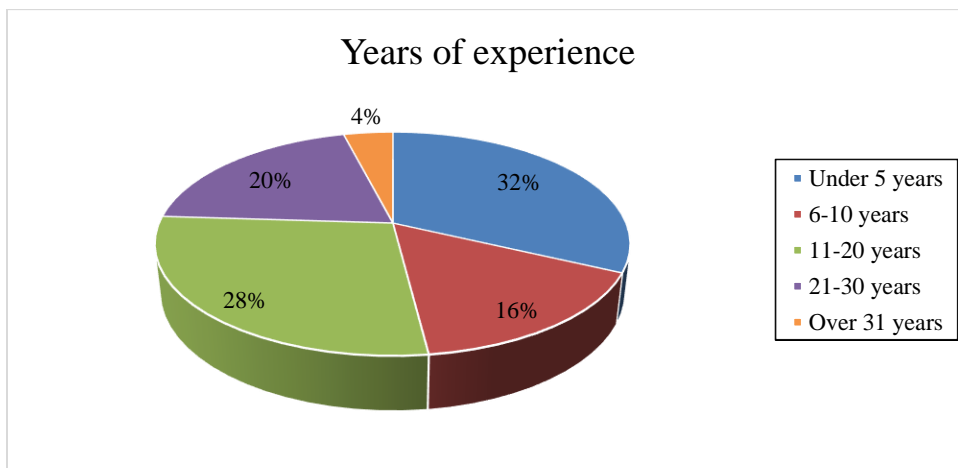
Shift work



The average years of experience was 13 years. Thirty two percent of participants had less than five years of experience (N=27), 16% had between 6 and 10 years (N=14), 28% had between 11 and 20 years (N=24), 20% had between 21 and 30 years (N=17), and 4% had over 31 years of experience (N=4). Five units were missing valid inputs (see Figure 3.4 for details).

Figure 3.4

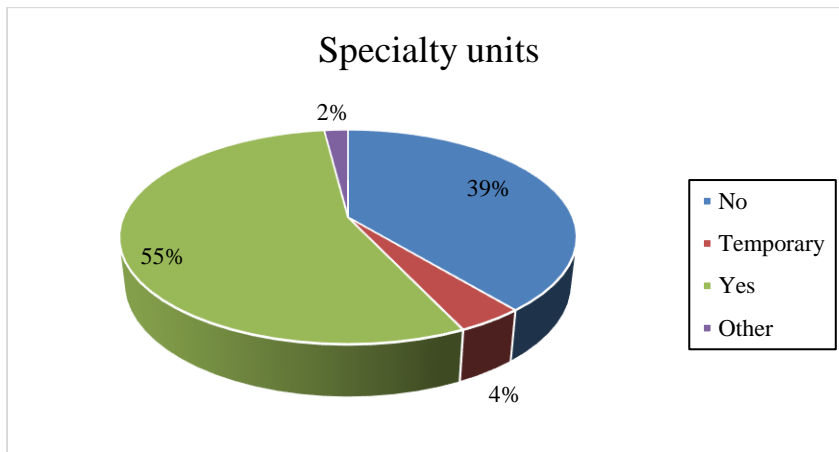
Years of experience



Overall, 55% of respondents were part of a specialty unit (N=48) while 39% were not (N=34). The remainder 6% were either on a temporary assignment (N=4) or Other (N=2) such as Chief's Office, light duty, medics, wellness/recruiting, honor guard (See Figure 3.5 and Table 3.2 for all specialty units identified).

Figure 3.5

Specialty units



Lastly, 71% of the participants did not have prior military experience (N=65) while 29% did (N=26) (see Figure 3.6 for details). This sample is representative of the national average age of a police officer of 40 years old with an estimated 22% of them having prior military experience (DataUSA, n.d.; Hussey, 2020). This sample is also representative of the average police rank structure starting with police officer followed by sergeant, lieutenant, captain, and upper ranks such as major, deputy chief, and chief (Police, 2022). Lastly, most police officers are at the rank of officer assigned to various specialty units such as S.W.A.T., K-9, or bike patrol, to name some (LAPD, 2022). The next section will focus on specific key findings pertaining to R(2).

Figure 3.6

Prior military experience

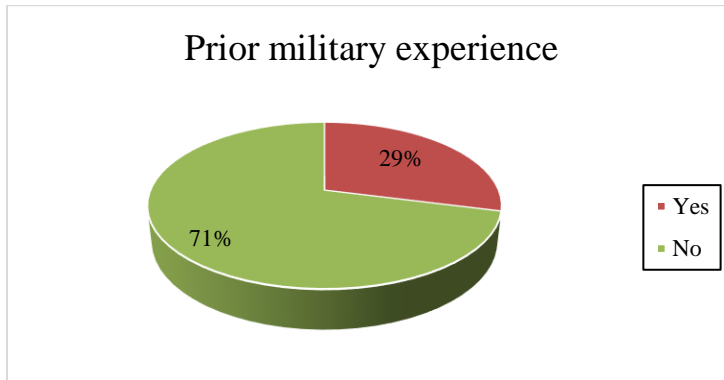


Table 3.1

Demographic information

Demographics	Percentage	N	Missing	Note
Age		88	3	
<i>Under 24</i>	1%	1		
<i>25-34</i>	25%	22		
<i>35-44</i>	36%	32		
<i>45-54</i>	27%	24		
<i>Over 55</i>	9%	8		
Rank		91	None	
<i>Officer/Trooper (FTO)</i>	3%	3		
<i>Officer/Trooper</i>	63%	56		
<i>Sergeant</i>	18%	16		
<i>Lieutenant</i>	8%	7		
<i>Captain</i>	3%	3		
<i>Major</i>	3%	3		
<i>Other</i>	1%	1		
Shift		91	None	
<i>Morning/Day shift</i>	59%	53		
<i>Afternoon/Second shift</i>	21%	19		
<i>Night/Third/Hoot shift</i>	17%	16		
<i>Other</i>	3%	3		08:00-16:00, 10:00-18:00, and 13:00-21:00 hours
Years on		86	5	
<i>Under 5</i>	32%	27		
<i>6-10</i>	16%	14		
<i>11-20</i>	28%	24		
<i>21-30</i>	20%	17		
<i>Over 31</i>	4%	4		

Specialty Unit		88	3	
<i>No</i>	39%	34		
<i>Temporary</i>	4%	4		
<i>Yes</i>	55%	48		
<i>Other</i>	2%	2		Chief's Office, light duty, medics, wellness/recruiting, honor guard
Military experience		91	None	
<i>Yes</i>	29%	26		
<i>No</i>	71%	65		

Table 3.2

Specialty Units

Specialty Units	N
Bomb squad	1
Crime Gun Unit	1
Crisis Intervention Team	1
Detective/Investigations Division	10
Emergency Response Team (ERT)	1
Family Awareness and Community Teamwork (FACT)	1
Fatality Collision Response Team	1
Firearms Instructor	2
Field Training Officer (FTO)	2
Fugitive Unit	1
Honor Guard	3
Incident Management Team	5
Mental Health Unit (Community Response Team; Peer to Peer)	3
Recruiting/Training Division	1
SWAT (SOT)	3
Special Response Team (SRT)	7
Street Crimes Unit	2
Task Force	1
Traffic Enforcement	1
Wellness Unit	1
Public Information Officer (on call)	1

Descriptive statistics results

Resource familiarity

Participants were asked to select their familiarity with a series of 25 resources related to health and wellness, as asked of the interview participants (See Table 3.3 for details; the darker the color, the least familiarity). Findings showed that most officers (51%; N=46) were unfamiliar with 20 out of the 25 resources with the Badge of Life being the most unfamiliar resource, a finding identified in the qualitative study. On the other hand, the most familiar resource was the Peer Support Group Program with 81% (N=74). Other services identified by respondents were church Bible study groups and pastors, Community Outreach Psychiatric Emergency Services (COPES), Fit First Responders, and a low-cost workout facility/program for first responders. COPES is a 24/7 crisis line services (COPES, 2022). Fit First Responders is a training program for first responders with nationwide locations in progress (FFR, 2022).

Table 3.3

Law enforcement resource familiarity

Resource	Percent	N
The Badge of Life	1%	1
Wellness Group for Oklahoma (Oklahoma First Responder Wellness Division)	2%	2
Blue H.E.L.P.	3%	3
Safe Call Now (Crisis referral service)	4%	4
Lighthouse App	5%	5
VALOR for Blue (application or website)	6.5%	6
Law Enforcement Mental Health and Wellness Act (LEMHWA)	8%	7
National Peer Support Groups	11%	10
Psychological First Aid Program (Department of Veteran Affairs)	16%	15
Crisis Text Line (National)	16%	15
Warriors Rest Foundation	21%	16
Concerns of Police Survivors (C.O.P.S.) conference and resources	24%	22
Veteran services and hospitals (other than the ones mentioned above)	29%	26
International Association of Chiefs of Police (IACP) conferences and resources	31%	28

Critical Incident Stress Debriefing/Management (CISD/CISM)	41%	37
Veteran crisis line (call, text, or chat)	45%	41
Professional counseling services (private)	45%	41
Workers Compensation (WC)	47%	43
National Suicide Prevention Hotline (Lifeline)	47%	43
Professional counseling services (agency)	51%	46
Employee Assistance Programs (EAPs)	62%	59
Mighty Oaks Program	67%	61
First Responder Support Services	69%	63
FOP Health Trust	72%	66
Peer Support Group Program	81%	74

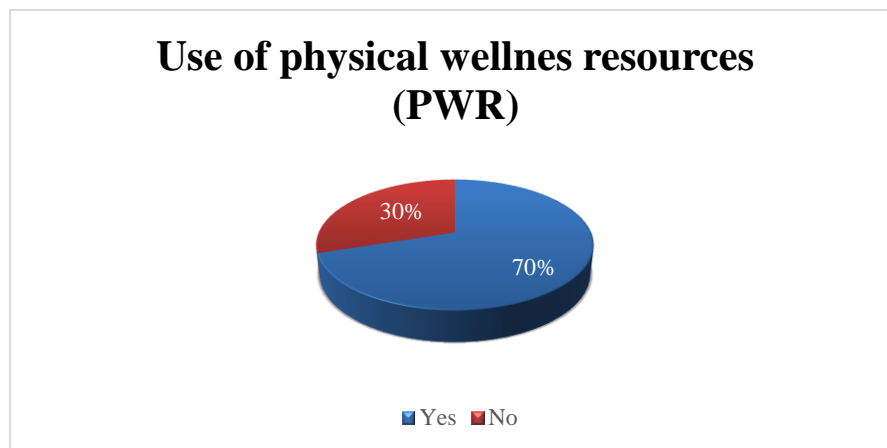
Source: Personal communication, 2022

Use of physical wellness resources

Overall access to physical and emotional wellness resources showed that 70% and 47%, respectively, have used them (see Figure 3.7 and 3.8 for details). For access to physical wellness resources, 70% of respondents (N=61) stated that they have used them. The most common physical wellness resources were gymnasiums (mostly agency’s), participation in community sporting events (5k run/walk, Special Olympics, community outreach, fundraisers), the Cooper’s Test Incentive or agency’s fit program, Fit First Responder program, and use of the Oklahoma City River Sports facility.

Figure 3.7

Use of physical wellness resources (PWR)



The remainder 30% stated that they have not used physical wellness resources through the agency for various reasons. Some of those reasons from the open-ended questions are identified in Table 3.4 with not being needed as the most common one. Considering that the job of a law enforcement officer is very physical with a focus on anaerobic and power, access to and use of physical wellness resources should be a priority. Programs targeting physical fitness should target the job demands for an officer's and community's success (Dulla, Orr, Lockie, & Dawes, 2020).

Table 3.4

Reasons for not using physical wellness resources

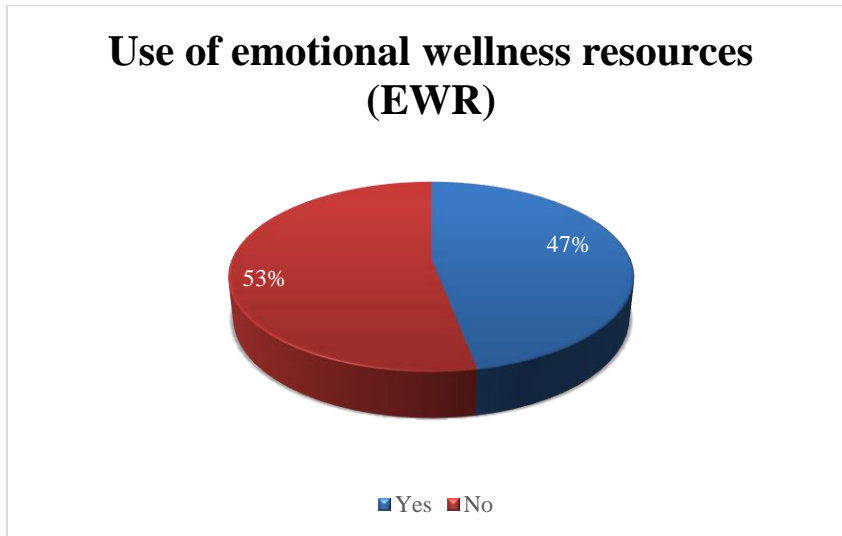
<i>Not needed</i>
<i>Unwilling to use them</i>
<i>Unknown reasons for not willing to use them</i>
<i>Use of home gym</i>
<i>Lack of options offered by the agency (i.e., run and gun only; faith-based only)</i>
<i>Private gym/outside programs</i>
<i>Did not want to be around other cops</i>
<i>Preference of outside work facilities</i>
<i>Outside help not needed</i>
<i>Laziness</i>
<i>Too busy</i>
<i>Too far away</i>

Use of emotional wellness resources

Regarding access of emotional wellness resources, 47% of respondents (N=42) stated that they have used them (see Figure 3.8 for details). The most common emotional wellness resources were First Responder Support Services (FRSS), counseling (including marriage), and peer support teams. Others were trauma classes, Critical Incident Response Team, mentoring program, Wellness Unit, and Mighty Oaks.

Figure 3.8

Use of emotional wellness resources (EWR)



The remainder of the respondents (53%; N=47) stated that they did not need them.

Table 3.5 provides details on the most common reasons participants did not access emotional wellness resources. Among others were lack of trust in the agency, worried others would find out, and being too busy. These findings are consistent with the qualitative theme of trust in agency and peers. Considering that the emotional toll of the job takes numerous officers lives every year, the urgency of preventing suicide, among others, should be an agency priority. Given the lack of access to emotional wellness resources, whether intentionally or not, can lead to detrimental consequences for an agency. Therefore, the time is now to change the message to all officers to a tone of *“hope, resiliency, and inclusiveness. Change the culture to where it is a sign of strength to ask for help...Emphasize that a psychological injury is no different than a physical injury”* (Morrissey, 2020, p. 24).

Table 3.5

Reasons for not using emotional wellness resources

<i>Did not need it</i>
<i>Did not want to take resources away from people who needed it more</i>
<i>Use of pastor instead</i>
<i>Support available outside of those listed</i>
<i>Tried to handle the matter themselves or reach out to a variety of resources</i>
<i>Have not gotten around to use them</i>
<i>Lack of trust in the agency</i>
<i>Did not want officers knowing their personal matters/Worried people would find out</i>
<i>Too busy</i>
<i>Shift schedule (graveyard shift) prevents use of business hour resources</i>
<i>Used it for a family member</i>

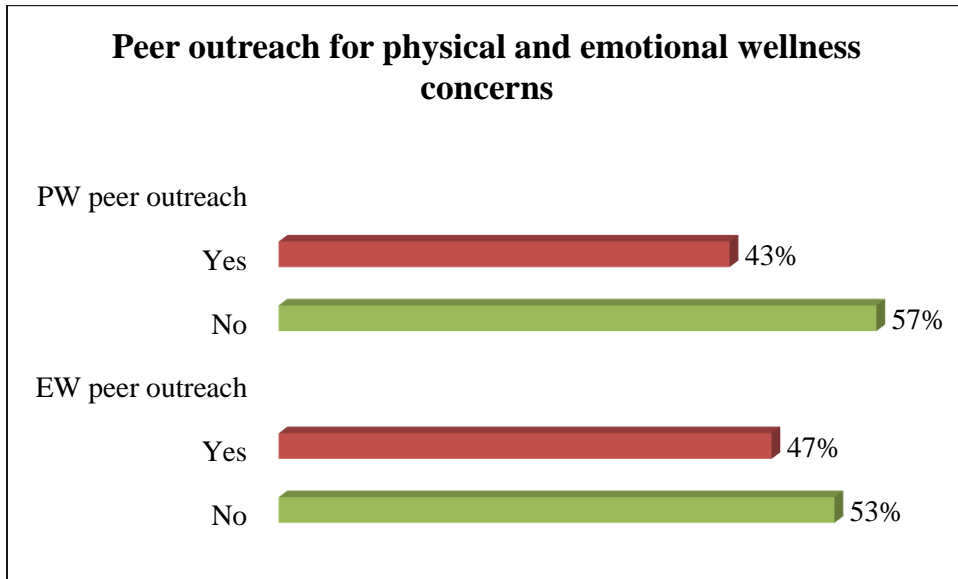
Source: Personal communication, March, 2022

Peer outreach - physical wellness concerns

Next, the survey asked whether the participants had ever reached out to their peers about physical and emotional wellness concerns (see Figure 3.9 for details). Overall, 43% (N=37) stated that they have reached out to their peers for physical wellness concerns while 57% (N=50) have not. Of those who did reach out, 62% (N=23) reached out less than 10 times and 30% more than 11 times. Another reached out every day while one was unsure. The overall response for reaching out for physical wellness resources was supportive (84%, N=39). Forty one percent were very supportive (N=23) while 24% were supportive and 19% were somewhat supportive. One participant stated that the peers were “empathetic and seemed to understand my point of view” (Personal communication, May 2022). Lastly, 9% stated that their peers were either somewhat not supportive or not supportive (see Figure 3.10 for details).

Figure 3.9

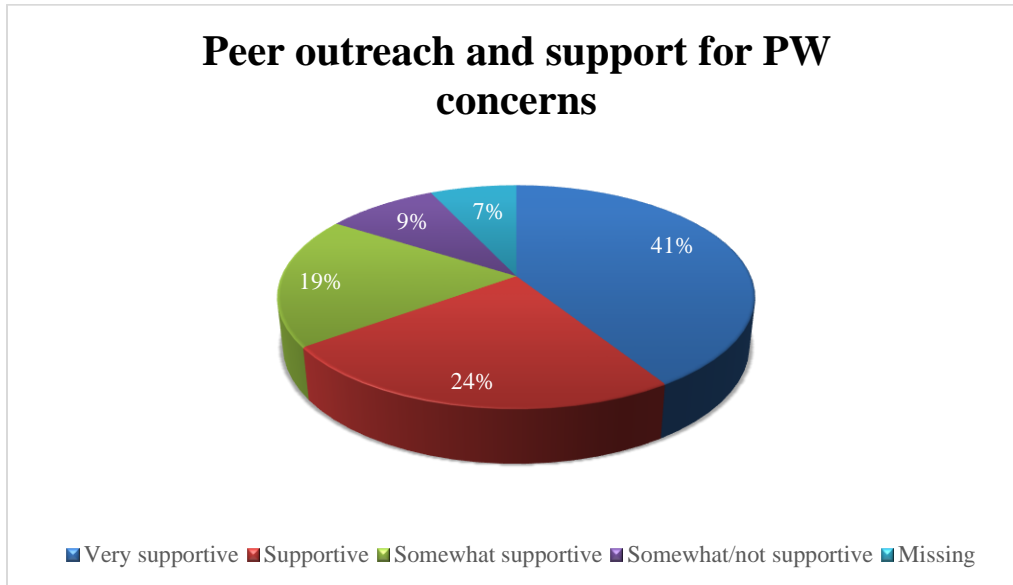
Peer outreach for physical and emotional wellness resources



Source: Personal communication, March, 2022

Figure 3.10

Peer outreach and support for PW concerns



Source: Personal communication, March, 2022

Some of the most common reasons for those who did reach out were questions about options available (diet plans, fitness programs, etc.), weight gain concerns, workout partners, and injury. Some reached out to assist others with wellness issues and need for exercise, discuss lack of personal time off (PTO) for maternity or surgery, witnessing others go through a tough time, others joined FFR, and vent frustrations about the department. One participant stated that *“I was shunned due to my physical ability”* (Personal communication, May 2022). Another stated that *“I have shared my concern about my own health, as well as expressed my concern about a peer health and willingness to work together. It has never worked out”* (Personal communication, May 2022). Lastly, one participant expressed that

I have tried to talk people into taking their health seriously. I wish law enforcement followed the same guidelines as the military as far as fit for duty. I also wish they would kick people out that are too fat to pass the laughable fitness course we have now. (Personal communication, May 2022)

Of those who did not reach out to peers with physical wellness concerns, most stated that they have not had a need to (see Table 3.7 for other reasons).

Table 3.7

Reasons for not reaching out to peers with physical wellness concerns

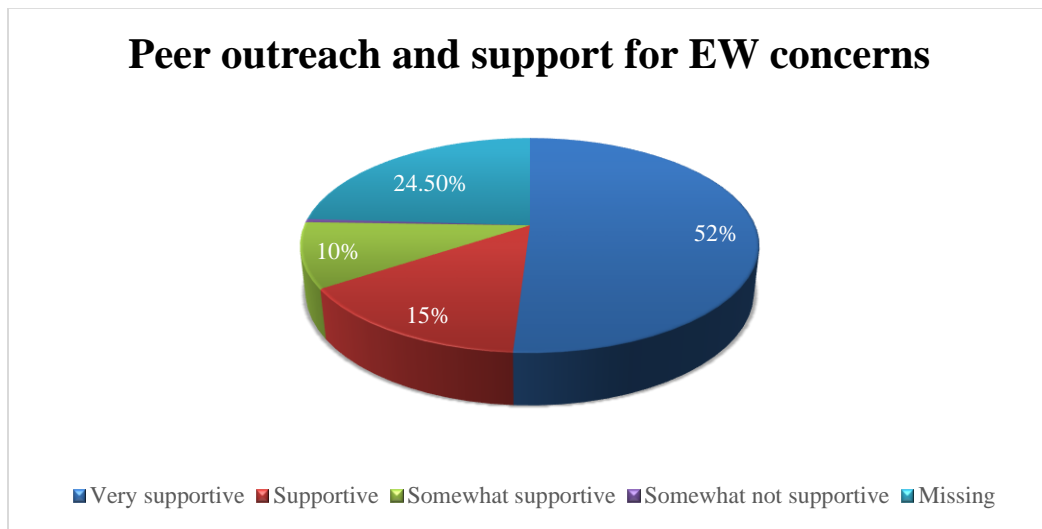
<i>Felt that peers could not offer a solution, or their advice was not needed</i>
<i>Did not want others to think they are being shamed</i>
<i>Developed their own regiment and routine</i>
<i>It is taboo</i>
<i>Active-duty military who knows what needs to be done</i>
<i>If physical fitness becomes a problem, it should be handled personally</i>
<i>Not close enough to peers to discuss it or a topic to be discussed with others</i>
<i>Handled by primary care doctor</i>
<i>Being too old</i>

Peer outreach – emotional wellness concerns

Regarding emotional wellness concerns and peer outreach, 47% (N=41) of participants had reached out while 53% (N=47) had not. Of those who reached out, 45% (N=30) did so less than 10 times, while 18% reached out more than 11 times. One participant stated that they reached out every day while others stated that they did not know how many. “Over 25 years probably 20+ times not including the last two years. Since the line of duty death in June of 2020, an additional 50+ times” (Personal communication, May 2022). The overall response for reaching out with emotional wellness concerns was supportive (76%, N=47). Fifty two percent (N=32) stated that peers were very supportive, 10% somewhat supportive, and 15% supportive. One participant stated that peers were “very supportive but I was selective about who I talked to” (Personal communication, May 2022). One participant stated that the peers were somewhat not supportive (see Figure 3.11 for details).

Figure 3.11

Peer outreach and support for EW concerns



Source: Personal communication, March, 2022

Some of the most common reasons for reaching out to peers are outlined in Table 3.8. Among others were to check in with others, during critical incident debriefs, talking to others about the stress of the job, issues in personal and work life, and informal talks with coworkers.

Table 3.8

Reasons for reaching out to peers with emotional wellness concerns

<i>Talk about things involving kids and certain calls such as death of an 8-year-old</i>
<i>After attending Mighty Oaks</i>
<i>Others went to FRSS</i>
<i>Talked to supervisor or officers under their command</i>
<i>Core group of friends</i>
<i>Daily issues</i>
<i>Upon observation of signs of stress</i>
<i>After reading Emotional Survival for Law Enforcement</i>
<i>Feeling stressed with personal and work life</i>

Source: Personal communication, March, 2022

The most common reason for not reaching out to peers is because it was not seen as needed (See Table 3.9 for all reasons). Others identified trust in peers, stigma, fear of judgement, and confidentiality issues as reasons for not reaching out. These findings support the qualitative ones along with the literature inquiry on the topic.

Table 3.9

Reasons for not reaching out to peers with emotional wellness concerns

<i>Trust</i>
<i>I would not reach out/None of their business</i>
<i>Do not want others to know/Peers do not need to know</i>
<i>Do not trust the confidentiality of the peer support</i>
<i>Have family support system or other outside support</i>
<i>Have therapist/professional services</i>
<i>You cannot trust peers with personal information or feelings</i>
<i>No emotional wellness concerns</i>
<i>I would feel judged or be ridiculed</i>
<i>It always seemed awkward to talk to peers about emotional wellness</i>

<i>Stigma</i>
<i>Not close enough to peers to discuss it</i>
<i>Prefer professional support services</i>

Source: Personal communication, March, 2022

Participants were also asked whether a family member attended or participated in agency trainings related to physical and emotional wellness. Considering the holistic approach to resilience involves the family component, this element must be a consideration by every agency though it is often overlooked (Walsh, 2020). When inquired about whether families ever accessed any physical wellness resources, 16% (N=14) stated that they have while 81% (N=71) did not. Some of the services for physical fitness included Fit First Responders and other gym workouts, events such as half marathon, 5k, and rowing, agency fit program, defensive tactics, and community fundraisers. However, most of the families were not involved in any physical wellness services. Some of the reasons stated were that the agency did not offer any, they are not needed, they did not bring family to police-related events, there was not much training for family or were not aware of any, family keeps work and personal life separate, and spouse and participant have a home or private gym and prefer to work out separately. Regarding emotional wellness resources, 31% (N=27) of participants stated that family members have participated in agency training for emotional support. This encompassed things like counseling sessions (couples and individual), training, critical incident discussion panel, family night at the academy, FRSS, and emotional wellness classes for families. Sixty seven percent (N=59) stated that a family member never attended emotional support services. Some of the reasons for this were that services were not needed, family was not interested, and some were unaware the agency provided such services. Other reasons stated were unwillingness to bring family to police-related

functions, limited support for cohabitate and dating relationships as these are excluded, some spouses are also officers, and one participant was single.

Agency improvement on wellness services

Participants were asked whether the agency can improve on physical and emotional wellness services (See Table 3.10 for details). Regarding physical wellness, 54% (N=49) stated that the agency can improve on better incentives for physical health, and 45% (N=41) stated that the agency can improve on services such as gym facilities, trainers, workout policies, and mandatory fitness and incentives. Other improvements to consider included certified trainers and nutritionists, better equipment in the gym divisions, better locker rooms and overall facilities, offer discounted gym memberships, fitness trainers that are conveniently located, and improve the fitness requirements and accommodate for various levels of fitness and nutrition. Furthermore, one participant stated the need for insurance coverage for weight loss surgery, while another suggested to use the trainers who work for sport teams. Lastly, one participant stated that not everyone is a member of the health trust which limits access to resources.

In terms of agency improvement on emotional wellness resources, 41% (N=37) of respondents stated that the agency can improve leadership/command training and awareness to meet officer needs while 31% (N=28) stated that the agency can improve on confidentiality and trust of reporting. Some of the reasons for improvement included to “allow time off without guilt of leaving shift short” (Personal communication, May 2022). Others were better leadership with genuine leaders, more manpower, improve morale especially in the lower ranks, improve communication through lineups rather than email for services, decrease micromanaging, improve trust in the program and have

leaders support the mental health of all officers, increase promotions and “promote competency and capabilities and not a multiple-choice test and role play” (Personal communication, May 2022). The need for leadership in the promotion of resiliency resources cannot be emphasized enough. As Morrissey (2020) stated, “officers need a leader who is a good listener but still able to take charge. True leaders take care of their employees” (p. 25). Others stated that the agency needs to promote the wellness unit and member qualifications, and leaders should check in on officers personally and understand how their decisions affect the patrol. Some of these findings are like others such as the one analyzed by the U.S. Marshals Service where respondents believed their agency leaders must increase mental health resources and decrease work stress such as allowing time off and hiring more staff (Carson, Milloy, & Mills, 2019). Twenty nine percent (N=26) stated that there is nothing the agency could do to improve.

Table 3.10

Agency improvement on physical and emotional wellness resources

Agency <i>improvement</i> on <i>physical wellness</i> resources							
	Agency PW improvement - Nothing (Agency is doing great)	Agency PW improvement - Provide better services (i.e., gym facilities, trainers, workout policies, mandatory fitness, etc.)	Agency PW improvement - Improve quality of training staff (i.e., fitness instructors, etc.)	Agency PW improvement - Better incentives for physical health maintenance	Agency PW improvement - Other (explain)	Agency PW improvement - Other (explain) - Text	
N	13	41	21	49	13	91	
	14%	45%	23%	54%	14%	100%	
Agency <i>improvement</i> on <i>emotional wellness</i> resources							

	Agency EW improvement - Nothing (Agency is doing great)	Agency EW improvement - Provide better services (i.e., first responder counselors, peer-to-peer training, etc.)	Agency EW improvement - Improve confidentiality and trust of reporting	Agency EW improvement - Improve leadership/command training/awareness to meet officer needs	Agency EW improvement - Better post critical incident response protocol	Agency EW improvement - Other (explain)	Agency EW improvement - Other (explain) - Text
N	26	5	28	37	19	18	91
	29%	5%	31%	41%	21%	20%	100%

Source: Survey questionnaire, May 2022.

Reasons for not reporting health and wellness concerns

Participants were also inquired about the reasons for not reporting health and wellness concerns. As Table 3.11 highlights, the majority stated that they did not need support (38%, N=35) while stigma and lack of trust in leadership/command were identified as reasons with 35% and 34%, respectively. Other reasons were lack of privacy (26%, N=24), shame (23%, N=21), and feeling vulnerable and lack of trust in peers (each with 15%, N=14). Expressing that an officer needs help may seem like a vulnerability, a concept known as perceived burdensomeness (King, 2019). Lastly, promotion/career development concerns, fear agency support, self-medication, and not knowing who to reach out to were also identified as reasons. One participant stated that they “did not believe it would stay confidential”, another “feared that the agency will use reported concerns as a sick”, and lastly, one participant stated that “rumors spread fast. If I have a personal issue and it gets out, I know that information would spread fast” (Personal communication, May 2022). Another stated that the issues were surrounding maternity leave and the use of PTO for leave while another stated that it was the participant’s responsibility to take care of it, and not the agency’s role.

Table 3.11*Reasons for not reporting health and wellness concerns*

Reason	Frequency	Percent
<i>I do not believe I need support</i>	35	38%
<i>Stigma</i>	32	35%
<i>Lack of trust in leadership/command</i>	31	34%
<i>Lack of privacy</i>	24	26%
<i>Shame</i>	21	23%
<i>Feeling vulnerable</i>	14	15%
<i>Lack of trust in peers</i>	14	15%
<i>Promotion/career development concerns</i>	11	12%
<i>Other</i>	9	10%
<i>Fear</i>	7	8%
<i>The agency does not support it</i>	6	7%
<i>Self-medication (i.e., alcohol, etc.)</i>	6	7%
<i>I do not know who to reach out to</i>	6	7%
<i>I do not know how to reach out</i>	1	1%
<i>Total</i>	91	100%

Critical issues in health and wellness

Other critical issues experienced by the participants in health and wellness are highlighted in Table 3.12. The most common were low morale, lack of support from higher command, including the chief, stress and fatigue accrued over the years, and job-related injuries that prevent proper nutrition and workouts. One participant added that “alcoholism is rampant on the department I believe. Most people I associate with use alcohol to excess” (Personal communication, May 2022).

Table 3.12*Other critical barriers in health and wellness*

Barrier
<i>Aging</i>
<i>Alcohol abuse</i>
<i>Forced to a desk or retirement because of injury</i>
<i>Access to Spanish speaking therapists</i>
<i>Better support for families after a critical incident</i>

Change in graveyard scheduled

Chief made it clear that employee morale is not a concern for them, and actions show it

Depression and weight gain from years on the job

Lack of motivation from depression and weight gain over the years

Family emotional and financial stress

Feeling unappreciated by command staff; lack of concern/support for patrol officers

Unfair treatment by the department and concern of being fired over rumors

Job-related injuries and lack of discipline with diet and working out

Maternity leave and PTO. Left unable to address health concerns

Mental fatigue

PTSD

Stress could be better managed by hiring more officers

Stress and anxiety

Lack of support from management/chief

Type-A personality prevents reaching out for help

Too much responsibility and low manning levels

Diminished field training standards

Other critical issues identified were the impact of the COVID-19 pandemic, defund the police movement, and increase in violent crime on stress levels (See Tables 3.13, 3.14, and 3.15 for details). Across the board, participants expressed fear, depression, anxiety, lifestyle changes, decreased support, increased vigilance, stress, low morale, frustration, anger, and concern. There were some “long hours with no end in sight”. It “made me and still makes me want to retire”. It “sucks having everyone hate you” (Personal communication, May 2022). These sentiments are not uncommon as other surveys of first responders have revealed similar outcomes. Depression, anxiety, anger, and reduced physical health were among some of the findings from the United States Marshals Service analysis of over 5,000 first responders (Carson, Milloy, & Mills, 2019). In the current study, the split was even between minimum to no impact (46%) and moderate to high impact (46%), with 6% stating that they were extremely impacted by COVID-19. One of the most common findings was the frustration with policy and

procedure changes seen as reactive and difficult to understand. The impact of policy changes to address physical and psychological issues can have major impacts and it is recommended that officers be involved in writing them, if feasible (Morrissey, 2020). Another was balancing of work and personal life with the stress of finances coupled with the lack of childcare and loss of spousal job.

Table 3.13

COVID-19 impact on stress levels

	Frequency	Percent (%)
No impact	14	16%
	Comments	
	<i>None. I still had to come to work.</i>	
Minimum impact	26	30%
	Comments	
	<i>Minor stress from agency mishandling. Increased call load. New leadership and policies were difficult for front line officers. Childcare.</i>	
Moderate impact	21	24%
	Comments	
	<i>Balancing work and family life. Policy reactions were stressful. Decreased support and lack of training. Staff issues. Tragic incident occurred during pandemic and working Incident Management response. Lost family members to COVID-19. Businesses such as gyms had to close.</i>	
High impact	19	22%
	Comments	
	<i>Change of schedule/lifestyle. Ended up in hospital and had to use sick time. Family members passing away/loss of officer/dispatcher.</i>	

Politicization of COVID-19 at work made conversations and relationships with coworkers difficult.
Some of my officers did not take it seriously.
Criticism from supervisors for decreased self-initiated activity despite new policies.
Married to a nurse/doctor.
Masks and forced vaccinations.
Kneejerk reactions on policies were difficult to watch and understand.
Stress-related weight gain.
Wife lost her full-time job.

Extremely high impact 5 6%

Comments

I was refused to work in schools because of lack of a vaccine.
Lack of reasonableness.
Depleted manning levels.
Low morale because of constant fear.
Wife lost job creating financial stress.

Other (please explain) 3 3%

Comments

Lack of vaccination prevented me from going to required training.

Total 88 100

Source: Questionnaires, 2022

The Defund the Police Movement seemed to generate the greatest number of comments among the three stressors though there was an even split between those stating that it had minimum to no impact (44%) and those with moderate to high impact (48%). Some of the participants expressed concerns with the lack of support from the community and feeling misunderstood as a profession. Others expressed being the subject of irrational decisions rather than pragmatic while some expressed the idea of changing careers or retire. In the words of some of the respondents, “It’s hard to protect a community if it doesn’t support you” or “cares if you are killed” (Personal communication, May 2022).

Table 3.14

Defund Movement impact on stress levels

Defund Movement Stress Impact

	Frequency	Percent (%)
No impact	17	19%
	Comments	
	<p><i>At this point, I am only here for a paycheck</i> <i>I will continue to do my job no matter what</i> <i>I believe in command and do not let negative energy get to me</i> <i>I do not pay attention to media</i> <i>Stressed about officers getting harsher punishments than criminals</i></p>	
Minimum impact	22	25%
	Comments	
	<p><i>General discouragement towards society as a whole</i> <i>I don't fully understand the movement. Received historical raise during this time. We are supported by the community</i> <i>I try not to follow media</i> <i>I have the means to have a different career</i></p>	
Moderate impact	21	24%
	Comments	
	<p><i>Being on the newer end of my profession, worries about longevity and need to change careers</i> <i>Concerned for officer safety and leaders focused on punitive action for newer officers</i> <i>It was continuous and wore down on me mentally</i> <i>Stressful knowing that I might have to deal with people that were unsupportive of the career I have. It was stressful as it was in the back of my mind</i> <i>It's hard to protect a community if it doesn't support you</i> <i>Seemed to cause early retirements, straining the workforce</i></p>	
High impact	21	24%
	Comments	
	<p><i>Does not make us feel safe. Increased stress on patrol.</i> <i>Heightened alert/tension with community. Dealing with friends and family who are with that idea and dealing with it at work daily. Lack of support from the community.</i> <i>Inability to watch tv or read without bias being shown against LEO.</i> <i>Long hours with no end in sight.</i> <i>Made me and still makes me want to retire.</i></p>	

Policing is to help others. If it's perceived that they don't want help, then officers will not go out of their way to help. Officers will never risk their job to help now.

Worrying on different levels. Officers were scared to do their jobs in fear or political and social justice retaliations. It seemed like public opinion of things people know very little about were taking over legal proceedings and decisions.

Extremely high impact 8 9%

Comments

Being subject to mob justice after a kinetic event and thrown down by city and department. Distrust of community leaders.

Crime is on the rise, fear of society not understanding what we do.

Law enforcement no longer seems like a good career choice.

Feeling unappreciated for laying my life on the line. I felt like I was putting my life on the line for a community who wouldn't care if I was killed.

Made for very, very, low morale across the department.

It is an attack on each of us as humans, mentally and physically.

Daily stress from people prejudging police doing their job. Stress from being deployed to riots.

Total 89 100.0

Source: Questionnaire, 2022

Lastly, the impact of violent crime rise on stress levels was analyzed. Results showed that most officers felt that there was no or minimum impact (56%) while 38% believed it had a moderate to high impact with 9% believing it was extremely high. Some of the most common findings were fear of being assaulted and having to be more vigilant, frustration with lack of prosecutions of violent crimes, frustration with the department discouraging proactive patrol, and feeling overworked. One participant stated that “every call is different. I’ve seen a lots of death and started to have nightmares” (Personal communication, May 2022). This is not unusual considering the research on job toll for law enforcement officers. Sleepless nights dominated by nightmares are not uncommon which can lead to relying on alcohol to sleep (Carson, Milloy, & Mills, 2019).

Table 3.15

Violent crime impact on stress levels

Violent Crime Stress Impact

	Frequency	Percent (%)
No impact	23	26%
Comments		
<p><i>Do our job regardless of peaks and valleys.</i> <i>I've accepted it won't get better until our society returns to proper order and morals and truly punishes criminals (which I accept likely won't happen in my lifetime).</i> <i>That's the job.</i></p>		
Minimum impact	26	30%
Comments		
<p><i>Increase in work and decrease in manpower is wearing me out. The job is more dangerous with more rules and less officers.</i> <i>I just came to work and did my job. This is a violent profession. To be expected. It cycles up and down.</i> <i>Makes me a little more eager to stay vigilant/take more precautions.</i> <i>I knew it was coming since criminals are just getting slaps on the wrist.</i> <i>Lack of prosecution.</i> <i>Violent crime itself is not an issue but change in leadership and discipline added the stress. Many field officers are not using force when responding to violent crime when they should be.</i></p>		
Moderate impact	25	29%
Comments		
<p><i>Any increase in violence against LEOs is stress inducing. 2020 was especially so with protests, BLM, defund rhetoric, etc. It was even more personal with the loss of one of my best friends.</i> <i>Clearly dealing with more stress and danger at work, taking more dangerous calls. Constant vigilance for unexpected violent encounters</i></p> <p><i>Every call is different. I've seen a lots of death and started to have nightmares. I communicated with squad mates regarding our issues.</i> <i>Frustration with the department focusing on community outreach and policing, muzzling the gang unit, and promoting officers be less proactive.</i> <i>Higher increase in violent crime coupled with unprecedented turnover rates in the field has increased the stress felt in patrol without a solution from management.</i> <i>It makes me wonder why anyone would want to be in law enforcement. I am glad I'm so close to retirement, probably wouldn't choose this profession if I was younger.</i> <i>Makes you want to work harder to protect community from bad actors.</i></p>		

High impact	8	9%
Comments		
<i>Being aware of your surrounding 24/7, 365 days. High impact. It was stressful knowing any day I could get involved in a violent encounter again. But I might not walk away from the next one. Safety concerns.</i>		
Extremely high impact	5	6%
Comments		
<i>Disgraceful judicial system not deterring crime which resulted in the same criminals continuing to commit repeat crimes with no fear of consequences. Seeing victims get victimized with no reassurance the offender would not repeat. Fear for civilians' safety. Had to work several violent crime task forces with 12+ hours a day. Fear of violent assault. Overworked.</i>		
Total	87	100.0

Summary

Assessing agency strategies in building officer resilience, findings from the quantitative study helped answer R(2), *What are some officer barriers to self-reporting health and wellness concerns.* Health and wellness resources remained unfamiliar to most officers; a finding supported by the qualitative study. This unfamiliarity leads to lack of access to many resources despite officers utilizing physical wellness resources the most such as gymnasiums and community sporting events. This finding is critical as officer resilience is dependent upon familiarity and access to resources (Elkins, 2021; McCraty & Atkinson, 2012). Among the reasons for not accessing physical and emotional wellness resources were lack of need, unwillingness to use them, lack of options provided by the agency, not wanting to be around other officers, lack of trust in the agency, and not wanting others to know their problems. These reasons coupled with the barriers to

reaching out to peers due to lack of trust, feeling judged, and stigma can lead to decreased officer resilience.

Barriers to reporting health and wellness concerns by officers remain present despite the current plethora of resources. These findings were supported by the qualitative results and continue to reflect current literature. Among the reasons for not reporting concerns, aside from the support seen as not needed, some officers expressed that stigma, lack of trust in leadership, lack of privacy, shame, vulnerability, fear of career development, and unfamiliarity of reporting are still present. Furthermore, an overall sense of low morale, feeling unappreciated and mistreated, and constant stress due to decreased manpower, seemed a common theme among the overall critical issues experienced by officers.

Lastly, stress levels were mostly impacted by the pandemic policies and health-related concerns, and the defund the police movement more than the increase in violent crime. Officers stated that some policies restricted self-initiated activities, but officers were criticized by supervisors for failure to engage in such activities. Overall, the greatest impacted during the pandemic seemed to stem from changes in lifestyle (work and home), depleted manning levels and low morale, loss of family and friends to the COVID-19 illness, and financial impact from spousal job loss.

The most impact from the defund the police movement seemed to stem from lack of community support leading to increased tensions with the community, fear of officer safety, long hours during protest deployment, and feeling unappreciated for laying their lives on the line. As one officer stated, *“I felt like I was putting my life on the line for a community who wouldn’t care if I was killed”* (Personal communication, 2022). Another

officer stated that *“Policing is to help others. If it’s perceived that they don’t want help, then officers will not go out of their way to help. Officers will never risk their job to help now”* (Personal communication, 2022).

Aside from the above-mentioned findings, the quantitative study also revealed future ideas for survey instrumentation on several topics. One, the exploratory questions paved the way to understanding how officers perceive the impact of stress from different sources. Future survey instruments could measure such perception using concepts such as characteristics of a resilient officer, agency environment, and exposure to life events. Two, predictive modeling can be developed based on the perception instrument mentioned earlier to aid agency in determining future actions and policy changes. Lastly, survey instruments can also be developed to measure program effectiveness using trends in barriers to officer and agency resilience. For example, an agency could track whether stigma, fear, vulnerability, and other barriers continue to exist after the implementation of resilience training and other programs.

In sum, lack of familiarity and access to health and wellness resources, barriers to reporting health and wellness concerns, and added stressors such as the pandemic and defund the police movement represent critical empirical findings for agencies to consider. These identified gaps, a total number of three major recommendations, and policy changes, as well as study limitations are discussed in the next chapter. The recommendations were broken down per entity such as overall response, individual, and agency.

CHAPTER V

CONCLUSION AND LIMITATIONS

This mixed-method study identified some critical gaps that generated a series of policy changes and recommendations. These recommendations were divided into critical responses, individual, and organizational ones. The idea is to provide a holistic approach to increasing overall law enforcement resilience.

Critical gaps

The qualitative and quantitative results highlighted several critical gaps. These include the lack of familiarity with and access to health and wellness resources, barriers to reporting health and wellness concerns, and added stressors such as the pandemic and defund the police movement, which represents critical empirical findings for agencies to consider and future researchers to address.

Policy changes and other recommendations

Recommendations on increasing familiarity and access to resources include preparing, screening, identifying, and communicating wellness resources to officers and implementing associated policy changes. Additionally, training on resilient crisis response and officer and organizational resilience on health and wellness are paramount

(see Table 4.1 for details) (Spence, 2017). Resiliency is a characteristic that agencies must embrace and cultivate. "The supportive nature of the organization is a key factor in facilitating a resilient agency. Such support helps to ensure recovery from stress and trauma and provide sustainability over the long term of a law enforcement career" (Spence, 2017, p. 24). A resilient crisis response involves preparation, proper screening, and trauma-informed services for everyone involved within the framework of a resilient officer and organization.

Table 4.1

Recommendations

<i>Resilient crisis response</i>	Inventory initiatives
	Identify at-risk officers
	Preparation and training
	Screening and options for treatment
	Identify trauma-informed counselors for CI events
	Identify others involved in the CI who may need help
	Family and community support
	Stress management training
	Communication training
	Daily supervisor "pulse check."
<i>Resilient officer</i>	Annual physical, emotional, and spiritual health evaluation
	Emotional or mental health resources
	Seek connections (activities, people, etc.)
	Communicate concerns with primary relationships
<i>Resilient agency</i>	Select the right people for the job but also training
	Set a supportive culture of discussing all pillars of resilience
	Partner with outside agencies for resources
	Implement policies and procedures on outreach protocols
	Leadership and ownership of initiatives
	Involve everyone in initiatives
	Continue education and training on the resilient characteristics of a successful officer
	Collect information on resilience training and initiatives
	Monitor overtime assignments and shift schedules
Preventative versus punitive approaches	

Physiological autopsy of suicides (retrospective investigation)

Implement a formal mentorship program

Continually assess and evaluate initiatives

Source: Spence, 2017; Jablonski-Kaye & Barone, n.d.; CCJ, 2021; Sprafka & Kranda, n.d.; Perry, n.d.

Aside from the daily stressors of police work, organizational and operational stressors can make or break officer resilience through poor leadership and a perceived lack of organizational justice, to name a some (CCJ, 2021; Perry, n.d.). Therefore, the agency must cultivate a culture of resilience based on transparency, honesty, and trustworthiness (Spence, 2017). One example is the Road to Mental Readiness program implemented in the Canadian police departments. These focus areas can reduce stress and eliminate barriers to reporting health and wellness concerns due to stigma and others (CCJ, 2021). The agency should also perform a physiological autopsy after cases of officer suicides through a retrospective investigation into the person's intentions to mitigate future incidents (CCJ, 2021). Furthermore, fostering proper communication is vital for officers to get involved and feel connected (Jablonski-Kaye & Barone, n.d.).

Training supervisors on programs like "Lifeguard 'SAVE' a life" could prevent suicides. This focuses on seeking information about at-risk officers, asking questions if signs are identified, encouraging them to volunteer to seek help, and educating them about the available symptoms and services (Jablonski-Kaye & Barone, n.d.). Some examples include resilience training such as emotional survival, conflict resolution, stress management, and Coherence Advantage Resilience and Performance Enhancement training (McCraty & Atkinson, 2012; CCJ, 2021). Physical health in the form of jiu-jitsu is an initiative that police departments are implementing to address the reduction of injuries and excessive force. One such training implemented by a police department in St.

Paul, Minnesota, resulted in fewer injuries and use of force incidents in situations that do not involve a gun or other weapon (Barfuss, Lomax, & Wallentine, 2022). Other programs have focused on cognitive behavioral changes, self-regulation, mindfulness, and relaxation to reduce stress levels and improve overall health through wellness programs like cognitive behavioral therapy (CBT). New developments like biometric bracelets are used to measure physiological stress metrics. Early intervention systems or EIS is used to identify at-risk officers and connect them with the appropriate services (CCJ, 2021). Formal mentoring programs should be considered for increased retention and a feeling of belonging and loyalty, which in turn also benefits the community (Aviles, n.d.; Sprafka & Kranda, n.d.). Examples include the Recruit Peer-Mentoring Program used by the Springs Police Department in Missouri. Lastly, agencies should consider training on active bystandership for law enforcement or the ABLE approach. This "teaches officers how to effectively intervene when a fellow officer may be about making a costly mistake" (Barfuss, 2022, webinar).

The federal government passed the Law Enforcement Mental Health and Wellness Act in 2018, which helps agencies receive funding for various wellness trainings and initiatives (COPS, n.d.). The Drug Addiction and Federal Disability Rights Law (2018) provides that officers can receive help for drug addiction to opioids (Office of Civil Rights, 2018). Other wellness resources and funding include the VALOR Officer Safety and Wellness Program, Warrior's Heart Foundation, Cop line Suicide Prevention Program, and Emergency Responder Crisis Text Line (COPLINE, n.d.; Warrior's Heart, n.d.). Additional resources on best practices are found using the Department of Justice's

Law Enforcement Knowledge Lab, which offers free access to case law, best practices in policing, and training and assistance with various police matters (DOJ, 2022).

Overall, the expected impacts of building officer resilience include "prevention of misuse of force, enhance transparency and accountability, strengthen community trust, reduce racial disparities, ensuring officer safety, and promoting public safety" (CCJ, 2021, p. 6).

Limitations

Despite its wide use, Grounded Theory has its limitations. The lack of precise planning could result in not reaching theoretical saturation. Though this study encompasses a mixed methodology, it is impossible to state the effect of all factors impacting resilience, capacity, and adaptability, such as political, social, economic, and historical, to name a few. The reason is that this research only focuses on the barriers to reporting health and wellness concerns and their impact on resilience. Studying the listed factors (individual and organizational) could inevitably lead to contamination by applying the lenses of preconceived notions, also known as bias. However, triangulation, pilot testing for the interviews, and open-ended interviews are employed to eliminate such bias. Thus, the question of objectivity is at stake. Unless a literature review is not conducted, this cannot be entirely avoided. Plus, it could lead to reinventing the wheel without consulting prior scholarship. To prevent this contamination, the researcher carefully examined her own biases and evaluated them at each step of the process. This is achieved by constantly evaluating the facts supporting a code that leads to categories and, later, concepts.

The interpretive paradigm has been criticized by Glasser, arguing that data could be compelled to fit the researcher's categories instead of allowing it to communicate for

itself, thus jeopardizing the advantage of realistic explanations. This was overcome by using the coding software Atlas.ti and judiciously checking each code against its categories and theme. Empirical studies have also been criticized for relying solely on field data and expectations to explain a phenomenon. However, some factors impacting resilience remain intangible, and knowledge can only be derived from individuals' perceptions (Mattke et al., 2007), such as command staff and officers in the field. Lastly, the small, purposive sample in the qualitative study does not allow for the generalization of findings to the population, and results remain theoretical generalizations based on abstract concepts used to construct theory. Despite this, the grounded theory used in this study is not to generalize but to identify possible factors impacting resilience through the participants' lived experiences (Denscombe, 2011). Despite the small sample size, its characteristics were identified as representative of the general population in law enforcement at the local level in the U.S. These can be validated through the use of recordings.

The use of interviews, though highly valuable, presents some limitations. These include the inability to transcribe intonation, emphasis, accents, and body language or silence. However, the interviewer attempted to overcome this by interviewing one participant simultaneously to avoid interruptions and annotating any comments during the transcribing process from notes taken in the field. Furthermore, interview transcripts were uploaded into Atlas.ti for further analysis, memos and notes were taken during the interviews. The use of the non-random sampling and lack of scale development for validation purposes of the survey instrument are limitations of the quantitative method.

Future studies should address the need for instrument validation on barriers to resilience using the concepts developed here.

The use of a mixed-method approach can lead to findings not corroborating, thus hindering the pragmatic interpretation of expected findings. Furthermore, this lack of corroboration can lead to future research interests (Denscombe, 2011). The overall advantages of using a mixed-method design outweigh such a minor disadvantage. In this study, however, findings from the qualitative method were supported by the quantitative one. Overall, all these challenges should stimulate future research.

Future research

The need for empirical research in studying law enforcement resilience cannot be stressed enough. This study has identified a trend in law enforcement agencies addressing officer health and wellness through various initiatives discussed earlier. Future research must evaluate such initiatives to ensure proper application and success in building officer and agency resilience. Furthermore, standardized assessment measures are paramount to a resilience program's effectiveness, and this should be a collaboration between practitioners and researchers to ensure a holistic approach to resilience.

Considering that most law enforcement agencies in Oklahoma are small, this study can be replicated to identify whether the same needs are found across other agencies. Future research can focus on the individual and organizational factors impacting resilience and create a roadmap for officer health and wellness initiatives. For example, one of the major barriers was this culture of law enforcement that still exists where stigma, fear, and mistrust guide daily behaviors. Leadership must communicate with its officers on how to best address these concerns in ways that promote officer

health and wellness, provide standardization, and increase trust among officers but also in leadership. For instance, leadership should identify the best method of communication with its officers to ensure accurate dissemination of information. This communication leads to clear messaging and further officer support of programs and services. Furthermore, these studies can include exploratory surveys but also standardized measures of resilience as mentioned in the literature review.

Future studies should also examine this culture of law enforcement where mistrust leads to continued lack of relationships among officers to help with this concern. Participants stated various reasons for not reaching out to peers with physical and emotional wellness concerns, one of which was lack of trust. This culture of law enforcement must change to align with the values of new initiatives of eliminating mental health stigma and fear. These molded cultural norms need to be studied to further identify ways to increase resilience (Reynolds, 2020). This culture could analyze the role of Identify Theory as a factor in resilience building. Furthermore, informal best practices should be studied and see their impact on cultural change. One such practice, referred to as the “Buddy system”, has been implemented in other fields such as medical particularly because of the COVID-19 pandemic. Health care workers’ mental health was supported through the implementation of disaster behavioral health studies and initiatives to cope with the increased burnout and other negative mental health impacts (Khan, 2022). This is a concept rooted in the military called “The battle buddy system” where you are paired with another peer/co-worker to check in throughout the day (Wymbs, 2013). This reduced “the sense of loneliness and disconnect we can feel being alone with traumatic encounters” (Khan, 2022, para. 15).

From a public policy standpoint, at the national level, the Helping Emergency First Responders Overcome (HERO) Act is federal legislation that was passed to track first responder suicides and help train them on mental health and Post-Traumatic Stress Disorder. This Act provides federal grants to states to help with such resources (117th Congress HERO Act, 2022). Oklahoma has recently passed legislation to implement a statewide program called Oklahoma's First Responders Wellness Division set to identify early warning signs of trauma and offer resources to treat it. The program hopes to develop resources such as rest beds, counseling, treatment facilities, and more geared specifically at first responders (Foster, 2022). Future research can evaluate the effectiveness of these programs and determine future best practices. As Malcolm et al. (2005) stated, this is an evolving field, and empirically driven actions are critical for effective outcomes.

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Tracy-paper

APPENDIX A – COMMAND INTERVIEW QUESTIONS

Command interview questions

1. Can you tell me a little bit about your role, in general terms?
2. How are your officers prepared or trained to deal with the physical and mental stress of the job?
3. What types of health and wellness resources does your agency offer its officers?
4. Have you ever heard of any of the following programs? (You will be presented with a list when we meet)
 - ✓ Psychological First Aid Program (Department of Veteran Affairs)
 - ✓ Veteran Crisis Line (call, text, or chat)
 - ✓ Veteran services and hospitals (other than the ones mentioned above)
 - ✓ Workers Compensation (WC)
 - ✓ Employee Assistance Programs (EAP)
 - ✓ Peer Support Group Program
 - ✓ Critical Incident Stress Debriefing/Management
 - ✓ Professional counseling services (private)
 - ✓ Professional counseling services (agency)
 - ✓ The Badge of Life
 - ✓ National Peer Support Programs
 - ✓ Law Enforcement Mental Health and Wellness Act (LEMHWA)
 - ✓ Crisis Text Line (National)
 - ✓ International Association of Chiefs of Police (IACP) conference and resources
 - ✓ Safe Call Now (Crisis referral service)
 - ✓ Concerns of Police Survivors (C.O.P.S.) conference and resources
 - ✓ National Suicide Prevention Hotline (Lifeline)
 - ✓ VALOR for blue (app or website)
 - ✓ Blue H.E.L.P.
 - ✓ Oklahoma Victim Compensation Program
 - ✓ Others not mentioned? If so, please provide.

5. How does the agency communicate or implement such programs? (Emails, trainings, frequency, mandatory or volunteer, etc.)
6. What is your agency's protocol for officers to express health and wellness concerns? (i.e., health issues, negative coping mechanisms, mental health concerns, etc.)
7. What do you see as difficulties to officers reporting health and wellness concerns?
8. Does your agency have a formal or informal officer mentorship program?
9. Would your agency consider implementing a formal mentorship program that starts with FTO and carries throughout the officer's career? (Unless already mentioned in # 6)
10. To what extent have your agency leaders been trained to promote a culture of health and wellness? (Specific action steps like education, conferences, table-top exercises, yearly training, etc.).
11. What is your post critical incident protocol and how are officers trained on that protocol? (Is it possible to receive a copy of the debrief procedures?).
12. To what extent does your agency screen for health and wellness (i.e., cardiovascular screening, etc.)?
13. Does your agency have any established relationships with outside agencies in the medical community particularly during a critical incident response? (For example, trauma-informed counselors, medical doctors on call, SOT, etc.?)
14. Would your agency consider a voluntary fitness program with incentives attached?
15. What do you feel your agency could improve in health and wellness resources?
16. What other critical issues are you facing in health and wellness?
17. What has your agency done to overcome current recruiting difficulties?
18. What is your agency's main structure (hierarchy)?
19. How many officers do you directly supervise?
20. How large is your agency? How many shifts?
21. Would you recommend I speak with anyone else about this topic? Is it okay if I tell them that you recommended them? If not, I understand.

APPENDIX B – INFORMED CONSENT



Fire and Emergency Management CONSENT FORM

LEO resilience through health and wellness

Background Information

You are invited to be in a research study of law enforcement resilience through health and wellness. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time. You can skip any questions that make you uncomfortable and can stop the interview at any time. Your decision whether to participate in this study will not affect your employment.

This study is being conducted by: Alina Mizell, MA, doctoral student in the Fire and Emergency Management Program at Oklahoma State University, under the direction of Dr. Dale Li, PhD, Fire and Emergency Management Program, Oklahoma State University.

Procedures

If you agree to be in this study, we will ask you to do the following things: Participate in a one-on-one interview via Microsoft Teams lasting no more than an hour. You will be contacted to arrange a meeting time at your convenience. Once a date and time are selected, you will be sent a link to the meeting. The interview will be recorded and saved to a local hard drive accessible only to the lead researcher. It will be destroyed once analysis is complete which is estimated to be in May 2022 using software designed for this purpose. You will be assigned a code to maintain your anonymity. The master code list will be saved to a local hard drive then erased using the same data wipe software once transcription is complete.

Participation in the study involves the following time commitment: The Microsoft Teams interview will last no more than an hour. If you believe more time is needed, a later interview of the same length can be scheduled. This is intended to be mindful and respectful of your time.

Confidentiality

The information that you give in the study will be handled confidentially. Your information will be assigned a code number/pseudonym. The list connecting your name to this code will be kept on a local hard drive accessible only to the lead researcher through a password. When the study is completed and the data have been analyzed, this list will be destroyed using special software designed for this purpose. Your name will not be used in any report. Your identity will not be revealed in any publications, presentations, or reports resulting from this research study.

We will collect your information through a Microsoft Teams based recorded interview. This recording will be stored on an external hard drive accessible only to the lead researcher through a password. When the study is completed and the data have been analyzed, the code list linking names to study numbers will be destroyed. This is expected to occur no later than May 2022. The audio/video recording will be transcribed. The recording will be deleted after the transcription is complete and verified. This process should take approximately three months.

Contacts and Questions

The Institutional Review Board (IRB) for the protection of human research participants at Oklahoma State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at (405) 585-3363, or amizell@uco.edu. If you have questions about your rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the IRB at (405) 744-3377 or irb@okstate.edu. All reports or correspondence will be kept confidential.

Statement of Consent

I have read the above information. I have had the opportunity to ask questions and have my questions answered. I consent to participate in the study.

Indicate Yes or No:

I give consent to be videotaped during this study:

Yes No

I give consent to be contacted for follow-up in this study or future similar studies:

Yes No

If you agree to participate in this research, please click I Agree to continue.

APPENDIX C – LAW ENFORCEMENT RESILIENCE QUESTIONNAIRE

This study is conducted by Alina Mizell. The purpose of this **anonymous** survey is to gain insight into the health and wellness barriers experienced by law enforcement officers in Oklahoma. The survey is a total of **24 easy-to-answer questions**. Time for completion: **10-15 minutes maximum**. Once started, you cannot come back to complete the survey. **You may decide to stop and withdraw consent at any time**. To ensure **ethical standards** of research, all questions are carefully phrased to ensure anonymity. Additionally, at the end, you are provided with a series of health and wellness resources. The estimated harm from this study is minimal. There is no compensation for completing it. There is no penalty for refusing to complete the survey. If you agree to be in this study, please proceed to the first question. If you do not, please close the survey. Thank you for your time and willingness to participate.

Q1. Are you familiar with any of the following services/resources? (Check all that apply)

- Psychological First Aid Program (Department of Veteran Affairs)
- Veterans Crisis Line (call, text, or chat)
- Veteran services and hospitals (other than the ones mentioned above)
- Workers Compensation (WC)
- Employee Assistance Programs (EAP)
- Peer Support Group Program
- Critical Incident Stress Debriefing/Management
- Professional counseling services (private)
- Professional counseling services (agency)
- The Badge of Life
- National Peer Support Programs
- Law Enforcement Mental Health and Wellness Act (LEMHWA)
- Crisis Text Line (National)
- International Association of Chiefs of Police (IACP) conference and resources
- Safe Call Now (Crisis referral service)
- Concerns of Police Survivors (C.O.P.S.) conference and resources
- National Suicide Prevention Hotline (Lifeline)
- VALOR for blue (app or website)
- Blue H.E.L.P.
- Wellness Group for Oklahoma
- First Responder Support Services
- Warriors Rest Foundation
- FOP Health Trust
- Mighty Oaks Program
- Lighthouse App
- Other resources (please describe)
- Not familiar with any

Q2. Have you ever accessed a **program/service** addressing **physical wellness** offered by your agency such as a gym facility, community walks, CrossFit training, etc.?

- Yes (please provide examples)
- No (please provide a reason)
- Other (please explain)

Q3. Have you ever accessed a **program/resource** addressing **emotional wellness** offered by your agency such as counseling, formal peer support groups, mentorship programs, etc.?

Yes (please provide examples)

No (please provide a reason)

Other (please explain)

Q4. Have you ever **reached out to your peers** about **emotional wellness** concerns?

Yes (explain)

No (please provide a reason)

Other (please explain)

Q5. If you answered yes to the previous question (#4), **how often** did you reach out in **your career**?

Less than 10 times

More than 11 times

Other (please explain)

Never

Q6. In general, was **their overall response when you reached out**?

Very supportive

Somewhat supportive

Supportive

Somewhat not supportive

Not supportive

Other (please explain)

Q7. Have you ever **reached out to your peers** about **physical wellness** concerns?

Yes (explain)

No (please provide a reason)

Other (please explain)

Q8. If you answered yes to the previous question (#7), **how often** did you reach out in **your career**?

Less than 10 times

More than 11 times

Other (please explain)

Never

Q9. In general, was **their overall response when you reached out**?

Very supportive

Somewhat supportive

Supportive

Somewhat not supportive

Not supportive

Other (please explain)

Q10. Has a **family member** ever attended any agency training addressing **emotional wellness** (i.e., wellness unit training, peer-to-peer, couples communication, etc.)?

Yes (explain)

No (please provide a reason: i.e., agency does not offer any, etc.)

Other (please explain)

Q11. Has a **family member** ever attended an agency training addressing **physical wellness** (i.e., 5k walks/runs, gym, CrossFit workouts, etc.)?

Yes (explain)

No (please provide a reason: i.e., agency does not offer any, etc.)

Other (please explain)

Q12. How can your **agency improve** on promoting or helping you with your overall **emotional wellbeing**? (Select all that apply)

Nothing (Agency is doing great)

Provide better services (i.e., first responder counselors, peer-to-peer training, etc.)

Improve confidentiality and trust of reporting

Improve leadership/command training/awareness to meet officer needs

Better post critical incident response protocol

Other (explain)

Q13. How can your **agency improve** on promoting or helping you with your overall **physical wellbeing**? (Select all that apply)

Nothing (Agency is doing great)

Provide better services (i.e., gym facilities, trainers, workout policies, mandatory fitness, etc.)

Improve quality of training staff (i.e., fitness instructors, etc.)

Better incentives for physical health maintenance

Other (explain)

Q14. What are some **reasons for not reporting health and wellness concerns** to your agency (check all that apply):

Stigma

Fear (explain)

Promotion/career development concerns

I do not know how to reach out

Shame

I do not believe I need support

Higher command does not support it

I do not know who to reach out to

Lack of privacy

Self-medication (i.e., alcohol)

Feeling vulnerable

Lack of trust in leadership/command

Lack of trust in peers

Other (please explain)

Q15. What **other critical barriers** are you facing in this area of health and wellness? Please provide comments.

Comments

Q16. What was the **impact of the COVID-19 pandemic** on your stress levels? (Please explain)

No impact

Minimum impact

Moderate impact

- High impact
- Extremely high impact
- Other? (please explain)

Q17. What was the **impact of defund the police movements** on your stress levels? (Please explain)

- No impact
- Minimum impact
- Moderate impact
- High impact
- Extremely high impact
- Other (please explain)

Q18. Considering the increase in **violent crime** in Oklahoma in 2020 (OSBI, 2021), what was the **impact** on your stress levels? (Please explain)

- No impact
- Minimum impact
- Moderate impact
- High impact
- Extremely high impact
- Other (please explain)

Q19. What is your **rank**?

- Officer/Trooper (in FTO)
- Officer/Trooper
- Sergeant
- Lieutenant
- Captain
- Major
- Lt. Colonel
- Colonel
- Other (please explain)

Q20. What is your **age**?

Q21. Provide your **shift**:

- Morning shift (approximately 6:30-14:30)
- Day shift (approximately 07:00-17:00)
- Day shift (approximately 06:00-14:00)
- Afternoon shift (approximately 14:00-00:00)
- Second shift (approximately 16:00-02:00)
- Swing (approximately 14:00-22:00)
- Night shift (approximately 21:00-07:00)
- Third shift (approximately 21:30-07:30)
- Hoot shift (approximately 22:00-06:00)
- Other (please explain)

Q22. Please provide if you are a part of any **special units** (i.e., SWAT, investigations, etc.):

- I am not
- Temporary assignment (explain)

Yes (provide name)
Other (please explain)

Q23. How many **years have you been on the job?**

Q24. Do you have any **current or prior military experience?**

Yes
No
Other (please explain)

Note: If you have a desire to learn more about resources available to law enforcement and their families or any of the questions caused emotional hardship, please see the following websites for more information on resources:

- The Badge of Life: <https://staging.badgeoflife.org/articles>
 - Psychological First Aid (Department of Veteran Affairs): https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp
 - Protecting against stress & trauma: <https://nij.ojp.gov/media/video/24346>
- Law Enforcement Mental Health and Wellness Act (LEMHWA): <https://cops.usdoj.gov/lemhwa>
 - Safe Call Now (Crisis referral service): <https://www.safecallnowusa.org/>
 - Crisis Text Line (National): <https://www.crisistextline.org/> Text HOME to 741741
 - National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/> 988 dial code
 - VALOR: <https://www.valorforblue.org/>
 - Blue H.E.L.P. <https://bluehelp.org/>

Thank you for your participation in this survey. Please let me know if you have any questions or comments by reaching me at Alina Mizell istrate@okstate.edu or (405)974-5833.

APPENDIX D – Data analysis

Participant quote	Code	Category	Theme
<i>“A slight little mentorship to applicants that are trying to get in some of our background investigators and our recruiters will actually work with him to get them in shape and to get them ready for the Academy. So they'll mentor him on the job a little bit.”</i> (Participant 03)	Application process	Health and wellness resources Q3: <i>What types of health and wellness resources does your agency offer its officers?</i>	Holistic approach
<i>“We had a very, very small one man Peer Support Unit and a chaplain”</i> (Participant 01) <i>“This includes chaplains, reserve officers, we have new the reserve officer just added, retirees, dispatchers. That way, you know, if you don't feel comfortable with talking to one will go talk to another one”</i> (Participant 02) <i>“We have a civilian team. And then we have a I think we have up to 12, maybe 13 volunteer chaplains that we also are a resource that visit the briefing stations from time to time”</i> (Participant 03)	Chaplains		
<i>“We finished training new peer to peer members, we have about 80 on our team”</i> (Participant 02) Trained peers <i>“roadmap out a plan to...get control of their life, and deal with these trauma events in a better, healthier way”</i> (Participant 07) <i>“We've always had a peer support group, and a chaplaincy program. But they quickly became outdated as we progressed into, I guess, a more enlightened approach to policing when the six pillars came out the from the Presidential Oversight Committee. Wellness was a big focus”</i> (Participant 04) <i>“We had a conversation on wellness, a more holistic approach”</i> (Participant 04)	Wellness team		
<i>“Six free visits to a clinician, a mental health clinician”</i> <i>“Vetted about 15 counselors that are culturally competent in our field, that are trained with certain specialties to primarily cope with trauma, communication, relationships, substance abuse”</i> (Participant 01) <i>“I'm going to hire a full time LPC”</i> (Participant 03)	Counseling services		
<i>“Post incident protocol is one once the incident happens, they are separated. And the</i>	Critical Incident Response Team		

<p><i>reason they are in like that is because we realize that stress plays a certain part on the brain, certain part of memory, certain part on all of those things on a legal standpoint.” (Participant 08)</i></p> <p><i>“An officer involved shooting there's a very set list of notifications that have to go out. Within that, you know, one of them is usually going to be like a crisis incident response, response team member is going to contact the officers. They're going to have our psychological services within the next couple of days, we'll reach out to the officers involved and just say hey, do you want to come in and talk about what happened? So they kind of they affirmatively extend that olive branch instead of waiting until it's become an issue and then like, oh, how come nobody reached out to this person so they do a good job of reaching out to that to them after a critical incident. I think the other thing too, like, you know, we assign an officer to be with that officer right after the incident so that way, they don't feel like they're by themselves. And they're kind of like an advocate for the officer throughout the post incidents protocol.” (Participant 06)</i></p> <p><i>“Death of the offender. Obviously the death of several of our officers, any type of critical incident, it could involve something along the lines of the death of an infant. Particularly harder call and really critical incident just kind of refers to anything that an officer would take more than an hour or two to deal with and kind of process something that may take several days, several weeks, several months. Up to years. In addition, I've also been heavily involved with the Fraternal Order of Police on the wellness side. So I've kind of worked both sides of the street in that respect.” (Participant 05)</i></p>			
<p><i>“We have an employee assistance program, the EAP program, that EAP program, you know, on the face, it really just gets you six free visits to a clinician, a mental health clinician, for whatever problem you're dealing with. And then every every nine, you have to wait 90 days, and then another 90 days, you get another six, three visits for whatever problem that pops up. And for my</i></p>	<p>Assistance programs (EAP, OAP, etc.)</p>		

<p><i>unit, we have vetted about 15 counselors that are culturally competent in our field, that are trained with certain specialties to primarily cope with trauma, communication, relationships, substance abuse, and we direct those resources towards our officers.”</i> (Participant 01)</p>			
<p><i>“FOP Health Trust, or the Health Trust they set up a wellness program. So it's casting a wide net. So in other words, let's say we have and let's just go the most extreme with this example. Let's say we have an officer with suicidal ideations, like we can get them checked into this facility within the next few days next few weeks. Depends on how acute that is, obviously pretty acute but like we can get them seen through our insurance”</i> (Participant 05)</p>	Facilities for treatment		
<p><i>“Family support team, the civilian support team, the volunteer team and the chaplain team”</i> (Participant 03)</p>	Family support personnel		
<p><i>“Each division has a gym”; “Gold's Gym Gold's Gym for a discounted rate for family fitness, as well. So completely outside the department if you just want to go to Gold's, so you're going to get a better rate to go there.”</i> (Participant 01)</p>	Gym (agency location; discounted rates)		
<p><i>“We have a clinic that is partnered with the city the city has contracted with a medical clinic. So there's always a doctor and staff you can get basic prescriptions for free you can go see the doctor for free if you're a city employee. I think that's pretty close to it.”</i> (Participant 01)</p>	Medical clinics and city partnerships		
<p><i>“At times, we've had a personalized trainer that's dedicated just towards our office to do functional fitness for what we do.”</i> (Participant 01) <i>“We have a fitness coordinator, but doesn't really push out a lot of information”</i> (Participant 06) <i>“We do a group workout. Like a CrossFit workout.”</i> (Participant 07)</p>	Physical fitness trainers		
<p><i>“Policy that's going to allow you to work. You're going to get you get one hour to do a workout or eat lunch. So you're going to be able to do that on duty as well”</i> (Participant 01)</p>	Policy to work out on the job		

<p><i>“We allow officers to workout while on duty. So in lieu of a meal break, they can work out now that means that they can still get a 15 minute break somewhere in there if they want to get something to eat. But you know, instead of sitting down for 45 minutes and eating something, they can actually go to the gym”</i> (Participant 03)</p> <p><i>“Very, very unique within our department that we're allowed to do that and essentially get paid for working out”</i> (Participant 06)</p> <p><i>“45 minutes, three days a week, on the clock, pay on the clock. And the caveat is provided that you do a yearly eval, PT eval to show where you're at. It's not a pass/fail. It's that you did it and that you have a baseline and they're doing that so that they can mirror the next year. If you do that, then by policy, you can take that 45 minutes. If you don't, then you can't.”</i> (Participant 08)</p>			
<p><i>“Somebody that is in charge of making sure that all the officers are fit for duty and ready to go, especially after critical incidents, but I think it's going to be more of a preemptive stuff that you're you're physically healthy for something like that. So if we're gonna, if we have an officer that is overweight, or is not where they want to be physically, you can go see that person is going to be a Department employee that's going to be able to help our employees get to where they want to be”</i> (Participant 01)</p>	<p>Readiness coordinator</p>		
<p><i>“Oklahoma First Responder Wellness Division”; “Get guys to open up, ask for help from us. So it's, we're going to only build on that we're actually going to be putting together a mobile, a couple of mobile workout units to pull in a trailer and a bus and take this on the road. Full time I'll probably have a couple other people doing this that's going to be their full time assignment before we even build our facility.”; “It's for everybody. Our classes that this resiliency class, repeated exposure to trauma course, we're teaching sheriff's deputies, police, fire, EMS. I've had military in the last one. I had some civilians in the last one.”</i> (Participant 07)</p>	<p>Wellness Group for Oklahoma</p>		

<p><i>“Wellness group than your wellness group for the state of Oklahoma that was created.”</i> (Participant 03)</p> <p><i>“Wellness group now for the state”</i> (Participant 02)</p>			
<p><i>“We allow for Wellness days. So that’s something that I initiated back in 2020, we had officers that maybe saw something really horrific, maybe a bad crash or the death of a baby or something happening in their life that was work related. We could give them a few days off so they can process it maybe get some help and not have to burn vacation or sick time. You know this was directly because of something that they were involved in with the department so we wanted to be able for them to take time off and get through that without being hurried and without having to burn their own time.”</i> (Participant 03)</p>	Wellness days off		
<p><i>“That goes all the way through the academy with physical fitness, and other typical mirror military like training that includes mass punishment, if one person doesn't do something, the whole class gets it. So you all learn to function as a team. And then you learn to support each other as a team when somebody doesn't take up. And then physical fitness is pushed the entire time and it's necessary to stay in shape and stay strong, so you can survive potentially violent encounters for this.”</i> (Participant 01)</p>	Physical fitness requirement or voluntary incentives		
<p><i>“I got a therapy dog”</i> (Participant 01)</p>	Therapy dog		
<p><i>“We have a LEMHWA grant that we're providing a lot of our services through this LEMHWA grant right now.”</i> (Participant 01)</p> <p><i>“We actually have a LEMHWA grant that we're using right now, that's been that's how we've gotten a lot of our training is through that”</i> (Participant 03)</p>	Federal grants	Funding resources	
<p><i>“We have a clinic that is partnered with the city the city has contracted with a medical clinic. So there's always a doctor and staff you can get basic prescriptions for free you can go see the doctor for free if you're a city employee. I think that's pretty close to it.”</i> (Participant 01)</p> <p><i>“FRSS first responder support services that we partner with”</i> (Participant 02)</p>	Medical services	Partnerships <i>Q12: To what extent does your agency screen for health and wellness (i.e., cardiovascular screening, etc.)?</i>	

<p><i>“A trauma surgeon on our SOT. Dr. Capsis. And also EMTs on there, but during a critical incident, I mean, yeah, I mean, they he would be responding because he's is with our SOT”</i> (Participant 02)</p> <p><i>“So very, very unique in our world, in that any officer anytime can make an appointment. And let's just say they're having a critical incident today, with my role like I could get somebody seen today. So very, very unique. We don't also after a critical incident, so let's just say after an officer involved shooting we don't like automatically assigned somebody to go see the department straight department psychologist. Although [counselor name] will follow up or some of her staff will follow up with him every single time. I can think of like a handful where she hasn't needed to follow up. And I've taken on that kind of responsibility or that role. So that in and of itself is very, very unique throughout agencies across the country. So let's just take that one step further, if you will. Not only can the officer have those services available, but also the officer's spouse. So you don't see that anywhere across the country. I'm sure there's a few places that might happen. But not only his spouse but the spouse's children. Now they don't really like we're not talking about infant kind of kids or very young kids but teenagers generally kind of where that starts”</i> (Participant 05)</p>			
<p><i>“Health Trust. Doing a personal health assessment every year and that's a lot of and you can have your heart checked your blood pressure checked. blood checked for all that stuff. I think that's very important. That's a component.”</i> (Participant 05)</p>	<p>Insurance plans and incentives</p>		
<p><i>“Found some partnerships with educational institutions”</i> (Participant 08)</p>	<p>Educational institutions</p>		
<p><i>“A \$3,000 hiring bonus. A significant raise last year.”</i> (Participant 02)</p> <p><i>“We are offering bonuses. We're engaged well, really nothing new. We've had recruiting issues for probably the last decade. It's just a difficult job. And more and more people don't want to get involved in it. We've pulled in</i></p>	<p>Recruitment/application process</p>	<p>Job preparation</p> <p><i>Q2: How are your officers prepared or trained to deal with the physical and mental stress of the job?</i></p>	

<p>specialists into the recruiting unit that like there's tangents to the military, tangents to college, tangents to VoTechs. Anywhere we can get out just have a conversation, instead of, we don't want to view it as a recruiting campaign. It's just a communication campaign where people can call and just walk up and engage in what the job's actually like, instead of pushing numbers. Our biggest recruiters are officers themselves, and we, we've got to engage them more. Well, I'll give you another example. We've we offer, I think, three days off for any officer that recruits and retains an individual that gets hired. Because it's, I don't like relying on the recruiting unit to build this department. It's everybody that's doing this job that knows we need help and knows what they do on a day to day basis. And that's the conversation get to the people that may have an interest” (Participant 04)</p> <p><i>“We really started focusing in on recruiting females [...]. it's kind of an untapped market for us. And that seemed to help you know, we do everything we can as far as going to Hispanic serving institutions, historical black colleges to try to get different minorities to come to Tulsa. You know, we do struggle with, we have very, very high educational standards [...] And so with that we have we have even a harder time recruiting people. And so, we've kind of had to think outside the box and going to university speaking classes, having people come on field trips and things like that, to the academy. Those are all things we've done to try to bolster that need that we have.”</i> (Participant 06)</p>		<p><i>Q 17: What has your agency done to overcome current recruiting difficulties?</i></p>	
<p><i>“Peer support starts with you”</i> <i>“Exposed to high stress environments”</i> <i>“Function as a team”</i> (Participant 01)</p> <p><i>“In academy through [Name of psychologist] and her group talking. So really, what we tried to do is create a roadmap. And we also refer to this as kind of like an inoculation. So you get this stuff in the academy and it really has no relevance to you. Because you may have never been through a critical incident but we create the foundation.”</i> (Participant 05)</p>	<p>Academy (exposure to high-stress environment; work as a team; healthy lifestyle)</p>		

<p>“Teach a holistic wellness approach” (Participants 01, 05, 07). “Mind, body, and spirit...in conjunction with each other. That’s really the whole person”. (Participant 05)</p> <p>“Teach a holistic wellness approach” (Participants 01, 07)</p>	Holistic approach to training (mental, physical, spiritual, emotional)		
<p>“Reinforced with different classes”; “even in our annual in services, you’ll hear pieces of that, that we keep teaching and reinforcing” (Participant 01)</p>	Reinforcement (yearly voluntary and mandated training)		
<p>“Maintaining a resilient mindset”; “Through your approach to spiritual wellness, financial wellness, your emotional wellness, your how well you’re, you’re, you’re balance between your work life and your job” (Participant 01)</p> <p>“A new reality-based training unit” (Participant 03)</p> <p>“Peers roadmap out a plan to...get control of their life, and deal with these trauma events in a better, healthier way”; “A resiliency course on repeated exposure to trauma over your career and what it looks like what it does to you followed up with a nutrition and fitness course that ties into the mental wellness side of things.” (Participant 07)</p> <p>“Eye Movement Desensitization and Reprocessing (EMDR) afterwards [a critical incident]” (Participant 01)</p>	Resilient mindset through resilience training		

Theme 2

Participant quote	Code	Category	Theme
<p>“Command bought it; all in” (Participant 01)</p> <p>“Chief is very progressive” and embraces the “holistic approach”(Participant 03 and 04)</p> <p>“Starts at the top and goes down” and is “very supportive of taking care of ourselves” (Participant 02)</p>	Buy-in culture	<p>Leadership</p> <p><i>Q 10: To what extent have your agency leaders been trained to promote a culture of health and wellness? (Specific action steps like education, conferences, table-</i></p>	<p>Resilience</p>
<p>“international chiefs of police conference this week in Atlanta”; “FOP wellness conference”; (Participant 03)</p> <p>“COPS” (Participant 02)</p>	Training (conference; IACP seminars)		
<p>“Reinforced with different classes that my unit teaches of a holistic approach to wellness, in regards to resiliency, maintaining a resilient mindset. Maintaining a healthy lifestyle, through your approach to spiritual</p>	Different subjects of training (couples communication, emotional survival for LEO, Gottman training,		

<i>wellness, financial wellness, your emotional wellness, your how well you're, you're, you're balance between your work life and your job"</i> (Participant 01)	taught holistic approach to wellness)	<i>top exercises, yearly training, etc.)</i>	
<i>"An officer involved shooting study"</i> (Participant 01)	Inside research		
<i>"We contracted with a group... Code 4 Wellness. the concept was officers first not over public's, but you really put your employees first. Because when they're healthy, both mentally and physically, they make better officers that solves a lot of the social issues with communication because we all have bad days. And when you're stressed you can't really communicate with those needs. They came and looked at what we were doing strengths, weaknesses, opportunities, threats, where the philosophy the agency was going and submitted a report."</i> (Participant 04)	Third party H&W assessment		
<i>"Get them in shape and to get them ready for the academy"</i> (Participant 03)	Recruiting and retention (Cadet programs; pre-academy workouts)	Mentorship: informal <i>Q 8: Does your agency have a formal or informal officer mentorship program?</i> <i>Q 9: Would your agency consider implementing a formal mentorship program that starts with FTO and carries throughout the officer's career? (Unless already mentioned in # 6)</i>	
<i>"A slight little mentorship to applicants that are trying to get in some of our background investigators and our recruiters will actually work with him to get them in shape and to get them ready for the Academy. So they'll mentor him on the job a little bit."</i> (Participant 03)	Applicants (prior to academy)		
<i>"Starts in the academy with your instructions."</i> (Participant 05)	Academy		
<i>"It starts in the field training with your field training officers. It starts with those first couple supervisors you get connected with"; "It's really up to the individual officer like if they want it, it's there...but it's not forced"</i> (Participant 05) <i>"First person that you work with in your field training role, makes or breaks you...for the rest of your career"</i> (Participant 08) <i>"Those of us who choose to mentor, it'd be informal. That's my leadership style"</i> (Participant 09)	FTO		
<i>"Informal or formal even is like really kind of starts in the academy with your instructors. It starts in field training with your field training officers. It starts with your, those first couple supervisors that you get connected with. We used to see officers stay in the same squads and work for the same people and be around the same people. So you'll see the same</i>	Specialty units		

<p><i>officer. Like if you have an [...] officer, they don't want to go out and work out [anywhere else] ...because it's not familiar with them. So all those things are kind of formal, but informal.” (Participant 05)</i></p>			
<p><i>“I don't like to count them, but probably 10 officer suicides and you know, it's different people that you know, people that you work with, people that you're close to. So, I see that, you know, that [mentorship] can be useful.” (Participant 05)</i></p>	<p>Considerations for formal</p>		
<p><i>“Trustworthiness” (Participant 08)</i></p> <p><i>“A lot of times the [supervisor] makes a decision. And then the major who's above [...] will say no, you're not working 10 hour shifts, you're going to be on eight hour shift.”;</i> <i>“what's so hard with it is that it's not consistent. It just depends on who you are on what happens to you.” (Participant 09)</i></p>	<p>Leadership</p>	<p>Trust</p>	
<p><i>“Part of the issues with peer teams across the country, it's been made up of people that just really didn't want to do it, but that sounded cool. They wanted to help but the problem is those people kept playing, just putting everybody in this box but a lot of those people are people that has never experienced any trauma. Then they show up on scene as a peer to try to get your trust. Well it doesn't work like that and we found out it's like anything else”; “Baptist preacher types in peer work that they all look really nice and pretty in their shirts tucked in nice and well, that's I can't relate to anybody like that on a scene where somebody just had to murder somebody in the line of duty to protect themselves, to protect a partner, civilian. I'm going I'm going pretty extreme but those things are, we deal with a lot and there was automatic disconnect, just with the wrong person showing up that happened to me multiple multiple times” (Participant 07)</i></p> <p><i>“Five people...that I trust and the majority of those people I was introduced to when I was training.” (Participant 08)</i></p> <p><i>“I do give them an option when it comes to using our OAP because...to be quite frank, I don't trust others to keep their mouth shut.</i></p>	<p>Peers</p>		

<i>And I personally don't like it, I will never use it. Just because even though it supposed to be confidential it never is.” (Participant 09)</i>			
<p><i>“It's necessary to continue to build on that relationship so when they do need us there's more of a trust factor” (Participant 07)</i></p> <p><i>“Here’s our concerns. We don't want it tracked, we don't want it, we don't want data saved, necessarily for you know, to maintain integrity, all of and to maintain confidentiality and trust for someone to be able to because what law enforcement isn't going to use it if they believe that their answers are going to be used against them in any manner.” (Participant 08)</i></p>	Programs		

Theme 3

Participant quote	Code	Category	Theme
<i>“We'll speak about it at the Academy.” (Participant 01)</i>	Academy	<p>Methods, venues, and parties <i>Q 5: How does the agency communicate or implement such programs? (Emails, trainings, frequency, mandatory or volunteer, etc.)</i></p>	Communication
<i>“Once you start the Academy, we do an extensive track like training block on all of that.” (Participant 06)</i>			
<i>“Direct those resources towards our officers”; “personalized emails from my unit” (Participant 01)</i>	Send resources directly to LEOs in need (personalized emails)		
<i>“Email is number one” (Participant 01)</i>	Emails		
<i>“Any officer has access to that app, it's free, you just have to open it and you're gonna find all the resources that I've talked about are all right there and you can click on an access to so if you didn't want to come to us” (Participant 01)</i>	Phone application – Lighthouse App		
<i>“I feel like our department has an atmosphere that you are encouraged and you should be working out and it's it's okay.” (Participant 01)</i>	Overall encouraged		
<i>“An in service or a power DMS, which is our are forced inside training that you you have to click on it, you have to do it or there's reprimands if you don't do this training.” (Participant 01)</i>	In-service training (mandated and voluntary)		
<i>“Rely on communication with our supervisors and developing relationships prior to the critical incident” (Participant 01)</i>	Policy changes/Standard Operating Procedures (SOPs)		

<p>“Then at lineups, those emails we print it in red to each division and shifts, so they get it” (Participant 01)</p>	Printed emails for lineups/meetings	<p>Protocols (I) <i>Q6: What is your agency’s protocol for officers to express health and wellness concerns? (i.e., health issues, negative coping mechanisms, mental health concerns, etc.)</i></p>
<p>“Speak about it” (Participant 01)</p> <p>“All the chiefs started making lineups on a regular basis where we cut out all the second third, fourth hand information or layers of conversations, minimizing what we wanted, and just had really long conversations with officers that we wanted to get them help no matter what we were out of the conversation, not know their personal lives and gradually started moving were a couple of people tested it and found that it was true and then word of mouth is really what makes any major change in a police department.” (Participant 04)</p>	Presented in lineups	
<p>“Personal testimony...is powerful to someone who needs help” (Participant 08)</p>	Video presentations/podcasts with personal testimonies	
<p>“Tell their people around them” (Participant 02)</p> <p>“The word of mouth is really what makes any major change in a police department” (Participant 04)</p> <p>“Officers want just that word of mouth”(Participant 05)</p>	Word of mouth	
<p>“But it wasn’t until a supervisor reached out...” (Participant 08)</p>	Reporting health and wellness concerns	
<p>“[Wellness Unit] will provide you the resources” (Participant 01)</p>	Phone/email application to the Wellness Unit	
<p>“Catch these issues early before it really affects their job” (Participant 06)</p>	EAP/OAP/First Responder Support Services	
<p>“Catch these issues early before it really affects their job” (Participant 06)</p>	Internal Affairs	
<p>“If you need the marriage counseling, if you're struggling physically with your physical fitness, or overweight or health problems or financial problems, you're going to come to us and we're going to be the the resource people that direct you to the right resources.” (Participant 01)</p> <p>“Get from making a phone call to other officers driving them to a mental health facility” (Participant 05)</p>	Informal	

<p><i>“We have spouses, their family support officer, family support personnel as well trained in the same stuff we are.” (Participant 01)</i></p>	<p>Spousal referral</p>		
<p><i>“Maybe you’ve worked for me for three years and you’ve never been late for a squad meeting and all of a sudden you have like three late squad meetings in a month. You know, supervisors are trained to kind of key in those things and look for issues...it could be something as simple as you know, usually a meeting kind of off the books meeting. Hey, is everything okay? (Participant 06)</i></p>	<p>Supervisor concerns and referral</p>		
<p><i>“Rely on communication with our supervisors and developing relationships prior to the critical incident” (Participant 01)</i> <i>“Our post critical internet protocol is, we basically will, depending on the incident that let's just say, for instance, an officer involved shooting, we will go to the scene, we will talk one on one with that officer, we will explain to them the process. And what happens, we will then drive them to downtown, have them fire their weapon, or the ballistics examiner actually will fire their weapon, while at the same time we're contacting spouses family support team, and then keeping in constant contact over the next two or three days until they have their interview. When they have the interview. As soon as they're done with your interview in homicide, they come down to our office and we talk about it, then usually the day after that, or a couple of days after that we have a formal debrief. That's not a tactical debrief, this is an emotional debrief”;</i> <i>“Once they've made it a couple of sets, we feel like they're okay, we contact them. And usually after we get a letter from the district attorney saying that they were released, then we will reach out to them and see if they're ready to come back to work. If they're not ready, we don't send them back to work. All we ask is that they get help too, so they can get ready and be ready to come back eventually. If they're ready to come back, then we do what's called return to duty training, we use the reality based training unit and we do return to duty training. And that's a series of shooting drills”;</i> <i>“A fit for</i></p>	<p>Post Critical Incident</p>	<p>Protocols (II) <i>Q11: What is your post critical incident protocol and how are officers trained on that protocol? (Is it possible to receive a copy of the debrief procedures?)</i></p>	

<p><i>duty assessment during critical incidents”</i> (Participant 03) <i>“Wellness goes to the scene of every critical incident going into them and develop that relationship immediately. Then, once the officer specifically talks about officer involved shootings, when the officer comes down and interviews with homicide detectives with their attorney, we schedule everything immediately afterwards. So when they come to their interview, they bring their spouse and family if they want to. They walk out of the homicide office and then they go down to the wellness office and with a wellness offer counselor, whoever they want the room and family. They watch the video and then have a long very in depth discussion about what occurred and start looking for those indicators early on that might affect the family and work through that. And then when they're ready to go back to work once they've been cleared by the DA Wellness is involved again and we go, we take them down to the training center we have it's called a reality based training. And they're run through several scenarios, not the scenario of the shooting. They were in just scenarios outside of actual patrol work so they can see if they're ready to go back to work. have any qualms heavy issues, that way, it's kind of a gradual move back into their patrol duties.”</i> (Participant 04)</p>			
<p><i>“Individual officers involved that have been through a pretty similar incident. Not always. Sometimes I handpicked the officers that respond because I think that they would be more relatable to this particular person”</i> (Participant 05)</p>	<p>Formal vs. informal</p>		
<p><i>“Post incident protocol is one once the incident happens, they are separated. And the reason they are in like that is because we realize that stress plays a certain part on the brain, certain part of memory, certain part on all of those things on a legal standpoint.”</i> (Participant 08) <i>“An officer involved shooting there's a very set list of notifications that have to go out. Within that, you know, one of them is usually going to be like a crisis incident response, response team member is going to contact the</i></p>	<p>Definition/policy</p>		

<p><i>officers. They're going to have our psychological services within the next couple of days, we'll reach out to the officers involved and just say hey, do you want to come in and talk about what happened? So they kind of they affirmatively extend that olive branch instead of waiting until it's become an issue and then like, oh, how come nobody reached out to this person so they do a good job of reaching out to that to them after a critical incident. I think the other thing too, like, you know, we assign an officer to be with that officer right after the incident so that way, they don't feel like they're by themselves. And they're kind of like an advocate for the officer throughout the post incidents protocol.” (Participant 06)</i></p> <p><i>“Death of the offender. Obviously the death of several of our officers, any type of critical incident, it could involve something along the lines of the death of an infant. Particularly harder call and really critical incident just kind of refers to anything that an officer would take more than an hour or two to deal with and kind of process something that may take several days, several weeks, several months. Up to years. In addition, I've also been heavily involved with the Fraternal Order of Police on the wellness side. So I've kind of worked both sides of the street in that respect.” (Participant 05)</i></p> <p><i>“The attorney comes out for the officer right, then they're gonna wait 24 to 72 hours to make a statement to do a homicide interview.” (Participant 01)</i></p>			
<p><i>“Normalize those feelings, and start pushing resources”; “Going to be an advocate for that officer, and make sure that their needs are met more of a psychological first aid type deal the basic needs, right then in there” (Participant 01)</i></p>	<p>Characteristics of a PCI</p>		

Theme 4

Participant quote	Code	Category	Theme
<p><i>“We’ve had a sever rash of drunk driving incidents with officers. So, I think alcoholism is a big problem that people don’t really like to talk about. We could probably do more just</i></p>	<p>Culture of law enforcement organizations (LEOs)</p>		

<p><i>hey, you know, it's probably not good if you're having five drinks a night, every night, when you get off work. I believe we had four or five officers get Driving Under the Influence (DUIs), and two of them were on duty within like the period of a month and a half.” (Participant 06)</i></p> <p><i>“I don't recall any of them really focusing on what this is going to do to me if I have to, like be subjected over and over and over to seeing people hurt, killed, maimed, beaten on a repeated basis, year after year, and but what was told to me multiple times was that, hey, don't take this job personal and whatever you do, don't share this stuff with your spouse or partner because you don't want to upset them. So, I believed that, right, and it really hasn't changed a whole lot. So, for myself, when all this stuff started happening to me, I didn't really know what to do with it. I chose to do what I was told to do...Which led to problem after problem, resentment set in, division set in, and before you know it, I'm drinking, and I have an affair. We get divorced. And it gets, my life gets worse and worse and worse.” (Participant 07)</i></p> <p><i>“The problem is a law enforcement personality isn't really, we've really been trained and its necessity of our job to be protective of what comes out...We have to be careful how we react to things...We have shut a part of our humanity off to do the job effectively. And so, when that carries over into a private life, finding that role, be able to switch it on and off is hard.” (Participant 08)</i></p> <p><i>“We really needed to expand the communication and wellness and, for lack of a better term, sell it; really instill in the officers.” (Participant 04)</i></p> <p><i>“The lack of face-to-face engagement to read body language is detrimental to helping someone. Social media is hindering that and though there are still email and text conversations, the idea is to see the person and read them.” (Participant 04)</i></p>		<p>Culture <i>Q7: What do you see as difficulties to officers reporting health and wellness concerns?</i> <i>Q 15: What do you feel your agency could improve in health and wellness resources?</i> <i>Q 16: What other critical issues are you facing in health and wellness?</i></p>	<p>Barriers to resilience</p>
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<p><i>“Fear of repercussion from the department that if they came to us and said, I’m a drunk, they’re going to get fired. If they came to use and said that, you know, I want to hurt myself, they’re going to get fired, or something’s going to change...that it will affect your job negatively, whether you’re able to promote or move to certain specialized or other units, if you do acknowledge that you need some sort of assistance with something” (Participant 01)</i></p> <p><i>“Concerns about am I going to be pulled off the streets? What are people going to think of me or they can trust me on calls anymore?” (Participant 02)</i></p> <p><i>“So, if I go to my supervisor and tell them, hey, I’m feeling suicidal, I know exactly what’s going to happen. Because that’s what we do. We’re going to take your gun, we’re going to take your badge, you’re going to sit on the desk and you’re going to have this giant sign above your head that says ‘I’m suicidal. Don’t talk to me. I’m having problems with this or that’, you know, there’s that stigma attached.”; “That’s a concern of theirs” (Participant 05)</i></p> <p><i>“The first thing they did was put you in timeout, possibly reduction in pay, even lose your job. So, there was no safe manner to report someone” (Participant 07)</i></p>	<p>Fear</p>		
<p><i>“Sometimes instead of catching it early, we end up not catching it until so much later; it progressed and got really bad. We can deal with a couple of, you know, late squad meetings, but what we can’t deal with is like you pawning your firearm, so you can go use that money for other things” (Participant 06)</i></p>	<p>Lack of support system</p>		
<p><i>“There were some people in the command staff that did not believe in it [wellness unit], they thought officers should have thick skin, continue as it is, and it was failing” (Participant 02)</i></p> <p><i>“There were some people on the command staff that did not believe in it, they thought officers should have thick skin continue as it is and it was completely failing” (Participant 04)</i></p>	<p>Leadership</p>		

<p><i>“If they [leaders] are not behind this, this does not work. It just doesn’t. You can have the best intentions. You can even have money behind it. But if you don’t have the support from the very top, it’s never going to work ever...that’s where most agencies fail.</i> (Participant 07)</p> <p><i>“Schedules are neglected; they don’t look at schedules as health and wellness”</i> (Participant 09)</p>			
<p><i>“Admitting you have a problem is usually the hardest step”</i> (Participant 06)</p> <p><i>“I was isolating, drinking myself into oblivion every night and totally sticking out...I left my bathroom, grabbed a riffle, walked to the back side of my farm, stuck it in my mouth. Put my finger on the trigger and I started gagging on this buildup of carbon on the muzzle. The end of the rifle barrel collects a lot of carbon leftover from the powder that’s leaving the barrel is pushing it out. So, it’s, it’s gagging me, so I’ll take it out, put it back in multiple times for several hours. And I couldn’t keep it in my mouth long enough to shoot myself; and finally, I broke. I reached out for professional help that day.”</i> (Participant 07)</p> <p><i>“Nobody is included because it’s a deep, dark, secret. Nobody wants to talk about these bad things that affect us all because we are human”</i> (Participant 07)</p> <p><i>“I have experience of watching a partner get killed online of duty. And I was in need of it [resources] ...I reached out to the supervisor at the end of my rope type situations, whereas if it would have been a little more open, if my wife could have been because she recognized problems that I didn’t even recognize at the time.”</i> (Participant 08)</p> <p><i>“Pride makes poor decisions, if you’re making decisions out of pride what you think is right or continuing the same program you’re making bad decisions”</i> (Participant 04)</p>	<p>Willingness and self-initiative</p>		
<p><i>“There’s a little stigma placed on officers because what we do as police officer, we go</i></p>	<p>Stigma</p>		

<p><i>out and help everybody. And, you know, we go out and we take care of people's problems, and we solve their problems within the 5-10 minutes, maybe an hour. Yet, you know, sometimes the difficulty is just looking in the mirror and seeing that we have problems. We have all those same issues that we deal with some of those problems are relevant and some officers lives. And so, you really got to take a look at yourself before you can help others."</i> (Participant 05)</p> <p><i>"Stigma of strength that has to occur and that where it's not okay for us to break down"</i> (Participant 08)</p>			
<p><i>"Pride can do a lot of damage; pride makes poor decisions"</i> (Participant 04)</p> <p><i>"The number one emotion that officers run from, hide from, try to squash, is that vulnerability. Officers do not want to be vulnerable, ever...That's why you will never see a lot of like emotion out of officers. That's why they don't go seek help sometimes. That's why, you know, interviews like this, this is a little unique, like we don't often put ourselves out there just because that allows us to be an even, though we're human, allows us to be just like everyone else. And yes, we're like anyone else but we do a job like no other.:"</i> (Participant 05)</p> <p><i>"Because they lack the ability to feel, they lack the ability to have empathy, all of those different things that make us human and so...primarily the characteristic of who we are to be to do the job plays against us"</i> (Participant 08)</p>	<p>Vulnerability (emotional)</p>		
<p><i>"I will never use it. Just because even though it is supposed to be confidential it never is...It never stays confidential, and people's lives are affected by it"</i> (Participant 09)</p>	<p>Anonymity and confidentiality</p>	<p>Confidentiality and trust</p>	
<p><i>"I was sitting in this counselor's office; she was actually a doc and I was sitting in a waiting room with other civilians. One lady to the left of me was angry because she didn't like the way her boss was speaking to her and the lady to the right of me was angry because she didn't like the type of medications, they had her on. I mean, I just killed someone. And</i></p>	<p>Counseling specific for first responders</p>		

<p><i>these people I'm like, no, I don't belong here.</i>" (Participant 07)</p>			
<p><i>"The barriers that are there and the lack of facilities that are there for us. Here's what I mean by that. I'm going to paint a picture on while we don't reach out for help. Okay, fire, police, EMS, it's all the same. We, from that Academy setting you're made to believe that hey, you show up on scene, you secure the scene, you work the problem you don't show emotion. Well, that's okay for the scene, the problem with that is it begins to bleed over into every other area of your life, including your home. And so for myself when a problem would arise that argument and you're going to argue if you have a relationship with someone could be arguments, I would automatically just shut it down. Deal with the problem like I would working in fatality or shooting. So that didn't work out. And so that's painting a picture for that... That's the number one reason they don't have trusted access to facilities."</i> (Participant 07)</p>	<p>Facilities for first responder services</p>		
<p><i>"They are the worst ones to promote that. I think they could do a lot better job.";</i> <i>[Emotional wellness] "a concept that our leadership has never, never bought into."</i> (Participant 05)</p> <p><i>"I know there's officers that I would, you know, I don't even want to talk to them about the weather. I'm certainly not going to talk to them about this critical incident"</i> (Participant 05)</p>	<p>Trust (peer and leadership)</p>		
<p><i>"There isn't like a hotline where you can call and complain about mental health concerns or coping mechanisms or anything like that. I think the department can do better here."</i> (Participant 03)</p> <p><i>"We talk about calls; every call affects every officer differently. There's just not one approach like it's been in baseball; or it's a horrific accident, two people could show up on the same call and react to it very differently. It's figuring out who needs the assistance. That's a personal wellness issue."</i> (Participant 04)</p>	<p>Set up a proper protocol for reporting</p>	<p>Consistency</p>	

<p><i>“The agency has a law enforcement psychologist that does a great job, but it’s very reactionary, and it’s very much after we’ve seen significant signs that someone is in need. Well, in our experience now it’s beginning to look like when those signs appear it may be a little too late.” (Participant 08)</i></p> <p><i>“In my perspective, that [critical incident] is not the issue. The issue is very day things, little bit here, little bit there. I worked a car crash where there was a child involved. You know, the child was not that badly hurt. But seeing how the parent didn’t even care for the child, that affected me in a little way; made me angry. And then I made a traffic stop and the guy got belligerent on traffic stop when he was being dangerous, and I felt justified. I was very angry that he was, that it even angered him that I saved his life so to speak, or maybe someone else’s. That little thing, little nick. Those little things are the issue. It’s the every day. Those things little by little are so they’re so taxing that when the critical incident happens...it stacks on top of that.” (Participant 08)</i></p> <p><i>[Agency has a] “law enforcement psychologist that does a great job, but it’s very reactionary, and it’s very much after we’ve seen significant signs that someone is in need. Well, in our experience now it’s beginning to look like when those signs appear it may be a little too late” (Participant 08)</i></p>			
<p><i>“I’ve actually provided documentation to the chief and [...] on how important it is, especially for females in this agency. I didn’t have a mentor because men were uncomfortable mentoring me. And there were no other females to do it. So for me, it’s very important.” (Participant 09)</i></p>	<p>Female mentorship</p>	<p>Resource availability</p>	
<p><i>“I think schedules are neglected, they don’t look at schedules as health and wellness” (Participant 08)</i></p>	<p>Schedules</p>		
<p><i>“We are bound by state statute. So there’s a lot of agencies that that can hire and and create those procedures and policies within their own department. We don’t. We are</i></p>	<p>Statute limitations</p>		

<i>bound by all the qualifications are bound by state statute.” (Participant 08)</i>			
<i>“The biggest thing hindering us, and every other major agency is manpower” (Participant 04)</i>	Low manpower		
<i>“Overworked. Being short handed; just being tired” (Participant 02)</i>			
<i>“Increasing the amount of visits that the city pays for. So bumped that up from six to 12, double that. So we don't start getting into co pays and insurance until at least 12 visits because we can handle and fix majority of the problems in under 12 visits. So it's just a pain for them to have switched over to insurance, you know, halfway through their, their healing process” (Participant 03)</i>	Resources and funding		
<i>See table in Ch. III</i>	Resource unfamiliarity	Education/training <i>Q 4: Have you ever heard of any of the following programs? (See Appendix A)</i>	
<i>“A political subdivision meaning our leadership is moved around at the at the will of whichever [...] is in place that affects a lot” (Participant 08)</i>	Politics	Others <i>Q 12: To what extent does your agency screen for health and wellness (i.e., cardiovascular screening, etc.)?</i> <i>Q 13: Does your agency have any established relationships with outside agencies in the medical community particularly during a critical incident response? (For example, trauma-informed counselors, medical doctors on call, SOT, etc.)?</i>	
<i>“There's not somebody that we match with trying to help somebody throughout their career to make good decisions that's going to allow them to be a successful long term employee” (Participant 01)</i>	Mentorship		
<i>“We do not the only thing that we have that I'm aware of is the field training officer program” (Participant 03)</i>			
<i>“We don't do a very good job at keeping up with it or having any kind of incentives for people to be fit” (Participant 03)</i>	Lack of mandated yearly PT		
<i>“If you have a back injury, that's something tangible, but just a statement that they are not allowed to work patrol doesn't cut it with me” (Participant 04)</i>			
<i>“I think from that aspect, if you can see something from a hospital, from a medical aspect, it'll soak in a little deeper that you really need to take care of yourself” (Participant 04)</i>	Partnerships	<i>Q 14: Would your agency consider a voluntary fitness</i>	
<i>“Title in Oklahoma State law, most states have this and ours is really it it's a very well</i>	Legal		

<p>written law to protect this type of communication between peer to peer. It's written in the same language to protect the same communication between you and your lawyer, you in your doctor. So we have a law in place to protect one peer to peer and most people don't know that. So that's one of the first thing we started doing at the beginning of all of our classes and it's on the front page of our app, hey you are protected if you reach out to us before something bad happens. We can protect your job we can protect your rights, we can protect your identity, if you're willing to reach out ahead of the problem.” (Participant 07)</p> <p>“Legal divisions and liability divisions don't really want you to, to do physical things like that. Under, you know, under workers comp and all that and I get that's their arena and they're made to do that.” (Participant 08)</p>		<p>program with incentives attached?</p>	
<p>“One of the major issues with that [partnerships with the medical community], especially on critical incidents, if it's on duty, and we have to get a lot of stuff that stuff for the FOP or the union. And they balk at a lot of it, just because they want to control or they want some type of give and take, but I think I think we're getting through to them, because the push from the officers to the union has become stronger for the last couple of months. That they're wanting it.” (Participant 04)</p> <p>“We are a union and our Fraternity Order of Police FOP fights on everything, everything is tit for tat” (Participant 01)</p>	<p>Fraternal Order of Police (FOP)</p>		
<p>“It's really difficult to score really well” (Participant 06)</p>	<p>Incentives for PT</p>		
<p>“Preparing people for retirement better. I don't know that officers are always prepared. What it looks like on the other side, if especially if it's kind of become their identity. They see a lot of crises after that. And suicides, unfortunately, in our retirees.” (Participant 02)</p> <p>“We have too many officers who retire, I had one this week, has been retired a year and a half and he passed away. And that decline of, you know, 10-15 years, just being in law</p>	<p>Prepare better for retirement</p>		

<i>enforcement for the license is just unacceptable. So, we are trying to intervene early on” (Participant 04)</i>			
<i>“We’ve kind of had to think outside the box” (Participant 06)</i> <i>“We’ve seen the failures in the past, and we have new resources that are available, but they are not necessarily up and running” (Participant 08)</i>	Innovative approaches		
<i>“Once humanity is gone, you can put 30 cameras on an officer. You can put 300 new policies and directives and laws into effect how you shall not put hands on someone or treat someone and it doesn’t matter. They can be on live television. They’re going to be the same because humanity in that officer once it’s gone, you don’t view anyone else as a human.” (Participant 07)</i>	Focus on emotional health		
<i>“A health and wellness division, where we do have to have certified trainers there and say, a nutritionist either bring, bring a nutritionist in and put them on as a civilian, or contract out to a nutritionist, and let those services be available” (Participant 09)</i>	Nutritionists		

Theme 5

Participant quote	Code	Category	Theme
<i>“We contracted with a group...Code 4 Wellness. the concept was officers first not over public's, but you really put your employees first. Because when they're healthy, both mentally and physically, they make better officers that solves a lot of the social issues with communication because we all have bad days. And when you're stressed you can't really communicate with those needs. They came and looked at what we were doing strengths, weaknesses, opportunities, threats, where the philosophy the agency was going and submitted a report.” (Participant 04)</i>	Third party assessment	Progress	Recommendations for increasing officer resilience
<i>“One of the initiatives to address resilience through health and wellness was piloting a series of health screenings through a blood work panel and heart screen as well as a test for hearing. Participant 03 stated that “we’re working on getting better at finding</i>	Health screening		

<p><i>little ways to be able to provide for our troops, but it's a slow process"; it is all about "moving forward, as opposed to being stuck" (Participant 05)</i></p> <p><i>[Some officers went into an] "in-patient treatment after attempting suicide, and came back to fully duty, which years ago that would not have happened. So, I like to see the progress here" (Participant 02)</i></p>			
<p><i>"We know that physical affects the mental side, so on the physical side" (Participant 08)</i></p>	Physical test (PT) policy		
<p><i>"I want the person that can barely walk from the car to the house. But I want a tangent where they are and there they can go. And as long as if you're showing progress from where you began and in six months, you're better than I would love to give him the day off." (Participant 04)</i></p>	PT assessment with incentives or mandatory		
<p><i>"Build a facility for first responders because that whole safe place I was talking about" (Participant 07)</i></p> <p><i>"A wellness kind of retreat. Not just treatment, but also prevention. That would be an area where officers or for all first responders, not just officers could go to if they needed, either be like set for prevention level or if they are level of treatment" (Participant 02)</i></p>	Wellness Group for Oklahoma		
<p><i>"We help with finance, retirement, sleep, fitness." (Participant 03)</i></p> <p><i>"We've made leaps and bounds and this idea that our officers' mental wellness is just as important as any other training" (Participant 05)</i></p> <p><i>"It's getting better within the last two to three years. There's a definite emphasis to identify the problem because they're finding that there's so many people suffering from long-term, cumulative trauma throughout their career, that it's just as bad or worse than people going to war." (Participant 07)</i></p>	Resiliency training		
<p><i>"They [officers] have the opportunity to go through a wellness type program that's going to maybe educate them on why were you rude, you know? What's going on at</i></p>	Indianapolis Internal Affairs (IA) program		

<p><i>home? What's the root problem of this, you know, and sometimes it's just hey, you know, circumstances. Sometimes it's an issue at home. Sometimes it's an issue at work. But what a concept where Internal Affairs is involved in wellness. Is a better trained officer, a better resource to our community? Is an officer that's more well-adjusted at home and has better relationships within their lives, a better officer out in the field?"</i> (Participant 05)</p>			
<p><i>"There isn't like a hotline where you can call and complain about mental health concerns or coping mechanisms or anything like that. I think the department can do better here."</i> (Participant 03)</p>	<p>Reporting health and wellness concerns</p>		
<p><i>"A rest bed that helps people deal with their sleep cycles and be able to help someone in healing that way"</i> (Participant 08)</p> <p><i>"Could be experiencing might be experiencing might be feeling anger, sleep deprivation"</i> (Participant 03)</p> <p><i>"There's so much [...] to put up with to then have a [...] schedule and never see your family on holidays"</i> (Participant 09)</p>	<p>Research on schedules and sleep</p>		

VITA

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