

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Law Enforcement and Corrections Family Support: Development and Evaluation of a Stress Management Program for Officers and Their Spouses, Final Report

Author(s): Rudy Arredondo Ed.D. ; Sterling T. Shumway Ph.D. ; Thomas G. Kimball Ph.D. ; Charette A. Dersch Ph.D. ; C. Nichole Morelock M.S. ; Laura Bryan M.S.

Document No.: 197900

Date Received: December 2002

Award Number: 99-FS-VX-0005

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

RUNNING HEAD: FINAL REPORT

197900

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

Law Enforcement and Corrections Family Support: Final Report of the Development and
Evaluation of a Stress Management Program for Officers and Their Spouses

Rudy Arredondo, Ed.D

Sterling T. Shumway, Ph.D.

Thomas G. Kimball, Ph.D.

Charette A. Dersch, Ph.D

C. Nichole Morelock, M.S.

Laura Bryan, M.S.

Rudy Arredondo, Ed.D., is the Director of the Southwest Institute for Addictive Diseases TTUHSC, Department of Neuropsychiatry, 3601 4th St., Lubbock, TX 79430. Sterling T. Shumway, Ph.D., is the Director of the Texas Tech University Employee Assistance Program and the Director of Research for the Southwest Institute for Addictive Diseases. Thomas G. Kimball, Ph.D., is the Associate Director of Research and Organizational Interventions at the Texas Tech University Employee Assistance Program. Charette Dersch formerly served as the research/grant coordinator on this project and was a therapist in the program. C. Nichole Morelock and Laura Bryan are therapists with the program and have offered valued assistance on the project's research and grant maintenance.

*Award number 1984-JS-VX-DC05 from the Office of Justice Programs, National Institute of Justice, Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position of the U.S. Department of Justice.

Introduction

This Project was submitted under section 1 of the Law Enforcement and Corrections Family Support: Solicitation for Research, Evaluation, Development, and Demonstration Projects. Section 1 solicited projects that would develop, demonstrate and test innovative stress prevention or treatment programs for state or local law enforcement and/or correctional personnel and their families. This project represents a collaboration between a Police Department in West Texas and the Texas Tech University Health Sciences Center (TTUHSC) and was funded by the National Institute of Justice (NIJ).

The impact of occupational stress on law enforcement and correctional officers has long been known. More recently, attention has been focused on the impact stress has on officers' families. According to Finn and Tomz (1997) "Many of the sources of stress for law enforcement officers end up affecting the people closest to them" (p. 15). It has been recommended that police department policy makers begin attending to the occupational demands associated with police work and the affects these demands have on family functioning (Maynard & Maynard, 1982). Shift work, long hours, cynical or suspicious attitudes of officers, command presence, emotional control, fear for the officer's safety, and exposure to critical incidents have been cited as sources of stress for family members (Finn & Tomz, 1997; Kirschman et al., 1992; Alexander & Walker, 1996).

Early work by Niederhoffer and Niederhoffer (1977) laid the foundation for exploring the potential negative impact police work on marriages and families. Police work has been shown to negatively impact spouses of officers, especially in terms of the spouse's social life (Alexander & Walker, 1996). Ready (1979) indicated that an officer's authoritarian attitude, if exhibited at home, can lead to marital instability. Other behaviors exhibited by police officers that are

problematic for family members include a reluctance to talk about work related feelings while at home, leading to emotional distance (Parker & Roth, 1973). Hence, we know that an officer's work can be a stressor for both the officer and his/her family. From a systemic perspective, it is clear that this stress reverberates back from the family to the officer, thus compounding the officer's level of stress and potentially impairing work performance.

The purpose of this project was to develop, demonstrate, and test an innovative stress prevention and treatment program for officers and their spouses. The program was designed as an eight-week (later modified via feedback to six weeks) program with a combination of didactic group training and group therapy for couples. After couples completed the program, some chose to remain in their groups to provide ongoing support to each other as part of the peer mentoring component of the program. These groups were led by a nominated peer leader/facilitator. The peer mentor received special training in leading and facilitating groups.

Review of Literature

Family Resiliency

Strong family relationships have been shown to be consistently related to resiliency in individuals (Hawley & DeHaan, 1996; Walsh, 1996). The family has an impact on how an individual attaches meaning to stressful situations, and thus, influences the individual's adaptation. Walsh (1996) stated, "How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes, and moves forward with life, will influence immediate and long-term adaptation for all family members and for the family unit" (p. 267). Positive family relationships can help an individual deal more effectively with stress. Conversely, negative family relationships can serve as stressors themselves and contribute to stress pile-up. For

example, officers and spouses have been shown to exhibit similarities in negative forms of coping behaviors such as using alcohol to avoid problems (Maynard & Maynard, 1982).

According to Walsh (1996), "A family resilience approach goes beyond problem solving to problem prevention by not only repairing families, but also preparing them to meet future challenges" (p. 276). The key factors identified by Walsh (1996) to helping families develop resilience are: (1) enhancing family cohesion, (2) developing flexibility, (3) nurturing open communication between family members, (4) developing problem solving skills, and (5) having an affirming belief system. Conceptualizing family resiliency in this way fits within the framework of a multi-modal family stress prevention program like the one completed in this study.

Impact of Stress on Individuals

Everly (1989) reported that as many as 25% of all Americans suffer negative effects as a result of excessive stress and that approximately 50% of patients seen in general medical practices suffer from stress-related problems. There is extensive literature which supports the idea that excessive or chronic stress arousal can lead to disease or physical dysfunction (Everly, 1989; Girdano, Everly & Dusek, 1997; Mitchell & Everly, 1996; Territo & Vetter, 1981). However, it should be noted that the literature also supports that a certain amount of stress is necessary for peak performance of individuals (Everly, 1989).

Stress and Law Enforcement Officers

According to Territo & Vetter (1981) "Police work is highly stressful, since it is one of the few occupations where an employee is asked continually to face physical dangers and to put his or her life on the line at any time" (p. 195). Officers are continually exposed to violence and aggression, and they are required to make critical life or death decisions in brief periods of time,

while under significant pressure. Often, decisions made under these difficult circumstances are scrutinized from within the department and questioned by the public. Additionally, their jobs require shift work, long hours, and attention to strict organizational guidelines.

Law enforcement and correctional officers have personality traits that set them apart from the general population, thus enabling them to perform their job well. These traits may include a need to be in control, a desire to do their jobs well, being action oriented, having a high need for stimulation, being risk-takers, being highly dedicated to their jobs, and having a strong desire to be needed (Mitchell & Bray, 1990). These personality traits can also put them at risk in terms of not asking for help when necessary, and pushing themselves to function despite chronic stress. These traits can also affect how they respond to stress itself and their preferred coping mechanisms both individually and in relationship with others.

As is the case with people in other professions, many coping mechanisms are dysfunctional and may negatively affect job performance. An example of an unhealthy coping mechanism is the use of alcohol. The law enforcement and correctional culture is especially conducive to alcoholism due to the acceptance of its use and the high stress demands placed on officers (Territo & Vetter, 1981). If a person is predisposed to alcoholism this can set up a situation where drinking can become problematic.

Another tragic stress response is suicide, which is also a factor that must be addressed in relation to police officers. Allen (1994), in a review of several articles on suicide in police officers, found that most studies indicate that police officers have a higher rate of suicide than the general population. Since there is a correlation between depression and extreme stress, an individual's response to police work has the potential to lead to feelings of frustration,

powerlessness, and a desire to escape. All of these symptoms may predispose an individual to view suicide as a viable option.

Impact of Stress on Spouses

Secondary traumatic stress (STS) has been the focus of more recent attention. Gilbert (1998) views STS as the stress of caring too much. According to Figley (1995), secondary traumatic stress disorder is a syndrome of symptoms that are nearly identical to the symptoms of post-traumatic stress disorder (PTSD). However, one important difference is that knowledge of a traumatizing event experienced by a significant other is associated with the set of secondary traumatic stress disorder (STSD) symptoms. Hence, it is obvious that STS can create serious problems for spouses. These stressors can then reverberate back to the officer compounding the initial stress. The potential for symptoms and problems related to traumatic stress and secondary traumatic stress are serious for spouses of law enforcement officers and can disrupt the balance of the marital relationship. Dealing with STS and the effects of traumatic stress on a spouse is difficult; successful police couples must adapt by developing new thinking patterns, new ways of interacting, and new behaviors to cope with these difficulties (Gilbert, 1998).

Providing spouses with knowledge of what to expect and how to handle STS effectively can greatly reduce the feelings of helplessness that can lead to STS symptoms in the spouse and subsequent marital disruption. It can also help the spouse make sense of the traumatic experience and the symptoms that appear in the aftermath. Research has shown that family therapy and group therapy can be extremely effective in helping individuals cope with day to day stress, cumulative stress, and critical incident stress (Allen & Bloom, 1994).

Research is also available which supports the idea that STS can occur as a result of cumulative stress, as well as from traumatic stress. Westman and Etzion (1995) found a

correlation between spouses' burnout and officers' degree of burnout. Thus, if an officer is experiencing a high level of cumulative stress, his or her spouse may also have a high level of cumulative stress. Further, they found that after controlling for job stress and level of resources, the spouse's sense of control was an additional factor in the prevention of burnout. Giving spouses knowledge about normative stress responses and mechanisms for dealing with these responses can assist in fostering a sense of control, thus decreasing stress response symptoms.

Impact of Stress on Children

Children whose parents are experiencing symptoms of post-traumatic stress disorder have shown symptoms such as hyperarousal, intrusive thoughts, and even share the same memories or reenact the parent's trauma. Children can develop traumatic stress vicariously by witnessing others experience of a traumatic event or by just knowing that a traumatic event was experienced by a loved one (Steinberg, 1998). Obviously, this places children of police officers at particular risk of "catching" the stress response symptoms of their parents. Parents who are trained to handle and understand their own stress responses are less likely to transmit these symptoms to their children.

Stress Programs With Police Couples

There has been an increasing emphasis on helping officers, spouses, and children through programs designed to assist not only the police officer but also immediate family members. In 1997, the National Institute of Justice (NIJ) published a handbook on developing a law enforcement program for officers and their families (Finn & Tomz, 1997). Based on their review of the existing literature and the consensus of experts in the field, the authors highlight the importance of including family members in developing stress programs. Continued research into the impact of stress on law enforcement couples confirms that these couples are at a heightened

risk for poor marital outcomes and other anomalies that contribute to stress within these relationships (Bryant, 2000; Roberts & Levonson, 2001). To target couples and family members, NIJ has sponsored projects, like this one and others, that have included spouses and family members in the treatment of stress in order to address this important issue (Logan, Wilson, Becker, & Tinker, 2002).

Methodology

The purpose of this project was to develop, implement, and test a multi-modal program with both didactic and intervention components for law enforcement officers' and their significant others. The study evolved into one incorporating both quantitative and qualitative methodologies.

Quantitative Methods

Recruitment

An initial pool (N=250) of police officers was randomly selected. From this pool, officers were randomly assigned to either the experimental group or a waitlist control group. Officers and their spouses in both groups were then informed by mail that they had been selected to participate in one of the groups. After being informed by mail, a follow-up phone call was made to assess their willingness to participate. From this initial effort only 11 participants (officers and spouses) agreed to participate in the experimental group and 41 participants (officers and spouses) agreed to participate in the control group.

When these initial recruiting efforts didn't produce the desired results, additional efforts were made and permission from NIJ officials was obtained to reimburse officers and their spouses for related expenses to attend the program. In most cases, officers and their spouses had to take time from additional jobs meant to supplement their police salaries and incurred expenses

related to child-care and travel. Although these incentives helped in our recruiting efforts, the number of officers and their spouses who were willing to participate was still limited.

The controversy surrounding the payment of officers is well understood and has validity. However, given the small number of willing recruits, the decision was made to reimburse officers and their spouses in an effort to salvage important information (e.g., officer and spouse data) and keep the project alive. In retrospect, the additional participants recruited may not have justified payment.

Program Description and Implementation

The training program consisted of three components: (1) didactic group presentations, (2) processing/treatment groups, and (3) ongoing support-groups led by peer mentors. The experimental program included eight weeks of didactic/treatment groups. For later groups, based on feedback from participants, this was pared down to 6 weeks. Each week the group met for approximately two hours. During the first hour, the didactic material was presented. During the second hour, the group was given the opportunity to process how this material related to their personal lives and practice the new skills they had learned. Near the end of the program, a peer mentoring officer and his/her spouse/significant other was selected on the basis of group consensus and willingness to participate. The peer-mentoring officer was responsible for facilitating any future meetings following the 8-week structured intervention.

As a supplement to the didactic portion of the group, a ten-chapter manual was developed that both summarizes and adds to the didactic material. This manual was provided to each participating couple. The didactic presentations and training manual contained information on multiple topic areas and were presented by one of the two facilitators who were masters' level therapists.

Topics included:

Week 1: Couple Communication Skills

Week 2: Relationship Strengthening Strategies

Week 3: Shift Work and Long Hours,

Emotional Control and Command Presence

Week 4: Skeptical Attitudes and Hypervigilance

Week 5: Unpredictability of Police Work and Public Scrutiny

Week 6: Depression, Trauma, and Coping/Stress Reactions

Week 7: Substance Abuse

Week 8: Opportunity to Select the Peer Mentor Couple and to Wrap Up

At the request of the participating officers and their spouses, Week 4 and 5 were combined and Week 8 was subsumed into the session on Substance Abuse to create a six-week program. This reduction was an effort to reduce the time commitment necessary to complete the program.

The officers selected as peer mentors were trained to facilitate a support group and to be an ongoing resource to those participating in the program. Each mentor attended a four-hour training session. The training reemphasized the material presented in the didactic portions of the group. Additionally, peer mentors received training in basic support-group techniques and how to determine if a problem is beyond the scope and purpose of the support group. They were also provided a book of resources in the community to use for referral purposes. The goal of the program was for each group to continue meeting on a regular basis in an effort to provide ongoing support to each other. A master's level therapist was available at all times for consultation purposes and to attend sessions upon request.

Design

An experimental design was implemented to test the effectiveness of the program. The experimental design included: (1) randomized selection of participants, (2) random assignment to the experimental or control group, and (3) pretest/posttest/follow-up assessment. The experimental group attended the eight-week didactic/treatment groups and a smaller sample of officers and their significant others chose to attend the peer mentoring support groups.

Participants

Participants in this study were officers and their spouses or significant others randomly selected from a police department in West Texas. Single officers were allowed to participate if chosen as part of the random sampling process. All participants, whether officers or their spouses/significant others, were involved in the both the didactic and data collection portions of the study. One exception to this, that excluded spouses/significant others, was the baseline and follow-up data obtained from departmental records on participating officers. The experimental group included 19 participants with the following demographics: Gender (10 male, 9 female; all males were officers and all females were spouses/significant others), ages ranged from 23-58 ($M=38.3$), and ethnicity (Anglo 74%, Hispanic 26%). The control group included 51 participants with the following demographics: gender (27 male, 24 female; all males and one female were officers with the remaining 23 females being spouses/significant others), ages ranged from 24-60 ($M=38.1$), and ethnicity (Anglo 92%, Hispanic 8%). It should be noted that although all experimental participants completed the didactic groups, there was a 22% attrition rate from pre to post testing reaching a high of 35% at six-month follow-up. For this study, attrition is defined as not completing the assessment packet.

Assessment

Questionnaires were provided to both experimental and control group participants prior to beginning the treatment portion of the program, at completion of the program, and again at six-month follow-up. They were instructed to fill out the questionnaires without consulting each other and to mail them to the subcontracted researchers in postage paid envelopes. Officers and significant others were advised that their information was for research purposes only and would not be provided to the police department. Baseline data (e.g., sick leave, emergency leave, family sick leave and work performance evaluations) were also collected from police department records (objective data) prior to the treatment portion of the program for each officer and at the end of the year following the officer's completion of the program. This baseline data was collected when it became available as part of the department's officer evaluation procedure and with permission from the police department. Participating officers were also informed as to the data that would be collected. Additionally, employee assistance program utilization was obtained via the objective utilization records of the participating EAP.

Measures

Index of Clinical Stress (ICS). Developed by Abell (1991), the ICS is a 25-item instrument that measures personal stress levels. The ICS has excellent internal consistency (Cronbach's alpha of .96) and good factorial validity.

Brief Symptom Inventory (BSI). Developed by Derogatis and Spencer (1982), the BSI is intended to measure psychopathology and stressors. The BSI generates three global indices of distress and nine symptom subscales. It has been normed on psychiatric and non-psychiatric adult populations and requires a minimum of a sixth grade reading level. The BSI is a 53-item, self report questionnaire that is rated on a five-point Likert scale ranging from "not at all" to

“extremely”. The most reliable scale is the Global Severity Index (GSI); this scale is the sum of all items divided by 53 (Boulet and Boss, 1991). Derogatis and Melisartos (1983) report Cronbach alpha’s ranging from .71 to .85 for the nine subscales. The test-retest reliabilities have ranged from .68 to .91.

Coping Inventory for Stressful Situations (CISS). The CISS is an instrument designed to measure three major styles of coping: task oriented, emotion oriented, and avoidance coping (Endler & Parker, 1994). It is a 48-item self-report questionnaire that takes less than 10 minutes to complete. The instrument has been normed on adults and separate norms are available for males and females.

Couple Behavior Report (CBR). The CBR is a 36-item self-report questionnaire designed to measure levels of relationship interaction/satisfaction. It measures six interactional sequences operationalized as: (1) salutary recognition—partners acknowledging each other throughout the day in verbal and nonverbal ways, (2) small talk—taking time to talk with the partner about the things she/he wants to talk about while avoiding topics that are more emotionally charged during that time, (3) ego building comments—praising the partner for what she/he does and for who she/he is, (4) expanding shared memories—regularly reminiscing about “old times” shared together, (5) exciting activities—engaging together in exciting activities that each partner enjoys, and (6) feedback—mutual honesty between partners (encouragement and correction). Cronbach alphas for each scale have been reported as follows: ego building comments, .85; salutary recognition, .90; shared memories, .83; exciting activities, .87; feedback, .80; and small talk, .86. Total scale alphas are reported at .90 and above (Shumway & Wampler, 2002).

Hypotheses and Plan for Analyses

The following hypotheses were tested:

Hypothesis 1: Officers in the experimental group will have significantly fewer work absences (e.g., sick, emergency, and family sick leave) and have better performance evaluations than those in the control group. Separate ANOVAs using group membership as the independent variable and work absences and performance evaluations respectively as the dependent variables were performed.

Hypothesis 2: Participants in the experimental group will access their employee assistance program benefits at a greater rate than those participants in the control group. An ANOVA was performed using group membership as the independent variable and access to EAP services as the dependent variable.

Hypothesis 3: Participants in the experimental group will report being significantly less affected by existing stressors at post-test and follow-up than participants in the control group. A repeated-measure ANOVA was performed using group membership as the independent variable and scores from the Index of Clinical Stress (ICS) as the dependent variable.

Hypothesis 4: Participants in the experimental group will report significantly fewer behavioral symptoms at post-test and follow-up than participants in the control group. A repeated-measure ANOVA was performed using group membership as the independent variable and the Global Severity Index (GSI) of the Brief Symptom Inventory as the dependent variable.

Hypothesis 5: Participants in the experimental group will report a lesser number of avoidance oriented coping strategies at post-test and follow-up than participants in the control group. A repeated-measure ANOVA was performed using group membership as the

independent variable and the Avoidance Scale of the Coping Inventory for Stressful Situations (CISS) as the dependent variable.

Hypothesis 6: Participants in the experimental group will report increased levels of relationship satisfaction and supportive couple behaviors at post-test and follow-up than those in the control group. Separate repeated-measure ANOVAs were performed with group membership as the independent variable and scores from the Couple Behavior Report (CBR) as the dependent variable.

Qualitative Methods

Many questions arose throughout the process of recruiting officers and their spouses to participate in the Police Family Stress Program and in implementing the program. Initially, the researchers had high hopes of recruiting a large sample of couples to participate in the groups and in the research regarding the program's effectiveness. When initial recruiting efforts didn't produce the desired results, additional efforts were made and permission was obtained to reimburse officers and their spouses for related expenses to attend the program. In most cases, officers and their spouses had to take time from additional jobs meant to supplement their police salaries and incurred expenses related to child-care and travel. Although these incentives helped in our recruiting efforts, the number of officers and their spouses who were willing to participate continued to be limited.

The researchers decided that it was important to ask officers about their perception of the program and the factors that hindered them and other officers from participating. The goal of this portion of the study was to address concerns for future work with police officers and their families, and also to help others who face similar difficulties in their work with police couples.

To examine the difficulties encountered in recruiting, officers were asked to share their perceptions of the program. Initially, qualitative surveys were sent to all officers in the department. These qualitative surveys were followed up with phone interviews to officers who indicated on the survey they would be willing to answer more specific follow-up questions. The results of this endeavor are presented in the section entitled, "Qualitative Findings Part I: Qualitative Surveys and Follow-up Phone Interviews" in the results portion of this report.

Additionally, it was important to explore the experiences of those couples that participated in the program (experimental group) in order to lend greater understanding to the quantitative findings. To accomplish this objective, two focus group interviews were conducted and participants were asked about their overall experience in the program. These objectives are presented in the results section entitled, "Qualitative Findings Part II: Participant Focus Group Interviews." It is important to note that focus group interviewers were independent of project facilitators/grant managers and that all qualitative data was collected following program completion.

Qualitative researchers typically recommend the auditing of data (Lincoln and Guba, 1985). For both qualitative efforts described above, an external auditor reviewed all summaries, analyses, and made suggestions regarding categories, themes, and the final presentation of the data. In making use of an external auditor, the "dependability" of the data, analogous to the concept of reliability in quantitative research, was enhanced (Lincoln & Guba, 1985).

Qualitative Methods Part I: Surveys and Follow-up Phone Interviews

As stated earlier, qualitative surveys were distributed to all officers in the department. At the end of the survey, police officers were asked if they would be willing to participate in follow-up phone interviews.

Participants. In total, 32 officers responded to the qualitative survey: 4 from the experimental group, 12 from the control group, and 16 from the non-participating group (i.e., those officers that chose not to participate in the program at any level). Nineteen indicated that they would be willing to participate in follow-up phone interviews. All 19 were called and asked follow-up questions that were generated from the initial analysis of the qualitative surveys. Participants were reimbursed \$25.00 for filling out the qualitative survey and an additional \$25.00 for participating in the phone interviews.

Research Questions. One grand tour question was asked to all participants: "What is the general perception of the Police Family Stress Program among the officers within the police department?" Other planned follow-up questions explored factors that may have influenced officer's decisions to participate (or not) in the program. A copy of the qualitative survey can be seen in Appendix A. Phone interview questions can be seen in Appendix B.

Data Analysis

Qualitative Survey Analysis. Three researchers individually reviewed the qualitative surveys and compiled a summary of their responses. The summary of responses was then analyzed within the guidelines of Spradley's Developmental Research Sequence (1979, 1980). The guidelines include coding for significant words and phrases, clustering this information into domains of meaning, and identifying emergent categories and themes. Follow-up questions utilized in the phone interviews were generated from the themes that emerged from the qualitative surveys.

Phone Interview Analysis. Follow-up phone interviews were transcribed and dispersed to the researchers. The researchers independently summarized the responses and then together analyzed the data within the guidelines of Spradley's Developmental Research Sequence (1979,

1980) discussed above. The three researchers analyzed the data by reading all phone interviews and coding within and across the interviews. Within these categories, themes were identified. Each of the three researchers collapsed the information from the follow-up phone interviews and identified themes within the categories across groups. The three researchers then built consensus around the themes emerging from the interviews.

In designing a trustworthy study, the issues of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), analogous to validity and reliability in quantitative studies, were considered. Follow-up interviews with the survey respondents were used to increase the credibility (internal validity) of the data. Additionally, the use of thick description and direct quotes in the findings section increased the transferability (external validity) of the data.

Qualitative Methods Part II: Participating Officers/Significant Others Focus Group

Interviews

All officers and spouses who participated in the program were invited to participate in the focus group interviews. Two focus group interviews were conducted. The researchers used both ethnographic and phenomenological techniques during the focus group interviews. The purpose of the focus groups were to explore the experience of group participants within the program. More specifically, the researchers were interested in understanding what the participants viewed as helpful and not helpful in the program, how they viewed the peer mentoring process, factors that contributed to people's decision to participate in the program, and their feelings about the general perception of the program among officers.

The Participants. Two focus groups were conducted with a total of 5 participants (3 male and 2 female). Participants included three male police officers (2 Caucasian, 1 Hispanic) and

their female significant others (1 Caucasian, 1 Hispanic) who completed the Police Family Stress Program. Each focus group lasted approximately one hour and each participant was reimbursed \$50.00.

Research Questions. One grand tour question was asked to all participants: "What was your experience of the family stress program?" Planned follow-up questions were also asked to the participants in order to obtain information regarding specific areas of interest. For example, the participants were asked, "What parts of the program did you find to be helpful?" and, "What parts of the program would you change or modify?" For a complete list of questions used in the focus group interviews see Appendix C.

Data Analysis. Participant responses were audio-taped and transcribed for purposes of data analysis. Researchers individually viewed the focus group transcripts and prepared summaries for each focus group. The summaries were sent to the group participants for member checking and any feedback was incorporated into the document.

As described in Qualitative Methods Part I: Data Analysis, issues of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), were considered. Member checks were used to increase the credibility (internal validity) of the data. Again, the use of thick description and direct quotes increased the transferability (external validity) of the data. Dependability and confirmability were addressed through the use of an external auditor.

Transcriptions and summaries were analyzed within the guidelines of Spradley's Developmental Research Sequence (1979, 1980). The guidelines include coding for significant words and phrases, clustering this information into domains of meaning and identifying emergent categories and themes. Researchers analyzed the data by reading all transcripts and summaries and coding within and across each of the two focus groups. The categories were

composed of the questions asked during the focus groups. Within these categories, themes were identified for each focus group and the three researchers built consensus around the themes that emerged across the focus groups.

Results

Quantitative Findings

Separate ANOVAs were performed to test differences between the experimental and control groups (e.g., pre and post). Given the limited sample size and the decreasing number of participants (e.g. attrition) from pre to follow-up testing, multivariate tests of significance (MANOVA) were ruled out in favor of univariate tests (ANOVA). This lack of sample size and subsequent attrition, resulting in decreased levels of power, was one of the major reasons for adding the qualitative portion of this study. Additional data was gathered at follow-up; however, due to the limited sample size and the attrition between post and follow-up testing, follow-up data was not included in the analyses. However, the follow-up data is presented in the graphs highlighting mean trends.

For purposes of the statistical analyses, participant scores for police officers and their significant others (where applicable) were treated as independent scores. The decision to keep them separate was made as a result of the limited number of participants in the study. However, handling couple scores in this way may present a problem in that their scores are assumed to be independent, yet are more likely to be correlated.

Hypothesis one stated that officers in the experimental group would have significantly fewer work absences (e.g., sick, emergency, and family sick leave) and better performance evaluations than those in the control group. Separate ANOVA's using group membership as the independent variable and work absences and performance evaluations respectively as the

dependent variable were performed. The ANOVAs computed for work absences ($F(1, 36) = .81, p = .375$) and performance evaluations ($F(1, 34) = 1.82, p = .186$) were not significant.

Though not significant, the means as graphed in Figure 4.1 reflect an interesting trend with those in the experimental group ($M=56.7$ hours of leave) having fewer work absences at follow-up than those in the control group ($M=76.5$ hours of leave). Additionally, those in the experimental group experienced a decrease in work absences while those in the control group experienced an increase.

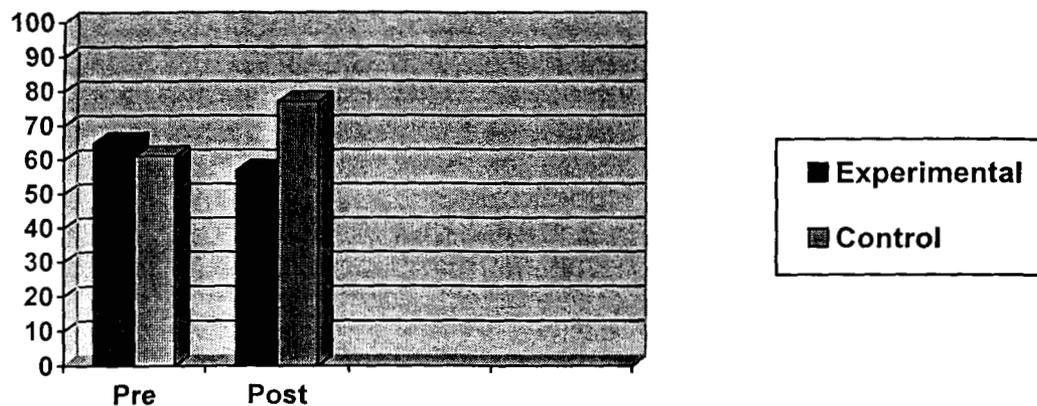


Figure 4.1. Work absences (calculated in hours) for experimental and control group.

Hypothesis two stated that participants in the experimental group would access their employee assistance program benefits at a greater rate than those participants in the control group. An ANOVA was performed using group membership as the independent variable and accessing EAP services (e.g., EAP sessions) as the dependent variable. The ANOVA was significant ($F(1, 68) = 4.30, p < .05$). Given the difference in sample sizes between experimental and control groups, these findings reflect that approximately 26% of those in the experimental group utilized EAP services versus 6% of those in the control group (see Figure

4.2). When comparing total numbers of sessions, those in the experimental group averaged 1.2 sessions per person compared to .25 per person in the control group.

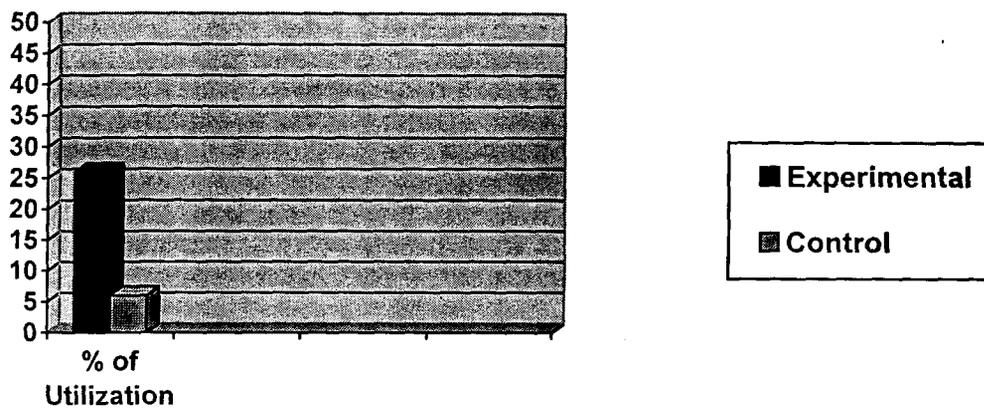


Figure 4.2. Percentage of EAP utilization for experimental and control groups.

Hypothesis three stated that participants in the experimental group would report being significantly less affected by existing stressors at post-test and follow-up than participants in the control group. As can be seen in Figure 4.3, the experimental group did not report being significantly less affected by existing stressors at any of the three data points. However, given the decrease in stress over time reported by the experimental group, a repeated-measure ANOVA was performed using group membership as the independent variable and scores from the Index of Clinical Stress as the dependent variable, at pre and post in an effort to measure significant differences over time between the two groups. The ANOVA was significant ($F(1,47) = 4.8, p < .05$). Group means are graphed in Figure 4.3 reflecting not only the difference between the experimental and control groups, but the decrease in stress levels reported by those in the experimental group from pre-test to follow-up. When examining the differences in the means at

pre-test for both the experimental ($M=33.4$, $SD=21.1$) and control groups ($M=23.5$, $SD=14.3$) it's clear that those in the experimental group were more stressed than those in the control group, reflecting a bias in the selection process.

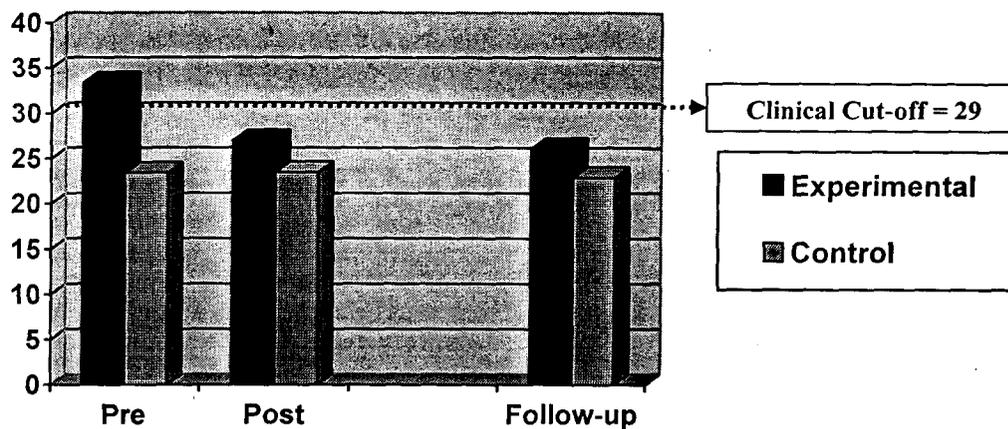


Figure 4.3. Stress levels as measured by the Index of Clinical Stress for experimental and control groups.

Hypothesis four stated that participants in the experimental group will report significantly fewer behavioral symptoms at post-test and follow-up than participants in the control group. A repeated-measure ANOVA was performed using group membership as the independent variable and the Global Severity Index (t-score) of the Brief Symptom Inventory (BSI) as the dependent variable at pre and post. The ANOVA was significant ($F(1, 52) = 8.33$, $p < .05$). As was the case in hypothesis three, the means are graphed in Figure 4.4 and reflect both the differences between groups and the decrease in behavioral symptoms from baseline to follow-up by those in the experimental group. When examining the differences in the means at pre-test for both the experimental ($M=67.4$, $SD=23.6$) and control groups ($M=59.07$, $SD=15.5$) it's clear that those in

the experimental group exhibited a greater number of behavioral symptoms than those in the control group, reflecting a bias in the selection process.

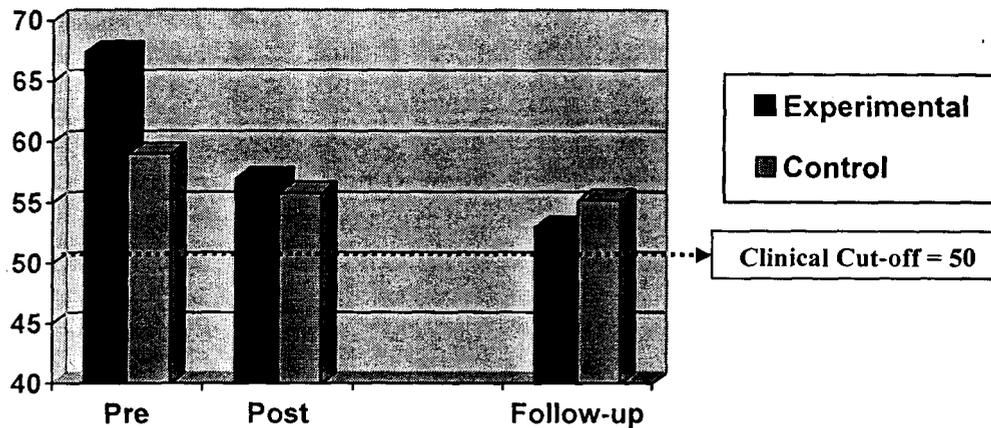


Figure 4.4 Brief Symptom Inventory for experimental and control groups.

Hypothesis five stated that participants in the experimental group would report a lesser number of avoidance oriented coping strategies at post-test and follow-up than participants in the control group. A repeated-measure ANOVA was performed using group membership as the independent variable and the Avoidance Scale of the Coping Inventory for Stressful Situations (CISS) as the dependent variable. The ANOVA was not significant ($F(1, 54) = .04, p < .849$) and the means did not present any differences between groups and/or any interesting trends.

Hypothesis six stated that participants in the experimental group will report increased levels of supportive couple behaviors at post-test and follow-up than those in the control group. A repeated-measure ANOVA was performed with group membership as the independent variable and Couple Behavior Report (CBR) as the dependent variable. The ANOVA was not

significant ($F(1, 43) = .02, p < .887$). and the means did not present any differences between groups and/or any interesting trends.

Results Part I: Qualitative Surveys and Follow-up Phone Interviews

Category I: General Perception of Program. Most officers, regardless of what group (participating, control, or non-participating) agreed that having a police family stress program was a “good idea” and that it afforded officers and their families a place to “talk about their problems” and “see what concerns other officers and families have.” Representative quotes are presented below.

“[The program] offers a place of common ground where you can express your ideas and concerns.”

“I think that anytime we can understand [each other] and our stress better it’s an advantage.”

“I think the program would be a good place to go and talk about stress.”

“I think [the program] gives officers an opportunity to talk about their problems if she/he is willing to do that and gives the family the same opportunity.”

Category II: Factors Influencing Officer Participation in the Police Family Stress

Program. Several factors that influenced officer participation in the Police Family Stress Program were identified. Themes identified in this category include money, time and other commitments, lack of trust/confidentiality, stereotype of being a weak person, stress, and the awareness of the program. These themes are described below and sub-themes are also presented where appropriate.

Money. All participants identified money as a major factor that influenced their decision to participate in the Police Family Stress Program. The officers saw the reimbursement offered as “fair compensation” and equivalent to any outside compensation they would have received.

Although those that were in the non-participant group indicated that offering reimbursement was

a good idea, it still did not overcome the other perceived barriers they identified. The following quotes are good examples of what officers said.

“I probably would not have participated if it weren’t for the money.”

“Cops are kinda cheap. They have to be offered compensation to get them to participate in anything.”

“Police officers are so tight, it is about the only way to get them to participate in something like [the Police Family Stress Program].”

Time & Other Commitments. With few exceptions, officers stated that because of other obligations (e.g., job and family), they could not take time to participate in the program. Five officers said they chose not to take the additional time away from their family in what they referred to as “a lengthy program.” The following quotes are indicative of this theme.

“I think [the lack of participation] was because of the extra jobs and family events and commitments, [the program] was considered one more commitment that wasn’t on top of [the] priority list.”

“People have too much going on, kids, part time jobs, it ties them up. You get one evening off a week, you don’t want to go and do something else.”

“It is already hard to spend time with your family, I don’t want to be participating in some program.”

Lack of Trust/Confidentiality. Within this theme, a lack of trust in the police administration emerged as a sub-theme.

Sub-theme: Administration. Half of the participants voiced that they did not believe that the information from the packet of instruments and the groups would be kept confidential. In particular, there was consensus that this information would somehow get back to the administration and be used against them. They voiced these concerns:

“Most police officers don’t trust the administration.”

“I was concerned that [the administration] would use the information for some kind of discipline.”

“We always feel like the brass have access to all our files.”

“We feel that we always have to watch our backs with the higher-ups.”

“I think that it would be different with a different administration. We might be less concerned about confidentiality.”

Stereotype of Being Weak. Half of the officers interviewed believed that there would be a negative stereotype as a result of participating in the program. The police officers related accessing mental health treatment, including accessing the Police Family Stress Program, as a sign of weakness. Listed below are good examples of what the officers said.

“Officers [that participated in the program] are weak, weak or can’t handle things themselves.”

“Other officers might think that the [officers who participated in the program] were not able to handle their own problems and needed some other method of doing it.”

“I think there is a stigma that if you reach out for help you might be labeled as maybe not sound or fit.”

“Officers don’t want to come off as dependent. When you go to counseling, it comes off that you are a weak person.”

Stress. In the initial qualitative survey, the police officers were split as to where their stress came from. When asked more specifically about this issue in the follow-up phone interviews, two sub-themes emerged (e.g. job related stress and other stressors).

Sub-theme: Job Related Stress. Half of the participants stated that their stress was directly related to their role as a police officer. Within this sub-theme, officers specified that dealing with people on the job and with the police administration was the sources of their stress.

“Most of my stress comes from dealing with people. I am the type of person that takes things personally if things go wrong. I am the type of person that takes it personally if someone blames me that their house was broken into.”

“Officers feel that they are under the microscope. That everybody is watching for them to make a mistake [or show that they] can’t do their job.”

“I think that [the] job causes stress because of odd hours and the people we have to deal with.”

“I think that most of my stress is related to the job: politics, administration, rules and regulations.”

“I think that in our department, most of the stress comes from our own administration. The problems that can be corrected, but administration refuses to acknowledge that it is a problem, is very stressful.”

Sub-theme: Other Stressors. Other officers indicated that family relationships and financial issues were the main sources of their stress.

“It is not so much the job, it is more family relationships that are stressful for me.”

“The majority of officers would say money is a stress and relationships, not just marital but children and family.”

“A lot of officers might have financial problems that are stressing them out. [These stressors] aren’t related to their job.”

Awareness of Program. All officers in the study stated that they had at least some awareness of the program. However, most officers indicated that although their colleagues knew about the program, they chose not to act upon the knowledge. The following quotes are representative of this theme.

“I would suspect a survey would show a large percentage knew about [the program], but didn’t really care about it.”

“I believe that the awareness was moderate. Some people threw [information about the program] in the trash, some people read them but did not respond.”

“I don’t think [the officers] understood what y’all were trying to do and what you were trying to accomplish. They didn’t understand your goals and what you would do with the information.”

Results Part II: Participating Officers and Significant Others Focus Group Interviews

Category I: What was your experience of the family stress program?

Initial Hesitation. The program participants described an initial hesitation when starting the group. The initial hesitation was due to trust issues related to having a supervisor in the group, the police force administration, and police officers' "skeptical" attitude about life. The following quotes are good examples of what the group participants said.

"I was afraid that stuff would get back [to the administration]."

"There's a great chasm between patrolmen and corporal and then sergeant. With a supervisor in the group, [I did] not want to say too much."

"The natural characteristic of a police officer is to be skeptical and negative about all kinds of stuff. That's how we deal with things, we kind of get callous."

Overall Positive Experience. Despite this initial hesitation, all of the participants in the focus group indicated having a generally positive experience in the program. The participants shared the following quotes.

"I enjoyed most of the program, especially the communication stuff . . . that was the best part for me."

"I was very pleased with [the groups]."

"We got to looking forward to it every week."

"The more we got into it and really mixed it up and threw some ideas out there, we walked out saying, 'Yeah, I had a good time this week.'"

Category II: What parts of the program did you find to be the most helpful?

Group Process. The program participants identified the group process as the most helpful factor in the couple groups. Specifically, the ability of the facilitators to create an open and comfortable atmosphere helped participants to feel comfortable in group discussions. Listed below are representative quotes.

"[The group facilitators] were so calm . . . [they] had a way of bringing you around to talking."

“[The group facilitators] were a catalyst to spur on or stimulate discussions and new ideas between us.”

“We found out things about each other . . . [the group process] opened up dialogue between us.”

“What I liked [best] was just being able to talk.”

Category III: What parts of the program would you change or modify to be more helpful to police officers and their spouses?

Ownership of Curriculum. The program participants indicated that they would have appreciated more ownership of the curriculum. For example, one participant suggested the facilitators “throw the topics out and have the group do their own curriculum and say where [they] need to put more emphasis.” Other examples are listed below.

“Instead of making one [manual] try to fit all, let it fit the group. Some groups may not need so much [of one presentation] or another.”

“[We needed to] discuss the possible subject matter for the next week and see if [group participants] had some particular questions or subjects that they would like to discuss. Just leave [the discussion] open.”

Clinical Setting. Two focus group participants suggested the setting be changed. It should be noted that the groups were held away from the police department in a conference room housed in a university medical center. Participants commented on the artificial and clinical nature of the group setting. One participant said, “[the setting] was too clinical, at this big table, it was like a meeting.” The participants indicated that they would have preferred meeting in a more casual setting (e.g., at one of the homes of their peers).

Category IV: What was your experience of the peer-mentoring group?

More Guidance and Structure. The participants indicated that the peer-mentoring group had been a positive experience for them but that they wanted more structure and guidance regarding which topics to cover. They said:

“We needed a little bit more guidance . . . maybe talk about it each week.”

“We felt tossed out there . . . we’ve had two structured things . . . that was good. [Without structure], we just meet, eat and gab.”

Category V: What factors contributed to your decision to participate in the program?

Handling Stress. The participants identified learning how to handle stress as a common factor contributing to their decision to participate. One officer responded to this question by saying, “[I chose to participate] because I had a lot of stress. [I wanted] to get some information on how to deal with stress and [the groups] helped me open up.” Another participant stated, “I’m open to anything that’s going to help me deal with stress.”

Increasing Understanding of Spouse. Another common factor that emerged from the analysis of the focus group interviews was the desire for participants to increase their understanding of their significant other. One participant seemed to capture this theme in the following statement: “I wanted to be able to understand [my partner more].” Another participant voiced, “When we first started dating, he had just come out of a bad marriage and I didn’t want us to end up that way. So I wanted to be able to understand him better.”

Category VI: What do you believe the general perception of the Police Family Stress Program was among officers within the department?

Negative Perception. The group participants identified a generally negative perception of programs like the Police Family Stress Program among officers in the department. Within this negative perception, they talked about police officers’ fears of being stereotyped or labeled for participating in the program and confidentiality between the program facilitators and police administration. In addition, according to participants, most police officers received the information and never shared it with their significant other. Information about the program was dispersed through letters to police officers’ homes and departmental boxes. Additionally,

multiple personal visits were made to police debriefing meetings to explain the purpose of the program and to answer officer's questions. Here are some good examples of what was said in the focus groups.

"There is a concern that if you participate in the program you will be labeled unstable. And you don't want anyone unstable carrying a gun."

"You can say all day long that this is confidential and nobody in administration is going to know about it and on and on and on. But, it's just kinda in one ear and out the other."

"Basically, there wasn't much talk about [the program]. As soon as [the police officers] got that paper it went into the trash can."

"I'm wondering how many [police officers] did not want to do it or tell their wives, girlfriends, or whoever about it."

A summary of the qualitative findings (Results Part I: Qualitative Surveys and Follow-up Phone Interviews and Results Part II: Participating Officers and Significant Others Focus Group Interviews) is presented in Table 1.

Surveys and Follow-up Phone Interviews	Focus Group Interviews
<p>Category I: Generally Positive Perception</p>	<p>Category I: Experience of Program <i>Theme: Initial Hesitation</i> <i>Theme: Overall Positive Experience</i></p>
<p>Category II: Factors Influencing Participation</p> <p><i>Theme: Money</i></p> <p><i>Theme: Time and Other Commitments</i></p> <p><i>Theme: Lack of Trust & Confidentiality</i></p> <ul style="list-style-type: none"> • Sub-theme: Administration <p><i>Theme: Stereotype of Being Weak</i></p> <p><i>Theme: Stress</i></p> <ul style="list-style-type: none"> • Sub-theme: Job-related Stress • Sub-theme: Other Stressors <p><i>Theme: Awareness of Program</i></p>	<p>Category II: Helpful Parts of Program</p> <p><i>Theme: Group Process</i></p> <p>Category III: Suggested Modifications to Program</p> <p><i>Theme: More Ownership of the Curriculum</i></p> <p><i>Theme: Less Clinical Setting</i></p> <p>Category IV: Experience of Peer Mentoring Process</p> <p><i>Theme: Need for More Guidance and Structure</i></p> <p>Category V: Factors Influencing Decision to Participate in Program</p> <p><i>Theme: Handling Stress</i></p> <p><i>Theme: Increased Understanding of Significant Other</i></p> <p>Category VI: General Perceived Perceptions of Other Officers About the Program</p> <p><i>Theme: Negative</i></p> <ul style="list-style-type: none"> • Sub-theme: Fears of Being Stereotyped • Sub-theme: Confidentiality

Table 1. Summary of Qualitative Results

Discussion

Given the existing literature, it is clear that police officers and their families are exposed to high levels of stress and trauma, both first hand and vicariously. Not only is the stress of police officers intense in nature but in many ways unique to their profession. Historically, professional intervention for stress and trauma has been limited, has focused mainly on the officer, and has excluded other family members. The purpose of this project was to develop, implement, and test a multi-modal program with both didactic and intervention components for officers and their significant others.

In addition to the quantitative and qualitative findings, there were a number of contextual factors that both limited participation and complicated the findings. For example, it was unclear going into this project the level of distrust that existed between the officers and the administration. Also, approximately halfway into the project, a SWAT team officer was killed spurring an investigation that ultimately resulted in the suspension and subsequent dismissal of the Chief of Police. The actions of other officers who participated in the SWAT team operation were also scrutinized. Morale was affected by the on-going scrutiny of city managers, the local press, and citizen groups who demanded answers that were not readily available until the investigations were complete. However, when findings of the investigation were made public, stress levels within the department were only exacerbated because the officer killed in the SWAT team operation lost his life as a result of friendly fire. In addition to these events, two other officers lost their lives in unrelated incidents within this same period of time.

Quantitative Discussion

Despite the limited sample size and attrition (affecting the statistical power of this study), and the complications arising from the previously discussed contextual factors, there is

preliminary evidence that a program of this type may be helpful in working with police officers and their significant others. For example, the experimental group participants' utilization of employee assistance benefits increased at a statistically significant rate when compared to those in the control group. Given the existing research regarding the benefits of utilizing employee assistance programs and the impact of this utilization on both employers and employees (e.g., cost savings, employee well-being, etc.), this finding is hopeful (Stratton, 1986). However, it is important to note that one of the key hypotheses regarding relationship satisfaction between officers and their spouses was not substantiated.

Regarding stress, there is evidence that the program decreased the stress levels of those in the experimental group when compared to those in the control group. Although the experimental group means were both higher at pre and at post than the control group, there was a downward trend in stress levels reported by the experimental group. Additionally, the experimental group's level of stress decreased from a high of 33.4 at pre-test to a low of 27 at post-test, with the clinical cut-off being 29. The control group's level of stress remained constant from pre to post. These findings should be interpreted with caution given that the control group's level of stress was significantly lower ($F(1, 62) = 4.55, p < .05$) at pre-test than the experimental group's level of stress. Even though there were two levels of randomization in the selection process, final participation was dependent upon the officer and his/her spouse volunteering to attend the program. Thus, those officers and spouses who agreed to participate in the experimental group, and receive treatment, appear to be those who were highly stressed, motivated to receive some type of intervention, and subsequently benefited from their participation.

A similar decrease was found in the overall level of psychological distress reported by the participants in the experimental group when compared to those in the control group from pre to

post. Again, these findings should be interpreted with caution given that the control group's level of distress was lower at pre-test (not statistically significant ($F(1, 67) = 3.9, p = .053$)), than those in the control group. Similarly, as stated above regarding sampling and stress levels, those in the experimental group appear to have been highly distressed (scoring 67.4 on the Global Severity Index of the BSI, where the clinical cut-off is 50), motivated to receive treatment, and benefited from the intervention (as evidenced by a reduced score of 57 on the Global Severity Index of the BSI).

There were no significant findings with regard to avoidance coping and couple supportive behaviors between the two groups and the mean trends provided no additional insight. These non-significant findings may be a result of the limited statistical power in this study. However, one of the key areas of focus in this intervention was the bringing together of officers and their significant others in an effort to improve their relationship satisfaction and supportive couple behaviors. This intervention failed to statistically meet this important objective. Further research is necessary in relation to this area of concern and in relation to all of the hypotheses explored in this intervention.

Qualitative Discussion

The two-part qualitative portion of the study revealed that participants had an overall positive experience of the Police Family Stress Program and that non-participating officers thought the program was a "good idea" despite their lack of participation. More importantly, the qualitative analysis revealed several factors that contributed to participants' decisions to participate/not to participate in the program. Such factors expressed by officers included issues surrounding money, time and other commitments, lack of trust in police administration and confidentiality, the lack of awareness of the program, and the fear of being stereotyped as weak.

These factors need to be considered by the community of professionals who work with and study police officers and their significant others. These ideas may be particularly relevant when attempting to intervene in issues related to mental health concerns (e.g., stress/trauma).

In light of the qualitative findings, the following recommendations are offered for those who work with police officers and their significant others and will be used to revise this program for future intervention and study. The recommendations are divided into two areas: recruiting efforts and program modifications.

Recruiting Efforts

Incentives. Particularly, if the program requires a significant time commitment, recruiters of such programs need to anticipate that police officers may need incentives in order to encourage their participation. Many officers hold down multiple part time jobs and would expend resources if they become involved in an outside program. Even with incentives, recruitment efforts may be difficult given that programs will be competing with other obligations such as family responsibilities and social activities.

Decreasing the lack of trust and building awareness of the program. The researchers in this study spent a considerable amount of time and energy promoting the program and being available to answer questions and clear up misconceptions about participation. These efforts took the form of multiple in-person presentations to all police officers and mailers sent to both work and home addresses. For many of the police officers, there appeared to remain concerns that information in the program would get back to those higher in the chain-of-command, and somehow be used against them. Based on the feedback received the following recommendations are offered.

Program developers may consider how closely they are aligned with the administration and consider assessing the level of trust officers have with the current administration of the department. Where trust is low, professionals may want to consider promoting trust through more specific discussions regarding confidentiality and allow for more officer feedback regarding the collection and storage of information. Issues of confidentiality are paramount in gaining and maintaining the trust of officers and their spouses. Program developers may wish to recruit police officers (not part of the higher chain-of-command) to assist in breaking down barriers of distrust, facilitating recruitment efforts, and in co-facilitating groups. Program developers may consider having more of a “non-mental health professional” presence in the department (e.g., ride-alongs with officers, police academy training, participation in civilian training academies). Additionally, program developers should consider ways in which significant others might be directly contacted and informed about the program (e.g., mailers to the spouse, contact with spousal groups, etc.).

Addressing the stereotype of being weak if you participate in a program like the Police Family Stress Program. Within the police culture, there seems to exist a stereotype in relation to those individuals who access “mental health” services/programs. Although the researchers of this study worked hard to present the program as something helpful to police officers and their families and attempted to normalize issues related to stress, these stereotypes appeared to hinder participation in the program and emerged as a theme in the qualitative feedback received from the officers.

In light of these concerns, the following recommendation is given. Given the information received from the officers as part of this study and the researchers’ history of working with officers in their academy training, it seems clear that such stereotypes need to be more fully

addressed as part of an officer's initial training. Police administrators need to give more attention to the way in which their officers discuss and handle the stress of police work and how this work impacts the family.

Program Modifications

Based on the feedback from officers and their significant others who participated in the program, program developers should consider the following recommendations to improve program effectiveness and to promote a positive experience for those who choose to participate.

Group Process. Program developers should carefully select those who facilitate the groups. It is important that facilitators have a working understanding of police officer culture and have experience working with problems unique to this profession. Given that participants identified the group process as being helpful, group facilitators should have training in group dynamics and experience in group facilitation. When working with police officers and their significant others it is critical that group facilitators have training and experience in working with couples. Furthermore, if the choice is made to include a police officer on the training team, the police officer should be exposed to both group dynamics and have a cursory understanding of the impact and treatment of mental health issues.

Ownership of Curriculum. The participants expressed a desire to have more ownership of the curriculum presented as part of the group meetings. Program developers may consider adding additional time at the beginning of the program to review the curriculum. At the end of a particular group, the planned curriculum for the next week could be reviewed so that relevant areas could be more fully developed as part of the next group discussion. Also, program developers may ask participants to take a greater role in facilitating group discussions.

Less Clinical Setting. Program developers should consider allowing participants to have more input in the location of group meetings. At the beginning of the program, group facilitators should discuss the comfort level of the setting and be open to alternatives.

Peer Mentoring. Peer mentors were given an initial four-hour training that focused on group facilitation and provided additional training regarding possible group discussion topics. However, participants expressed feeling as if they were “just thrown out there” after the didactic groups ended and they would have appreciated more guidance and structure as far as peer mentoring was concerned. Thus, program professionals should consider providing additional first hand guidance and more extensive training and supervision to the peer mentors. In doing this, program developers should consider periodically attending peer-mentoring meetings to offer suggestions, present material, and assist in facilitating group discussions.

Limitations

As discussed throughout this report, the size of the sample was a problem, limiting statistical power. Research is needed where larger numbers of participants can be examined and comparisons made with other standardized treatments/modalities. Although differences between officers and their spouses would be important to consider on the majority of the assessments conducted in this study, sample sizes are too small to statistically examine these differences. Further, instruments used to collect data in this study were not law enforcement normed making tentative the interpretation of clinical cut-off scores. Future studies should include longitudinal data collection and analysis methodologies and incorporate the recommendations listed above to refine the curriculum for any future application of the program.

Given that participants were able to self-select for treatment after the initial randomization phases and officers and spouses were paid for their participation, it is difficult to

know whether this study benefited those officers and spouses most in need. However, it can be argued that the vast majority of officers and spouses who participated in the experimental group were highly motivated to receive treatment given they agreed to receive services prior to the offer of any financial reimbursement. Further, in an effort to increase retention of the didactic material presented, an evaluation procedure (e.g. feedback forms or tests of knowledge) should be incorporated as part of any future use of this program protocol.

Conclusion

The purpose of this project was to develop, implement, and test a multi-modal family stress program for officers and their significant others. Overall, as discussed in the results/discussion sections, the findings of this study were mixed. In light of the limited sample size and the recommendations formulated from the qualitative findings, program refinement should continue and more extensive research should be done.

References

- Abell, N. (1991). The index of clinical stress: A brief measure of subjective stress for practice and research, Social Work Research and Abstracts, 27, 12-15.
- Alexander, D. A., & Walker, L. G. (1996). The perceived impact of police work on police officers' spouses and families. Stress Medicine, 12, 239-246.
- Allen, S. W. (1994). Suicide and indirect self-destruction behavior among police. In J. T. Reese and H. A. Goldstein (Eds.) Psychological services for law enforcement. Washington, DC: U.S. Government Printing Office.
- Allen, S. N., & Bloom, S. L. (1994). Group and family treatment of post-traumatic stress disorder. Psychiatric Clinics of North America, 17(2), 425-437.
- Boulet, J., & Boss, M W. (1991). Reliability and validity of the Brief Symptom Inventory. Psychological Assessment, 3, 433-437.
- Bryant, H. E. (2000). Stress factors and stress management strategies for FBI agents spouses: Basis for potential community college workshops and classes. Dissertation Abstracts International Section A: Humanities & Social Sciences, 60(7-A).
- Derogatis, L. R., & Spencer, P. M. (1982). The brief symptom inventory (BSI): administration, scoring and procedures manual-I. Baltimore, MD: Clinical Psychometric Research.
- Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. Psychological Medicine, 13, 596-605.
- Endler, N. S., & Parker, J.D.A. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. Psychological Assessment, 6, 50-60.

Everly, G. S. (1989). A clinical guide to the treatment of the human stress response. New York: Plenum Press.

Figley, C. R. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.

Finn, P., & Tomz, J. E. (1997). Developing a law enforcement stress program for officers and their families. National Institute of Justice: Issues and practices.

Gilbert, K. (1998). Understanding the secondary traumatic stress of spouses. In C. R. Figley (Ed.) Burnout in families: The systemic costs of caring. Boca Raton, FL: CRC Press.

Girdano, D. A., Everly, G. S., & Dusek, D. E. (1997). Controlling stress and tension (5th ed.). Boston, MA: Allyn and Bacon.

Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. Family Process, 35, 283-298.

Kirschman, E., Scrivner, E, Ellison, K., & Marcy, C. (1992). Work and well-being: Lessons from law enforcement. In J. C. Quick, L. B. Murphy, et al. (Eds.), Stress & well-being at work: Assessments and interventions for occupational mental health (pp. 178-192). Washington, DC: American Psychological Association.

Lincoln, Y.S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Logan, C., Wilson, S., Becker, L., & Tinker, R. (2002). A stress reduction program for law enforcement officers and their families: An EMDR approach. Law enforcement Family Support Program. Sponsored by the National Institute of Justice.

Maynard, P. E., & Maynard, N. E. (1982). Stress in police families: Some policy implications. Journal of Police Science & Administration 10(3), 302-314.

Mitchell, J.T., & Bray, G. P. (1990). Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel. Englewood Cliffs: NJ. Prentice Hall.

Mitchell, J. T., & Everly, G. S. (1996). Critical incident stress management: The basic course workbook. Ellicott City, MD: International Critical Incident Stress Foundation, Inc.

Niederhoffer, A., & Niederhoffer, E. (1977). The police family. Lexington, MA: Lexington Books.

Parker, L. C., & Roth, M. C. (1973). The relationship between self-disclosure personality and a dimension of job performance of policemen. Journal of Police Science Administration, 1(3), 282-287.

Ready, T. F. (1979). So your husband is a police officer. Police Chief, 46, 40-41.

Roberts, N. A., & Levonson, R. W. (2001). The remains of the workday: Impact of job stress and exhaustion on marital interaction in police couples. Journal of Marriage & the Family, 63 (4), 1052-1067.

Shumway, S. T. & Wampler, R. S. (2002). A behaviorally focused measure of relationships: The couple behavior report (CBR). American Journal of Family Therapy, 30, 311-321.

Spradley, J.P. (1979) The ethnographic interview. New York: Holt, Rinehart & Winston.

Spradley, J.P. (1980) Participant observation. New York: Holt, Rinehart & Winston.

Steinberg, A. (1998). Understanding the secondary traumatic stress of children. In C. R. Figley (Ed.) Burnout in families: The systemic costs of caring. Boca Raton, FL: CRC Press.

Stratton, J. G. (1986). Workers' compensation, disability retirement and the police. In J. T. Reese and H. A. Goldstein (Eds.) Psychological services for law enforcement. Washington, DC: U.S. Government Printing Office.

Territo, L., & Vetter, H. J. (1981). Stress and police personnel. Journal of Police Science and Administration, 9(2), 195-208.

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. Family Process, 35 (3), 261- 281.

Westman, M., & Etzion, D. (1995). Crossover stress, strain and resources from one spouse to another. Journal of Organizational Behavior, 16, 169-181.

Appendix A
Qualitative Survey

1. What was the general perception of the Police Family Stress Program among the officers within the police department?
2. In general, what factors do you believe influenced officers to choose not to participate in the Police Family Stress Program?
3. What was your perception of the Police Family Stress Program?
4. What factors contributed to your decision not to participate or to participate in the Police Family Stress Program?
5. If you chose not to participate, what could have been done differently to change your mind about participating in the program?
6. Do you have any other comments or feedback about your experience with this project?
7. Would you be willing to participate in a phone interview regarding these same issues for an additional \$25?

_____ Yes _____ No

If yes:
Name _____

Phone number _____

Best times and days to call _____

Appendix B
Phone Interview Questions

1. What benefits (if any) do you see in the Family Stress Program?
2. What benefits (if any) do other officers see in the Family Stress Program?
3. What influenced officers to participate in the program?
4. Tell me about how officers might be stereotyped by choosing to participate in the program?
5. There seemed to be concern about confidentiality and trust, could you tell us your perception of this?
6. There seemed to be concern about the amount of time involved in participating in this project, could you say more about this?
7. Some officers felt that their stress was not related to their job. What do you think about this perception?
8. Where do you think most of the stress comes from?
9. What do you think was the level of awareness among officers concerning the Family Stress Program?
10. What are your thoughts about the money that was offered for participating in the program?

Appendix C

Participant Focus Group Questions

Grand Tour Question

What was your experience of the Family Stress Program?

Planned Follow-up Questions

What parts of the program did you find to be the most helpful?

What parts would you change or modify to be more helpful to police officers and their spouses?

What has been your experience of the peer-mentoring group?

What factors contributed to your decision to participate in the program?

In the beginning, what do you believe the general perception of the Police Family Stress Program was among officers within the police department?

How has this perception changed?

What factors do you believe influenced officers to choose not to participate in the police family stress program?

What other comments or feedback do you have about your experience with this project?

What was it like talking about these things in this group?

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000