CRITICAL INCIDENTS IN LAW ENFORCEMENT: A PHENOMENOLOGICAL ANALYSIS OF COPING WITH TRAUMATIC STRESS

A Dissertation

Submitted to the
Faculty of Argosy University, SFBA
College of Psychology and Behavioral Science

In Partial Fulfillment of
The Requirements for the Degree of
Doctor of Education in Counseling Psychology

By

William John Pickens

October 2010

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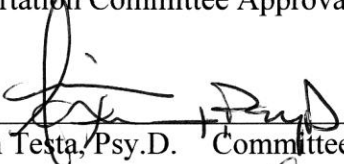
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Abstract of Dissertation

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Abstract

Critical incidents (CI) in law enforcement routinely occur at all levels of policing: local, state, and federal. CIs involve a variety of situations and circumstances many of which are extremely dangerous and traumatic to the law enforcement officers exposed to such events. Although the majority of law enforcement officers exposed to CIs are able to cope with the traumatic stressors associated with such events, many officers are less successful in their efforts to cope. Given the traumatic nature of CIs, this study investigated how fifteen officers individually coped with the trauma associated with their respective critical incident.

This research was designed to gain descriptive, detailed data that would increase the knowledge of coping strategies and behaviors based on the lived experiences of trauma-exposed law enforcement officers. Currently, there are few well-designed studies devoted to this research population and topic that have addressed the topic of coping with critical incidents using qualitative research methods. The research methodology adopted for this study was the phenomenological method of disciplined inquiry.

Numerous themes and variables were identified in the analysis. There was strong evidence to support that CIs produced bio-physiologic and psycho-emotional distress among the participants. Also, evidence emerged of two key variables that affected participants in their attempts to cope with traumatic stressors: post critical incident stressors, (i.e., negative media coverage, civil lawsuits, internal affairs investigations, etc.) and a lack of organizational social support, (i.e., limited psychological and emotional support was provided to participants in the aftermath of CIs). The results also

indicated that the participants received little or no training, either at basic or advanced levels, to prepare and assist them in coping with traumatic stress.

The study concluded with implications for practice and research that addressed training curricula to assist officers in their ability to cope with traumatic stress, suicide prevention programs, and recommendations for interventions and treatment.

Dedication

To: My parents Helen and John

Thank you for your steadfast love, loyalty, and support. To all of you I dedicate this project.

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CHAPTER ONE

THE PROBLEM

Introduction

Peace officers routinely respond to a variety of emotionally charged events in the course of their duties. Arguably, law enforcement is among the most dangerous and stressful of occupations. The duties and responsibilities of law enforcement officers place them at risk for physical, emotional, and/or psychological trauma. Events that regularly occur in the setting of law enforcement that expose officers to bio-physiologic and psycho-emotional distress have sometimes been termed critical incidents (CI); and the traumatic nature of these events have made them the subject of considerable research. The current research inquired, by means of a detailed qualitative examination based on first person accounts, how the peace officers that participated in this study coped with critical incident stress and trauma. For clarification, the term peace officer is used throughout this study and represents those individuals that are sworn law enforcement officers regardless of jurisdiction (e.g., police officer, deputy sheriff, federal agent, state trooper, etc).

A central feature of this study is the examination of post-CI coping strategies among peace officers; with an anticipated benefit of elucidating innate and imposed recovery patterns. The investigation was designed to focus on the subjective lived experiences of peace officers in order to gain knowledge and insight into variations in coping and recovery. Qualitative methodology, namely the phenomenological method of disciplined inquiry, was utilized as the primary tool of investigation.

Virtually all peace officers respond to critical incidents in the course of their careers. The potential for lasting trauma associated with CIs is well documented (Liberman, Best, Metzler, Fagan, Weiss, & Marmar, 2003); though it is also known that many officers recover spontaneously and appear to suffer no long-term ill effects. One of the primary objectives of the researcher was to fully explore the nature of CIs as a phenomenological experience and to investigate how officers coped with the traumatic nature of these events.

Although the operational definition of a CI varies within the literature, many researchers and scholars view any event that occurs in law enforcement causing officers to experience emotional, psychological, and/or physical distress, are in essence "critical" (Fay, 2000; Kureczka, 1996). This definition was intentionally formulated to be quite general in consideration of the inherent complexities as to thevarious types of incidents that may occur in the field of law enforcement (Fay, 2000; Kureczka, 1996). This definition of a CI allows for the wide spectrum of human response to trauma on the part of the individual peace officer (FBI Bulletin, 1996, as cited in Fay, 2000).

Exposure to CIs can result in both short and long term consequences with varying degrees of impairment. Following exposure, officers commonly experience physical, social, and/or psychological distress (Anchel, 2006; Kureczka, 1996; McCaslin, Rogers, Metzler, Best, Weiss, Fagan, Liberman, & Marmar, 2006). In addition to the direct physical, psychological, and emotional injuries that often aresustained by officers, CIs can have an adverse impact on their families, their representative agencies, and for that matter, their community as well (Beehr, Johnson, & Nieva, 1995; Kureczka, 1996). Given these factors, further research and study on the subject of normative recovery is

fundamental to the strategic planning and imposition of interventions that may serve to provide prophylaxis against and/or general mitigation of injury, distress, and loss.

According to researchers at the University of California, San Francisco (UCSF), "Police Stress and Health Research Program" located at the Department of Veteran Affairs in San Francisco, California, a critical incident is classified as a duty-incurred traumatic stressor associated with the following types of events: being exposed to direct threats to one's life, sustaining an injury or wound, injuring another, being witness to injuries to fellow officers, citizens, etc. (Liberman, Best, Metzler, Fagan, Weiss, & Marmar, 2002). This definition effectively reflects the criteria set forth in the *Diagnostic and statistical manual of mental disorders, 4th edition, text revision* (American Psychiatric Association, 2000), for a diagnosis of posttraumatic stress disorder.

As previously noted, the occupational hazards associated with a career in law enforcement exposes peace officers to stressful and dangerous circumstances and situations (Colwell, 2005; Green, 2004; Liberman, Best, Metzler, Fagan, Weiss, & Marmar, 2002). Past studies have routinely reported evidence that officers experienced elevated rates of physiological, psychological, and social difficulties in the aftermath of trauma (Anchel, 2000; Marmar, Weiss, Delucchi, Best, & Wentworth, 1999; Patterson, 2001). It has been well documented in the relevant literature that peace officers are at-risk for heart disease, substance abuse disorders, gastro-intestinal disorders, sleep disorders, posttraumatic stress disorder, and exceedingly high rates of suicide and divorce as compared to the civilian populace (Colwell, 2005; Marshall, 2003; Violanti, 1996). Consequently, understanding the nature and the outcomes associated with CIs, namely

the human, financial, organizational, and social consequences in particular, is quite essential given the complexities and costs at stake.

Also, peace officers have many duties and responsibilities. The protection of life and property are of chief importance. Operationally, the nature of the work causes officers to be routinely exposed to all manner of human tragedy. Interaction with victims, witnesses, and suspects under high-stress circumstances can lead to serious, albeit cumulative, amounts of daily occupational stress.The following are examples of events that peace officers may likely encounter in the performance of their duties: personal life-threatening encounters, exposure to civilian death and trauma, domestic violence, homicides and related gang violence, natural disasters, sexual assaults, child abuse, and high-speed pursuits (Colwell, 2005; Fay, 2000; Marshall, 2005).

The immediate and long-term consequences of repeated exposure to trauma are variable, but accepted to be pernicious. Therefore, in the law enforcement setting, understanding of the nature and effects of traumatic stress is critical to the proposed research. This study, situated within a vast body of stress and trauma research, was intended to further define the nature andscope of CIs, and the varying individual aspects of stress perception, experience, and coping. In the tradition of human science inquiry, by employing the methodology of the proposed research, namely phenomenology, it is anticipated that the findings will expand the scientific knowledge related to the traumatic nature of CIs, and inform on the coping strategies and behaviors of peace officers who are routinely exposed to such events.

Parenthetically, various research studies to date have focused on the significance of work ecologies and the impact it can exact on personality expression and coping

styles. It has been suggested that the police subculture embodies and promotes the suppression of emotions with specific reference to the expressed fear, vulnerability, and injury (Colwell, 2005; Lombas, 2001; & Marshall, 2003). The research of Brown, Fielding, and Grover (1999) characterized the police subculture as valuing, "…a strong sense of competitiveness…" (p. 314). It is theorized that both law enforcement organizations and the subculture can have an influence on how peace officers cope with both occupational stress, (i.e., shift work, organizational politics, etc.), and traumatic stressors associated with CIs.

The research to date, while extensive, does not adequately provide enough in the way of descriptive data, from a natural setting such as law enforcement, and thereby has failed to address those features of traumatologyfrom the unique perspectives of peace officers. Nevertheless, it is important to note thatBrown, Fielding, and Grover (1999) stated that research is steadily increasing in the areas related to occupational stress and critical incident trauma relative to law enforcement. Robbers and Jenkins (2005) report that according to their research, over thirty percent of peace officers have experienced symptoms related to posttraumatic stress disorder (PTSD), a most serious and debilitating anxiety disorder.

Research Problem

Next, prior to addressing the problem statement it is necessary to elaborate on the philosophical and theoretical assumptions of this researcher. Creswell (1998) noted the importance of acknowledging the "philosophical and theoretical frameworks" which

underlies qualitative research (p. 73). Suffice it to say, the philosophical assumption(s) underlying the proposed study reflect both ontological and methodological ideologies.

This researcher adhered to an ontological perspective, which conformed to the notion that multiple realities exist. Notwithstanding the core assumptions of this researcher, and the discriminating individuals reviewing this study, this project was fundamentally concerned with the realities of the officers/participants that were involved in this research (Creswell, 1998).

The methodological assumptions of the researcher were drawn from the tenets associated with the qualitative tradition of critical inquiry. Phenomenology, when applied to research in psychology, as was the case in this study, requires an inductive approach to logic and critical inquiry (Creswell, 1998). According to Creswell, from a methodological standpoint, "…a researcher begins a qualitative study with general questions and refines them as the study proceeds" (1998, p. 78).

The central research problem, previously stated, is as follows: From the standpoint of peace officers, how does onecope and recover when exposed to the traumatic stressors associated with critical incidents? This understudied research question was the focus of this qualitative investigation into the phenomenon of coping with CIs. Also, the current study was designed to expand upon existing empirical research on subjects related to coping with traumatic stress related events, and will narrow the gap in the literature on how this specific population copes with trauma.

A second problem concerned the literal shortcoming of well-designed studies to be found in the body of relevant literature to date on the topic in question. There exists a dearth of empirical research, regardless of methodology, specifically designed to explore,

understand and document the matter of peace officers coping with traumatic stress in law enforcement.

Therefore, this study was designed to investigate, using the phenomenological method of research, how peace officers coped with a single traumatic critical incident. The investigation was pursued by means of collecting data from fifteen peace officers/participants. Each peace officer, to participate, had to have experienced a single distressing CI. The objective was to gain a fuller understanding of how each officer coped with the experience and any associated stress and trauma. This investigator subscribed to Creswell's (1998) assertion that as researchers we "…need to know more about the "experiences" of individuals about a phenomenon and the meaning they ascribe to these experiences (p. 95).

A conceptual outline serves to illustrate the design and methodology. First, a specific investigative question is posed to the study participants. Second, the phenomenon of CIs and the psychological construct of coping will be operationally defined within the context of the occupation of law enforcement. Third, the obtained descriptive data will be subjected to a phenomenological analysis (i.e., see chapter three for further discussion of subject population, criteria for sampling, collection of data, data processing, and data analysis).

Given the above outline, the specific research question was: how do peace officers cope with critical incidents? The current study was designed to explore the following interrelated elements embedded in the central research problem: (1) the precipitating event(s) referred to as CIs; (2) evidence of stress and trauma as a potential

outcome of CIs; and (3) the phenomenon of coping with CIs examined from the subjective, livedexperiences of the officers participating in this study.

The researcher sought to expand the scope of knowledge regarding the coping processes and strategies employed by peace officers exposed to CI's. The empirical results associated with this study will hopefully aid future investigators, scholars etc., to apply the knowledge to elucidate the resolution of symptoms and distress associated traumatic stress, but also to expand our knowledge of the normative adaptation to CI's across time.

This study addressed problem areas referenced within the current body of critical incident/traumatic stress research. The first problem addressed concerned the limited research that specifically related to the phenomenon of critical incidents in law enforcement. There are many well documented studies on critical incident stress and trauma in the relevant literature. Numerous studies have been devoted to the examination of occupationally based trauma under the rubric of terms such as "emergency services" that includes a variety of occupations, e.g., the fire service, emergency medical services, agencies involved in search and rescue, etc.

Patton, Smith, & Stephens (1998) conducted a well-designed study which examines many different cases of occupational trauma, and "individual differences in vulnerability to traumatic reactivity" among different populations, in this case fire fighters and police officers (p. 6). Also, many studies have included naturalistic inquiries, although the settings were general and not specific to the law enforcement community, e.g., the military, fire fighters, paramedic and police officers (Blak, 1990; Bohl, 1992; Voerman, & Gersons, 2000; Digliani, 1989; Dunning, 1990 Everly, 1995;

Fay, 2000; Gist & Devilly, 2002; Kirshman, 1992; Kureczka, 1996; Litz, Gray, Bryant, & Adler, 2002; Marshall, 2003; Mitchell & Everly, 1996; Pastorella, 1990, Raphael, 2003; Solomon, 1990; Stephens, Long, Miller, 1997).

The current study was specifically designed to investigate the phenomenon of CIs in the law enforcement setting. In the expanding body of relevant literature, excellent quantitative studies exist which have specifically focused on CIs in law enforcement and the associated effects of stress. One noteworthy study on traumatic stress, conducted by Marmar, Southwick, Metzler, Ronfeldt, and Foreman (1996), was considered relevant because it directly informed on the emergency services setting, and the study population was inclusive of law enforcement officers. The Marmar et al., (1996) research was well designed, and used quantitative methodology. The focus of this study was to examine the effects of stress on fire, police, and paramedics who responded and dealt with the effects of the 1989 earthquake, which struck the San Francisco Bay Area. The results cited in this study suggested that one's personal characteristics have an important role and can mitigate the adverse affects traumatic stress can exact on emergency service workers. Marmar et al., (1996) also found that the adaptive use of coping strategies and responses, combined with one's inherent dispositional qualities, (e.g., optimism, hardiness, etc.) proved significant in terms of a positive overall outcome when one is exposed to traumatic stress.

For edification purposes, it is important at this point to define what constitutes a critical incident in law enforcement. A critical point to bear in mind concerns the fact that not every critical incident will cause traumatic stress and psycho-physiological pathology for the exposed officers. Nonetheless, one finds a wide spectrum of events which have

been documented in the literature as having the potential to cause traumatic stress in peace officers. The list includes some of the following types of incidents: in-progress shootings, being wounded or escaping death, suicide by cop, witnessing a fellow officer's death or injury, death cases involving infants and children, large scale deaths following disasters, body removal, and litigations (Mitchell & Bray, 1990, as cited in Fay, 2000).

To date, this researcher has reviewed numerous studies related to CIs in the law enforcement setting. This investigator has noted that the overwhelming majority of the studies reviewed in the relevant research literature utilized quantitative research methodology. However, this observation is not meant to minimize or criticize the importance of the quantitative tradition. Quantitative research studies have expanded the body of knowledge with regard to occupational stress and critical incident trauma relative to the law enforcement setting.

However, the intent of the researcher was to gather descriptive empirical data to gain further insight and understanding on how individuals cope with traumatic stress. The researcher was interested in focusing on the coping processes of peace officers. The preponderance of published studies on police stress and trauma to date have primarily been focused on the various bio-medical factors and related symptomatic distress (Rogers, Metzler, Best, Weiss, Fagan, Liberman, & Marmar, 2006).

Also, the literature reviewed revealed the existence of many well designed studies which have focused on the psychological and emotional effects and consequences of traumatic events specific to law enforcement personnel (Burnett, 2001; Clair, 2006; Liberman, et. al., 2002; Morash, Haarr, & Kwak, 2006; Violanti & Gehrke, 2004). Yet, to date, one finds relatively few empirical studies which have explored the effects

traumatic stress can have from a more detailed and holistic perspective, (e.g., social, spiritual, psychological, emotional, etc.).

Furthermore, on subjects related to CIs in law enforcement, police stress, etc., one finds few research studies in the literature that utilized the phenomenological method of disciplined inquiry (Reghr, Johanis, Dimitropoulos, Bartram, & Hope, 2003Sims & Sims, 1998). Moreover, this researcher in particular was struck by the limited number of studies in the empirical literature that have utilized the phenomenological method of critical inquiry. The existing imperative was to understand critical incident stress and trauma from the subjective, personal experiences of law enforcement officers.

Thus, the research methodology for this dissertation was qualitative in design. The phenomenological method was chosen in order to obtain detailed, first person accounts from the officer/participants. The chosen research method required the formulation of key research questions. The research questions were formulated to provide focus, and thus guide the investigation through the stages necessary for data retrieval and analysis. These data will reflect the lived experiences of those officers who have responded to and experienced firsthand critical incidents. It is anticipated that analysis of data from this study will point to new directions and practices to assist peace officers in their efforts to cope with critical incident stress and trauma. Further, that it will lead to improvements in training, policy, and related interventions.

A second research challenge reflects the incomplete state of empirical research designed to explain the key relationship between CIs in policing and pathology such as anxiety disorders commonly pathoneumonic of PTSD. Widespread research has been devoted to the deleterious consequences of psychological trauma. Numerous studies

have focused on traumatic events which have occurred in a variety of settings; and the effects they can have on exposed/involved individuals, e.g., military combat, natural disasters, and police shootings that directly involve law enforcement officers (Grant, 2000; Kinzie & Goetz, 1966; National Center for Posttraumatic Stress Disorder, 2006;Patterson, 2001). Within the vast body of research on the identified topic, few naturalistic inquires have been devoted to study the effects of traumatic stress and related disorders from CIs specific to law enforcement. Moreover, there is a dearth of qualitative research on the phenomenon of coping with CIs in the law enforcement setting.

However, Stromnes (1999) quantitative inquiry, conducted with South African police officers as participants, serves as relevant evidence to this investigator's argument concerning the incomplete state of the empirical research outlined above. The study in question examined critical incidents and outcomes of PTSD in police officers. Stromnes' (1999) findings suggested elevated incidences of PTSD in officers, but did not find a key relationship between exposure to traumatic events and disorder of PTSD.

Another important qualitative study,Reghr et al., (2003), was particularly relevant to the current research because the focus of the investigation involved an examination of critical incidents in the law enforcement setting and a similar research methodology. The Reghr et al., (2003) investigation involved eleven research participants, (law enforcement officers) facing scrutiny following their involvement in traumatic CIs. The authors of the previously cited study acknowledged the relationship between critical incidents in law enforcement and the risks and the implications this can have on exposed officers relative to deleterious physical and psychological distress and symptomatology. However, the research by Regehr et al., (2003) is a noteworthy example of a qualitative inquiry

designed to examine the lived experiences of the eleven participants who were subjected to the stressors associated with administrative and legal scrutiny in the aftermath of their exposure to duty-related incidents of a traumatic nature.

Critical incidents, as evidenced by the Reghr study indicated, produce a continuum of stressors and circumstances that evolve and affect officers in the aftermath of a CI. Post-shooting investigations, negative media attention, disciplinary actions, and litigation are but a few outcomes that essentially amount to post critical incidents stressors. Post-CI stressors are a reality that deserves attention and future research. Critical incident trauma does not occur in isolation. The seriousness and magnitude of some critical incidents are such that subsequent events and circumstances subject trauma-exposed officers to unprecedented amounts of emotional distress that literally can complicate their ability and capacity to cope effectively with the global affects of stress.

A third focus of this investigation was to address the dearth of research in existence devoted to the topic of how law enforcement officers cope with both acute and chronic stress and trauma. In actuality, few studies have actually addressed factors related to how officers have coped with the stressors directly associated with CIs from the subjective perspective of the officer (Anshel, 2000;Burke, 1998; Heredia, 1996;Lombas, 2001; Reioss, 1996; Sheehan, Everly, & Langlieb, 2004).

The empirical literature supports this researcher's contention that acute stress is endemic to police work (Anshel, 2000; Finch, 2003). Finch (2003) described the operational aspects of police work which place officers at risk for developing stress-related disorders. On this subject, Finch commented, "Certain risk factors for developing PTSD in police officers include not being allowed sufficient time to cope with a

traumatic event after its occurrence…" (2003, p. 23). This statement speaks directly to two operational components set forth in the proposed study, namely the significant implications of critical incident stress in policing and the relevance of how peace officers cope with this phenomenon. Regardless of one's focus or interest as a researcher, the very nature of law enforcement work and the inherent risks involved creates a need and opportunity to empirically investigate in order to gain scientific knowledge as it relates to the complex constructs such as coping, traumatic stress, etc. The literature speaks of the need for continued study in the area of law enforcement stress and health for two important reasons: first, the inability to cope with traumatic stress can have adverse physical and psychological consequences (Anshel, 2000; Robbers & Jenkins, 2005; Zang, 1992); and second, the implications to society are such that continued research is required since the overall health of officers, both mental and physical, is critical given the mission officers perform in service to the community (Neylan et al, 2002).

Purpose of the Study

The stated purpose of this study was to understand and describe how peace officers cope with critical incidents in the context of law enforcement. This was accomplished by studying the first person, descriptive experiences of individual peace officers and the meanings each came to attach to their coping experience(s). It was anticipated that the findings would increase the existing body of scientific knowledge on this subject; and that exposition of first-hand experiences of the officers/participants would serve to broaden awareness and perspective.

As a retired peace officer, this researcher responded to several critical incidents during the course of his career; and consequently came to understand some of the physiological, emotional, and psychological effects such incidents can have on an individual. The assumption is that some of my own past experiences are re-enactedby other peace officers in countless CIs, which, at a minimum,may cause emotional distress for some officers, and at the opposite end of the spectrum, traumatic stress, and pathology.

Overview of Methodology

The current study was designed to investigate the experiences of peace officers that have been exposed to critical incidents for the purpose of gaining knowledge about how they coped with the stress and trauma associated with such events. Qualitative research methodologies, according to Creswell (1998), are well suited to critical inquiries intent on examining the experiences and perspectives of "individuals in their natural setting" (p. 17).

The phenomenological method of disciplined inquiry was employed to investigate and understand the essence of a particular phenomenon through the lived experience of the individual(s) experience of the specific phenomenon (Patton, 2002). The research method of choice was based on Giorgi's (1985) descriptive phenomenological method for research in psychology.

In human science research inquiries utilizing a phenomenological approach, it is required that all of the research participants selected must have actually been exposed to the phenomenon under examination (Creswell, 1998). Also, it is imperative that the researcher formulate appropriate research questions. The research question(s) serve to explicate the data and study the phenomenon from the viewpoint and perspective of the participants (Creswell, 1998).

In this study, data was generated from fifteen research participants. First, it was required that each participant be a peace officer. Also, exposure to a duty-related critical incident was a second requirement of each participant. Third, the research method employed was adopted based on the stated aim(s) and scope of this investigation. The study explored the officer/participant's lived experience of their respective traumatic events. The intent is to investigate how the officer(s) coped in the aftermath of such events.

Phenomenology is a research method used in several disciplines, including sociology, psychology, and philosophy. As previously stated, this research utilized the psychological approach to phenomenological research. Creswell (1998) made the point that the psychological phenomenological method has several different approaches based

on somewhat differing theoretical models advanced by such researchers as Giorgi, (1985), Moustakas, (1994), and Tesch, (1990).

A key emphasis of the phenomenological psychological method, both on theoretical and operational levels, conforms with the principle that researchers examine the experience(s) of individuals as it relates to the phenomenon under investigation. Examples of phenomena explored or investigated in psychological research are numerous and varied. According to Patton (2002), the list of phenomena an investigator might choose to research could include an emotional experience such as grief following a loss of a loved one, a relational topic such as divorce, a work experience such as unemployment, etc.

As previously discussed, this researcher collected data from the officers/participants who have been previously exposed to critical incident(s) while serving on-duty. The fifteen descriptive protocols will be analyzed using Giorgi's (1985, 1997) descriptive phenomenological method as it applies to research in the discipline of psychology. A more complete and detailed discussion of the procedures used for data analysis of the phenomenon under investigation will be presented in chapter three of this study.

Delimitations and Limitations

This dissertation utilized a research design that carries delimitations and limitations that warrant deliberation. First, a critically important consideration for this researcher was to be cognizant of the potential for any bias or tendencies that could threaten or otherwise compromise the scientific objectivity required for this study. The

specific steps taken to minimize these potential concerns are explicitly stated and fully explained in chapter three of this study. However, given the stated research method, it is important to state that the researcher's background was in law enforcement, and he is a retired peace officer of thirty years service. It was extremely important, given the research method employed, that the researcher continually check and bracket his personal assumptions, experiences, and research interests which pertain to the phenomenon under investigation. Moreover, this researcher will refrain from analyzing his own experiences with critical incidents (Giorgi & Giorgi, 2004).

However, delimitation nevertheless exists due to this researcher being a retired peace officer. To minimize the potential distortion associated with researcher bias, consultation and reviews of past research will be an integral part of this study. Consultation took place with several researchers trained and proficient in phenomenological research methodology. The descriptive phenomenological method was considered well suited to address the aforementioned bias and the use of bracketing and analyzing one's own presuppositions is called for in this method (Giorgi, 1985).

A second delimitation speaks to the small number of research subjects, fifteen, who participated in this study. This relatively small sample may serve to diminish the generalizability of the findings to the population of interest (i.e., male/female officers, geography, assignment/duty status, etc.). In qualitative research such as the proposed study, the major consideration is a choice to sacrifice breadth for depth. What this means is that based on the problem stated, it is necessary to accomplish, what Creswell (1998) states as, "…the need to present a detailed view of the topic" (p. 17). The choice was made to study the problem utilizing a smaller number of participants situated in their

natural environment. The intent was to gather data in the form of written descriptions, which will from this point on be referred to as "protocols." Moreover, the procedures and sampling strategy used was consistent with the qualitative orientation to human inquiry (Patton, 2002).

Another limitation, in this researcher's view, concerned the collectionof descriptive protocols submitted by the participants. The participants were all peace officers/law enforcement officers. As peace officers, they were trained to provide factual information of events especially for courtroom testimony. The research participants may not, for several reasons, express or describe their underlying feelings and thoughts as they pertain to their respective CI. It is suspected by this researcher that a restricted level of emotional expression by a participant(s) may be due in part to a number of variables that may include the following: various situational factors, (legal proceedings, loss of confidentiality, etc.), mental and emotional states, and the relative ability, or lack thereof, to openly share and discuss the experience of coping with the stress and trauma related to the CI.

Finally, the recalling of past events and circumstances related to critical incident stress and trauma may conjure up negative or distressing feelings and issues in the minds of the participants. This can be a delimiting issue and interfere with forthcoming responses from participants highlighting adaptive coping strategies as it relates to their experience.With this delimiting factor in mind, written instructions were disseminated to all participants, prior to their actual participation, instructing them to give pause if they experience any duress or distress during the process of completing their descriptive protocols.

Also, this researcher was interested in examining the positive cognitive responses and methods of adaptive coping described by participants. It is hoped that data obtained from the participants in this study will serve to promote more "applied" models of debriefing based in part on what is learned from those individuals most affected by critical incident stress and trauma.

Definitions of Terms

The following terms are considered as operational elements in the framework of this study and are defined as follows:

Anxiety: Anxiety is a natural human response and is a natural phenomenon in life. Anxiety is not a static state. Anxiety varies from individual to individual and from event to event. In this study, anxiety is experienced as a physiologic response triggered by a stressful event or circumstance that is perceived as threatening to one's well being. Acute stress and chronic stress are considered in the literature linked to the state of diffuse anxiety (Everly, 1990; Shader & Greenblatt, 1994). Anxiety is necessary in threatening situations, and serves to heighten one's senses. Anxiety, in many instances serves becomes a positive attribute, such as when an officer is searching for a suspect who is considered armed with a weapon; or as a human response to a threatening event which activates the fight or flight response (Shader & Greenblatt, 1994); manifested by motor tension, the physiological response of the autonomic nervous system, apprehension and hypervigilance. Also, psychologically, anxiety is based on fear when the individual is faced with an external stressor which is perceived as a real danger or threat (Shader & Greenblatt, 1994).

Critical incidents and critical incident stress: Critical incidents in police workare characterized as operational events which may cause the exposed officer varying degrees of physical, emotional, and/or psychological trauma including symptomatic distress. The reactions vary from officer to officer. Also, various outcomes of duty-related critical incident stress may include maladaptive coping and/or symptoms of traumatic stress in exposed officers.Fay, (2000), cautions that the definition of a critical incident is not static or concrete.

According to the Federal Bureau of Investigation (FBI), the definition must be flexible and open due to the many variables associated with the myriad number and types of events and the variation in how officers will individually respond (FBI Bulletin 1992, as cited by Fay, 2000). Fay (2000) lists the following events as typifying a critical incident: Death of an officer, an officer's suicide, death of children, mass casualties, and any event that might cause an officer distress or trauma. Critical incidents typically occur without warning. In many instances, officers are likely to experience emotional and psychological reactions that can overwhelm their abilities to cope with the adverse effects of the trauma (Everly & Mitchell, 1999).

Coping: The following is a general working definition of the coping process taking into consideration that there are both adaptive and maladaptive coping strategies used by peace officers and civilians alike. Coping involves cognitive, behavioral, and emotional responses to specific stressors generated in both from the environment and/or internally in the mind of the individual (Lazarus & Folkman, 1984, as cited by Everly, 1990). Everly (1999) posits that coping is the organism's way of achieving a state of balance after a stressresponse. Adaptive strategies employed and/or practiced by an individual

may serve to reduce stress, e.g., physical workouts and a healthy diet. Maladaptive

coping may prove successful insofar as a means of stress reduction, but eventually may

proveharmful to an individual over time, e.g., smoking and drinking (Smith, Devine,

Leggat, & Ishitake, 2005). According to Burke (1998), the intricacies and the variables

associated to the subject of human coping processes are great both in number and

complexity.

<u>Trauma and traumatic stress</u>: There are several categories of trauma including

primary and secondary (vicarious) trauma. Also, many definitions of trauma exist in the

literature. Van der Kolk (1997) defined a traumatic incident as an event that is

overwhelming in nature causing the person experiencing it to feel helpless and fearful for

his or her life. Trauma results from natural occurrences such as an earthquake or

hurricane, or from an act of violence such as an officer having to use deadly force, or an

act of intentional abuse to another human being (Grant, 2000). Also, it is important to

address the factor of secondary or vicarious trauma. Secondary trauma is a substantial

factor which can affect those individuals working in stressful environments or related to

victims as seen by rescue workers, doctors, nurses, peace officers, firefighters and clergy

(Grant, 2000).

In trauma research associated with the occupation of law enforcement, and more

specifically in the context of traumatic critical incidents, the literature suggests that a

correlation exists between violence and one's perception of the actual threat to his or her

personal safety. CIs that have been termed life-threatening, have been empirically shown

to place the exposed officer(s) at risk for stress related pathologies, e.g., acute stress

disorder, posttraumatic stress disorder, etc. (McCaslin, Rogers, Metzler, Best, Weiss,

Fagan, Liberman, & Marmar, 2006). Traumatic stress, based on the literature reviewed, has been documented as an outcome in many critical incidents as defined in this study. The traumatic lived experiences of the research participants in this study served as the descriptive data.

Importance of the Study

The importance of the proposed study is based on the following points: first, the prospective research aims to increase the scientific knowledge pertaining to how peace officers cope with critical incidents; second, the proposed study aims to bridge the gap that exists in the empirical literature relating to the paucity of qualitative studies devoted to this understudied topic and population; finally, it is hoped that the data gleaned from the participants will lead this researcher and future researchers to develop evidenced-based models that will assist officers and related emergency services personnel in their efforts to cope with CIs.

Research Questions

The following questions were formulated to guide this researcher in this study and to help develop the critical investigative questions given to each officer/participant who responded by submitting a written descriptive protocol:

1. What was the most distressing traumatic critical incident you have faced in law enforcement and how did you cope with any of the physical, psychological, emotional, and spiritual distress the event may have caused you to experience?

2. Describe this incident in detail and explain how you coped with the stress of this event.

3. What does an officer experience as he or she initially reacts to a CI?

4. What does an officer experience in the aftermath of a CI?

5. How did the agency respond to the individual officer(s) involved?

6. How do peace officers cope with traumatic stress?

7. How were you trained or prepared to deal with the stress associated with CIs?

8. Was counseling and/or referrals made available by the law enforcement agency?

9. What, if anything, was learned from the CI experience?

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The primary goal of this chapter is to review the relevant literature in an effort to adequately explain the basisof the rationale behind the formulation of the central research question set forth in this study: How do peace officers cope with the stress and trauma of critical incidents? An additional goal is to substantiate the conceptual basis for this study, and, through the analysis of the literature, juxtapose the current research herein in the framework of related scientific literature.

The outline for the literature review has been organized as follows: the first section of this chapter will serve as an introduction to critical incidents with reference to key empirical studies serving to provide background on this topic; and to provide focus for the present study. Next, in keeping with the structural framework defined earlier, each of the operational components will be addressed in terms of the relevant literature that applies. Thus, a review and analysis of the literature is divided into the three sections delineated below:

1.Introduction and overview of critical incidents as a law enforcement phenomenon.

2.Stress and anxiety disorders and related symptoms prevalent following CIs.

3.Coping process and strategies of peace officers following CIs.

Critical Incidents in Law Enforcement

The nature of CIs in law enforcement and the concomitant stress and trauma that can result is played out in countless scenarios in the work lives of the peace officer. Critical incident stress in the law enforcement field has been well-documented in scientific literature (Fay, 1998; Patterson, 2001; Neylan, Thomas, Metzler, Best, Weiss, Fagan, Liberman, Rogers, Vedantham, Bruenet, Lipsey, Marmar, 2002;Shaffer, 2003; Colwell, 2005; Clair, 2006). Also, many related studies existthat focus on critical incidents in other fields such as in military operations, in mining, and in the fire service. The proposed study focuses on critical incident stress and trauma in relationship to how officers come to cope with the associated stress, trauma, and related symptoms which he or she may experience in the aftermath of the event. A comprehensive search was completed to identify relevant literature that specifically addressed this topic. The research literature is limited in terms of the number of studies devoted specifically to critical incident stress relative to coping processes and strategies of affected officers.

An exhaustive search of the literature revealed that a majority of studies devoted to research on CIs in the law enforcement setting typically focus on events which involve the use of deadly force (Nielsen, 1981; Loo, 1986; McDonough, 1996; Violanti & Patton, 1999; Marshall, 2003). However, officer involved shootings and the use of deadly force would constitute but one type, albeit significant, which comprise events and/or circumstances qualifying as critical incidents. CIs which can be especially distressing and traumatic for officers are events involving the death of infants and children and disasters involving mass casualties Renck, Weisaeth, and Skarbo, 2002).

In the empirical literature, an example of the many factors and variables associated with CI stresswas addressed in a study undertaken by McDonough (1996). McDonough's research focused on police shootings and deadly force encounters andthe subsequent "post-operational trauma" which caused additional stress and distress for the involved officer. Examples of "post-operational trauma" cited by McDonough included administrative, bureaucratic, and legal consequences placed on peace officers. The actual stress from the experience of the CI was not the focus. The findings were related to variables such as the administrative demands on the officer, management practices, disillusionment with the occupation, and working conditions.There is a significant distinction to be made between the stress associated with bureaucratic and internal frustrations inherent in the field from the nature and scope of the stress and trauma of facing the operational stress associated with CIs that officers must face around the world. In many instances, CIs that regularly occur in the law enforcement setting are equivalent to military combat on a civilian level (Volanti & Paton, 1999).

In point of fact, many CIs in law enforcement meet the essential requirements set forth in the DSM-IV-TR (American Psychiatric Association, 2004) for a diagnosis of PTSD (Chase, 2004; Fay, 2000;Harvey-Lintz, 1994; McDonough, 1996). The severity and impact critical incidents can cause in terms of stress and trauma potential is best illustrated in a studyby Chase (2004). Chase hypothesized that one major aspect of the trauma that officers must constantly contendwith and psychologically guard against are variables associated with mortality and the threat of death (Chase 2004). Chase informed on the realistic and frequent dangers officers face in performing their duties. Officers must face incidents and individuals who are desperate and deadly, and the traumatic

nature of some of these potential events speaks for themselves: terrorist attackers, mentally ill offenders, armed and dangerous fugitives, and civil unrest (Chasse, 2004).

The review of relevant literature has proved both useful and beneficial. First, it has enabled this researcher to gain perspective of the deleterious effects that stress and trauma can have on persons, their families, the economy, and on the citizens of this and other nations of the world. The review of empirical literature has increased this researcher's familiarization and appreciation with topics related to posttraumatic stress disorder and CIs in policing has led to a deeper conceptual understanding of the risks peace officers face in becoming victims of traumatic stress by single and/or re-occurring exposures to critical incidents. Relevant studies, such as those cited herein, demonstrate the magnitude and significance of the research work devoted to on-going research relative to traumatic stress in a variety of settings.

Second, the literature review served to educate this researcher, thereby contributing to the conceptual framework for this study. Also, the critical analysis of the relevant literature made it clear to this researcher that future PTSD research should of course continue, and moreover focus on the law enforcement setting as peace officers represent an ideal study population. This claim can be supported based simply on the regular occurrence of CIs which officers are exposed to while performing their duties; and based on their availability, as research participants, to be studied longitudinally, as officers generally are career minded and work in an established institution of government.

Finally, the literature review served to inform this researcher that a variety of stressors exist for officers to contend with during the course of their careers. Given this

reality, one distinct and noteworthy source of police stress, which can lead to the formation of physical and psychological distress, concerns the phenomenon of *critical incidents*.

Therefore, for the purposes set forth in this study, a CI will be regarded as any event, which causes the peace officer emotional distress, and taxes or otherwise exacerbates the officer's ability to cope with the experience. Also, it is stipulated herein that a CI will include any event which ostensibly rises to the level and meets the criteria described in the first category, A (1), as set forth in DSM-IV-TR. Accordingly, section A (1) reads: "…the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or the threat to the physical integrity of self or others" (American Psychiatric Association, 2000, p.218).

There is empirical evidence supporting the fact that peace officers experience high rates of heart disease, gastro-intestinal distress, divorce rates, and suicide (Blackmore, 1978; Axelbend & Valle, 1979).Also, it is evident that educational institutions and the federal government have worked in concert and have specifically focused attention on the stress and trauma of police work. The following references reflect research on the trauma and health related factors related to stress in the law enforcement field (Cameron, 2003; Chase, 2004; Neylan, Metzler, Best, Weiss, Fagan, Liberman, Rogers, Vendantham, Brunet, Lipsey, & Marmar, 2002; Prichard, 1996). Cameron (2003) researched the reaction peace officers have to traumatic events, and specifically investigated the subject of deadly force. Chase (2004) examined the syndrome of police officer "burnout" and the relationship was predicated on death anxiety, death depression, and responding to critical incidents. Neylan et al. (2002)

conducted research on critical incident stress, termed in this study "trauma" and its effect on sleep. Findings reported various sleep disturbances associated with CIs. Finally, Prichard (1996) investigated how critical incidents have adverse effects on officers in terms of symptomatology at both the primary level (the officer) and secondary level (the spouse). These studies confirm the adverse effects CIs may have on a variety of levels, including but not limited to: biological, psychological, occupational, social, and emotional.

Another important factor concernsthe existence of an apparent gap in the literature relative to the spectrum of research methods utilized by researchers in pursuit of disciplined inquiry on the topics of CIs and police related stress and trauma. A majority of the literature reviewed on critical incidents and stress in the field of law enforcement used quantitative methods, (questionnaires and surveys respectively); and have limited the scope of their investigations primarily to deadly force encounters, (e.g., officer involved shootings). For example, the McDonough (1996) study was designed to quantify the existence of traumatic stress related disorders evident in the sample of officers involved in the use of deadly force, in comparison to a second group of officers not involved in deadly shooting encounters.

In this researcher's view, the McDonough study served to advance the body of knowledge of PTSD in context to the law enforcement population. The hypothesis was confirmed, as the findings suggested, that the sample of officers involved in shootings had higher rates of pathology and psychological distress. The Nielsen (1981) study focused solely on the use of deadly force by officers and through the use of survey instruments, attempted to gain data and knowledge to further organizational policies

related to officer involved shootings. Nielsen documented that his findings suggested the officers participating in his study reported somatic symptoms, depression, anxiety and sleep disturbances following their encounters (1981).

Finally, due to the considerable number of research studies generated on topics related to CIs in law enforcement, police officer stress, etc., it wasnecessary for this researcher to critically examine the existing body of research on the following topics: stress and trauma of critical incidents in law enforcement; coping strategies, styles, behaviors following traumatic stressors; dispositional qualities (optimism, hardiness, etc.); and risk and resilience factors as they apply to coping with critical incident stress. As previously noted, the literature review process served to give scope and definition to this work. Thus, instead of focusing on critical incidents as a general phenomenon in law enforcement, an exercise lacking in focus, the strategy was to investigate literature related to the aims of this study. The goals established were as follows: to locate, analyze, and review herein the literature specifically addressing law enforcement related CIs of a traumatic nature; studies specifically related to peace officers and their efforts in coping with stress and trauma; and relevant literature on psychological debriefings as a means to assist officers who were involved in CIs.

At this point it becomesnecessary to discuss relevant research studies pertainingto law enforcement stress and trauma. In reviewing studies concerned with the phenomenon of critical incidents in policing, this researcher gained a conceptual understanding of the existing relationship between CIs and the outcomes of stress and trauma experienced by officers exposed to these events (Zettyl, 1998; Brown, Fielding, & Grover, 1999; Patterson, 2001; Regehr et al., 2003; Sheehan, Everly, & Langlieb, 2004).

Further, the literature review has reinforced the need to investigate and pursue other

means of disciplined inquiry in hopes to further the knowledge related to the proposed

topic. One of the objectives of this researcher was to address this issue by employing a

research method designed to gain raw data using naturalistic inquiry to investigate the

human dimension as it relates to trauma and coping. Conversely, a significant percentage

of the relevant literature identified by this researcher to date has utilized a normative

approach; however this researcher proposes the former, specifically the

phenomenological method, in lieu of quantitative methods, i.e., the use of research

instruments, the control of variables, and statistics to gain the same ends: knowledge.

<div style="text-align: center;">Operational Stress in Law Enforcement</div>

Historically, researchers and theoreticians have studied and postulated on the subject of

trauma dating back to the nineteenth century. Yet, little research was conducted on law

enforcement trauma. In the 1860s, researchers in Great Britain studied patients who were

victims of severe train accidents in the attempt to better understand and establish

diagnostic categories for traumatic distress and related disorders (Kinzie & Goetz, 1966).

According to Kinzie and Goetz (1966), the British studies were limited in the scope of

their investigations of stress and were unable to address and define the complex bio-

psycho-social aspects of trauma.

The advent of World War I proved deadly in terms of death and destruction. The

"Great War" imposed countless traumatic experiences for soldiers and the term "shell

shock" was coined to describe the adverse effects of war. The result was an increase in

the amount of trauma research. Freud (1917) theorized about war-related traumatic

events during the World War I years. According to Kinzie and Goetz (1966), Freud's view of traumatic stress was that it representeda neurotic response from the breakdown of ego defenses due to the horrors of traumatic wartime events.

Following the Vietnam War, one saw a dramatic elevation in the number of research studies dedicated to the study of traumatic stress. Since that time, the knowledge base has been advanced, thanks in part to the research associated with war related trauma (Figley, 1978; Horrowitz, 1976; Laufer, Frey-Wouters, & Gallops, 1985, & van der Kolk, 1984). The research literature subsequent to the Vietnam War increasing informed on the affects trauma has on one's biological, psychological, behavioral, familial, and social processes, and highlighted the advances in the diagnosis and treatment of traumatic stress related disorders (Finch, 2003). The negative effects from wartime trauma are well documented in the stress literature.

The subject of stress has been widely published not only in scientific studies, but also in books,popular journals, in the field of medicine, and countless other disciplines. Stress is a subjective state in humans; and therefore does not lend itself to simple definitions or explanations. However, it is necessary to conceptualize the nature of stress before proceeding with a discussion of the stress and trauma literature as it relates to peace officers.

Stress is an aspect of life, and has both positive and negative effects. A working definition consistent with the literature reviewed for this section is as follows: stress is the end result of any demand placed on the person, either externally, internally or both, and one responds to the demand(s) mentally, physically or both to maintain balance and equilibrium; and the demands are representative of three factors: one, a triggered

response to a perceived threat; two, a psychological or physical response to a demand; and three, mental or physical arousal (Fishkin, 1987; Marshall; 2003; Selye, 1976).

An early pioneer in stress research was Hans Selye. It was Selye (1951) who posited the syndrome model of stress to describe the human stress response. Seyle (1951) termed his model as the General Adaptation Syndrome (GAS).The GAS has three stages: first, is the alarm stage, in which physiological responses are activated in the human organism such as elevated heart rate and respiration, blood pressure, and the secretion of adrenalin; second is the resistance stage, wherein the individual reacts to the alarm and attempts to cope enlisting psychological mechanisms to adapt and deal with the perceived threat; third is the exhaustion stage, which manifests when the demands of the stressors continue and the individual's physiological and psychological attempts to cope with the stressor(s) are ineffectual and exhaustion becomes the end result (Fiskin, 1988).

After reviewing the literature in this regard, this researcher attests to the vast amount of research on stress and trauma in a variety of settings. Regardless of the setting, the experiences of peace officers, soldiers, or astronauts are of significant value to aid and advance the science. If for no other reason, the knowledge gained will lead to better models for prevention, education, intervention and treatment modalities to assist these very populations who undoubtedly will continue to experience stress and trauma nonetheless (Shaffer, 2003; Rudofossi, 1997).

Suffice it to say, research studies have increasingly concentrated their efforts on another population also at-risk for psychiatric disorders from traumatic stress, namely law enforcement officers (Blak, 1990; Marshall, 2004; & Ryan & Brewster, 1994). One

reason for the increase in scientific research in the area of law enforcement over the past two decades is due to ongoing numbers of traumatic incidents which unfold. This point has not been missed by the research community in academic fields of psychiatry, psychology, social work, and the various related fields of study.

For example, the Federal Bureau of Investigation (FBI), subsequent to the September 11, 2001 terrorist attacks, had researchers Sheehan and Van Hasselt (2003) investigate and determine what, if any, factors could be early identifiers pertaining to stress reactions in officers. The findings reported bySheehan and Van Hasselt suggest that stress and trauma are positively related to both large and small-scale critical incidents (2003). Also, in the aforementioned study, many of the events described by Sheehan and Van Hasselt as "critical incidents" reflect and meet the criteria of CIs identified in the current study.

Sheehan and Van Hasselt found that factors leading to symptoms related to acute stress disorder (ASD) and/or PTSD were the result of not one stressor, but the result of cumulative stress. According to the documented findings presented in this study, cumulative stress affecting peace officers as a population, originates and includes the following: first, the internal stress generated from within the agency due to bureaucratic demands, internal politics, and ambiguous expectations; second, documented stress and trauma from critical incidents; third, job related stressors embedded in the law enforcement occupation, i.e., long hours, rotating shifts, perceived frustration with the judicial system, etc.; and finally, psycho-social factors of the officer related to his or her personality and resilience, relationship problems, etc., all of which interact and relate to how an officer deals and copes with traumatic stress. The researchers call for stress

management training to be mandated for officers to identify, address, and intervene should it be necessary.

However, the current study focused on critical incident stress and trauma. Thus, the review of relevant literature herein focused on locating and reviewing past empirical studies that were specifically focused on the lived experiences of peace officers exposed to CIs. Special attention was devoted to the identification of research studies that included descriptive data reflecting how peace officers have coped with stress and trauma and related symptoms.

Patterson's (2001) study of CIs that caused stress and trauma for peace officers can be classified into three distinct groupings. The first group is comprised of events that prove injurious or fatal to law enforcement personnel; the second group is classified as catastrophes with multiple deaths and disfigurement of victims which officers must respond to; and third are incidents from the acts of man such as the terrorist events of September 11, 2001, heinous murders, etc. (Kirshman, 1997, as cited by Patterson, 2001).

A final study which is relevant to this discussion on stress and stressors associated with critical incidents was by Finch (2003). Finch, in her research, wrote on the subject of operational stress as it applies to women and minorities. This is important, since women and minorities in law enforcement also regularly respond to critical incidents. Moreover, research participants in the present study included both genders representing diverse and multicultural backgrounds.

It is important to note that law enforcement is a male dominated occupation with the majority of officers being Caucasian. According to her research, Finch stated, "Women and minorities…face a unique set of stressors in addition to the multitude of

other stressors they confront. For instance, they often must deal with harassment and discrimination, inside and outside the police department" (Alexander, 1999, cited by Finch, 2003, p. 19).

Traumatic Stress

Critical incidents for the peace officer, in most instances, come with unpredictable rapidity, and the trauma is acute. The literature revealed that peace officers are at risk for traumatic stress based on several levels of exposure. Trauma research has been conducted in many different settings over the years. A vast amount of empirical research on traumatic stress and psychiatric sequelae has focused on the military (Shaffer, 2003). Accordingly, traumatic stress research to date has advanced the scientific knowledge of PTSD on many fronts, including prevention, education, and clinical treatment. Also, a variety of populations have benefited, including Vietnam veterans (Kulka et al., 1990), civilian first responders (Marmar et al., 1996), battered women (Saunders, 1994), and sexual abuse victims (Brier & Zaidi, 1989).

However, a documented need in the literature has led to an increase in the amount of research conducted on the impact traumatic events have on civilian emergency service workers. Shaffer (2003) stipulated that first-responders, i.e., fire fighters, peace officers, and emergency medical personnel, are at risk for stress-related disorders.

One relevant example concerns a specific research program that addresses peace officer stress offered by researchers at the University of California, San Francisco. The research study in question is entitled: *Police stress and health research program.* Interestingly, the work being accomplished represents a true partnership, and is being

conducted through a joint collaboration of the University of California, San Francisco, the Department of Veteran Affairs, and the Northern California Institute for Research and Education. The medical and social scientists associated with the aforementioned program are currently investigating promising evidenced-based protocols and interventions focusing on the treatment of stress disorders in peace officers. The researchers involved seemingly understand the positive impact their program will have on two fronts: first, the scientific community will benefit from the scientific knowledge on anxiety and stress-related disorders generated by the program; and second, the officers themselves will benefit from the program's data which will undoubtedly translate into education, prevention, and treatment applications and strategies to be practiced by clinicians. Peace officers are subjected to trauma in the form of CIs, and this reality, in many instances, finds the involved officer(s) being the direct recipients of violent and potentially deadly encounters.

The latter point is deemed significant in light of the documented evidence that exists in the body of literature devoted to civilian law enforcement research. The relevant literature to date on law enforcement stress, both occupational and traumatic, is quite extensive. A review of the past literature on traumatic stress in law enforcement was conducted by referring to various academic and scientific search engines. This researcher employed the use of a combination of several key words including, but not limited to the following: police stress, law enforcement trauma, critical incidents, critical incident stress and police, traumatic events, posttraumatic stress disorder, police and PTSD, and coping with traumatic stress. The review of the research studies generated from the search on the above cited topics led this researcher to conclude that overwhelming empirical

evidence exists indicating that peace officers are at risk for both exposure to traumatic events and traumatic stress related disorders (Beehr, 1995; Burke, 1998; Marmar et al., 1999; & Neylan et al., 2002). The past research on law enforcement related traumatic stress revealed that peace officers routinely witness the violent victimization of their co-workers, and the victimization of civilians through both violence and accidental incidents. For peace officers, these stressful situations can occur at any given time while on-duty; and, over the course of a career, have adverse cumulative effects on one's bio-psycho-social-spiritual being.

A noteworthy study conducted byViolanti and Gehrke (2004) made a convincing argument for future research to take place on topics related to stress and trauma in the law enforcement setting. The research of Violanti and Gehrke addressed stress and trauma in context with gender related differences. The findings suggested that deaths of other officers and crimes wherein children were victims caused involved officers to exhibit trauma related symptoms. Violanti and Gehrke (2004) reported that male officers had higher risks for traumatic stress when shooting incidents occurred which involved other officers; and female officers were at risk when frequently responding to incidents involving child abuse.

Several relevant studies have identified key factors which may serve to increase the risks associated with traumatic stress and anxiety disorders. These identified variables are important for this researcher to understand and be cognizant of in the course of conducting the proposed study. As evidenced in the literature, the variables include: the manner in which officers appraise the traumatic event combined with their role or involvement may correlate with the manner and success officers have coping in the

aftermath of their expose to a CI; the influence of the police subculture as it affects their mental state and behavioral responses subsequent to the event; gender and cultural differences; and the effects of police training (Colwell, 2005; Fay, 2000; 1994; Shaffer, 2003).

Colwell's (2005) study included relevant statistics on the prevalence of PTSD among officers. According to Colwell's (1997) research, the rates for PTSD, as reported by peace officers were from 7% to 49%. These figures, can be compared with another at-risk population, combat veterans, reported a 3% to 58% incidence (American Psychiatric Association, 2001, as cited by Colwell, 2005). For information, the incidence of PTSD in the overall populace was 7.8% (Colwell, 2005).

Also, Colwell (2005) emphasized the relative paucity of empirical studies that have been conducted to specifically investigate how officers subjectively experience and appraise CIs. This factor gives further credence to the present study. Also, Colwell noted that future research should focus on topics related to coping with traumatic stress, and the benefits to be derived from further studies involving the law enforcement population. Namely, by studying how officers attribute meaning and understanding of their subjective experience of CIs, researchers may learn from the coping mechanisms employed by officers and develop more effective therapeutic practices and protocols for the treatment of PTSD (2005).

Along these same lines, it behooves researchers to account for demographic factors and variables in their investigations. The search of the literature for a relevant study was retrieved and reviewed, and the determination was to include this study by Pole, Best, Weiss, Metzler, Liberman, Fagan, and Marmar. Their study was set in an

urban environment and 655 police officers were studied. This pool consisted of 21% female, 24% African American, 28% Hispanic, and 48% Caucasian officers. The goal was to assess for symptoms of posttraumatic stress disorder due to CIs. The data collected was from self-report measures completed by the officers. The findings reported by Pole et al. (2001) were that Hispanic American officers in this study were identified as having the highest percentage of PTSD symptoms. Further, there was no evidence of gender differences with regard to PTSD symptoms. This study replicated findings in a similar study undertaken by the United States military which determined that Hispanic-American military personnel had higher rates of PTSD symptoms than related ethnic groups (Pole et al., 2001).

The literature to date has suggested that the very nature of critical incidents in law enforcement include threats to one's survival and inherent traumatic stressors, thereby placing law enforcement officers at-risk for a variety of negative outcomes. The dangers and risks are clearly evident and well documented in the research literature to date. The complexities inherent in CIs pose a number of issues and factors, which have, and continue to be, relevant topics worthy of disciplined inquiry. The studies reviewed thus far have provided ample empirical evidence of the physical dangers associated with critical incidents documenting the existence of armed encounters, high speed pursuits, and rescues that were clearly cited in numerous studies (Copeland, 1986; Danelli, 1999; Fay, 2000; Kureczka, 2002); and the risk factors for bio-psycho-social related distress and disorders from being exposed to the stress and trauma of CIs (Collins & Gibbs, 2004; Fay, 2000; Kureczka, 2002; Marshall, 2003; Smith, Devine, Leggat, & Ishitake, 2005; Violanti, 2004).

Patterson's (2001) research identified four categories of stress, both traumatic and otherwise, for peace officers: external stress, internal stress, task-related stress, and individual stress. However, this researcher proposes a phenomenological examination of how peace officers coped in the aftermath of a CI based on first person accounts.

If one were to review the literature on traumatic stress in this regard, analyzing studies with a phenomenological method of inquiry, the results would yield few empirical studies related to the proposed topic. Nevertheless, studies relevant to this topic using quantitative methods proved useful and were retrieved and reviewed to support the premise and significance of the topic; and aided this researcher in terms of depth of understanding. Colwell (2005) articulates a well established proposition that law enforcement is a highly stressful occupation. Colwell's study focused on the examination of how officers experience and cognitively appraise the phenomenon of critical incidents through the use of questionnaires; and the variables included were as follows: first, the coping strategies of peace officers; and second, each officer's assumptions as to meaning, purpose, and view of the world, were assessed through the use of two additional questionnaires representing each variable. The data from the questionnaires were subjected to a factor analysis to correlate and reduce the data. Colwell's findings indicated that there was very little consensus among officers as to what constituted a traumatic event. Interestingly, deaths involving children and the death of a fellow officer were a frequent response of participants (Colwell, 2005). Another interesting result was the divergent views among the participants in their respective cognitive understanding of traumatic events; and differences reported in how each coped with them. This study is significant insofar as the researcher has studied the phenomenon of critical incidents and

has advanced science in this area due to identifying and quantifying key variables (coping and world views of each participant) in relationship to critical incident stress and trauma.

Much in the way of empirical research has been devoted to investigating variables related to stress and the sleep quality in peace officers. A particularly relevant study by Neylan, Metzler, Best, Weiss, Fagan, Liberman, Rogers, Vendantham, Brunet, Lipsey, and Marmar (2002) also proved valuable by informing the researcher how sleep can be affected when officers are exposed to traumatic events. The Neylan, et al., (2002) study was designed to investigate the quality of sleep in two groups of officers: one group was comprised of officers having been exposed to traumatic incidents, and a second group was comprised of officers assigned to duties which did not expose them to critical incidents, e.g., office related or administrative duties. The comparison was made to subjects in two control groups consisting of civilians who were not peace officers or emergency service employees. The findings associated with this research indicated that officers in both groups had diminished qualities of sleep when compared to the two civilian groups. Furthermore, this study suggests a correlation between sleep related disturbances and symptoms related to PTSD, which proved significant to this researcher. The findings documented by Neylan et al. (2002) suggested that officers are at risk for health and performance related problems. The problems specifically identified were bio-psycho-social in nature, and included increased risks for health problems related to heart disease, relational issues surrounding divorce, and elevated risks for suicidal behavior(s) (Neylan et al, 2002).

Coping with Traumatic Stress

Stress in law enforcement, as previously discussed, comes from a variety of sources. Stressors from CIs can be acute, chronic, or both. An officer wounded in an armed encounter would likely be an example of an enduring stressor due to the medical and psychological implications associated with being injured in a CI. Finch (2003) accurately stated the obvious, that stressors may lead to physiological, cognitive, psychological, and behavioral reactions in officers. Finch's research provided evidence that informed on the etiology of traumatic stress. Therefore, Finch's study proved noteworthy, and the findings informed on the following physical symptoms associated with traumatic stress: dizzy spells, headache, accelerated heart rate, and elevated blood pressure (Finch, 2003). Also, Finch (2003) described the cognitive symptoms as "…hypervigilance, poor problem solving abilities, and difficulty with attention and concentration" (Mitchell & Everly, 1998, as cited by Finch, 2003, p. 8).

Finally, the psychological and behavioral reactions to stress, as noted by Finch (2003), also include the following: "…fear, guilt, denial, irritability, depression, anger, and emotional numbness; and behavioral symptoms including withdrawal, difficulty sleeping, and changes in appetite" (Mitchell & Everly, 1998, as cited by Finch, 2003, p. 8).

The stress embedded in some CIs may be traumatic for the involved officers for a variety of complex reasons. The variables documented in a research study by Marmar, Weiss, Metzler, and Delucci (1996) shed light on predicting emotional distress in first responders following critical incidents. Marmar, et al. (1996) reported that several factors may account for symptomatic trauma in officers following traumatic events. One

significant factor of key interest to this researcher concerns the question as to how officers cope with critical incident stress. Other important factors identified by Marmar et al. (1996) included the cultural backgrounds of involved officers; the perceived level(s) of the threat to officer safety; the personality traits of involved officers, etc.

CIs can be traumatic for officers and lead to symptoms related to various psychiatric disorders (anxiety disorders, affective disorders, etc.). PTSD, a serious anxiety disorder, was relevant to this study due to the traumatic nature of many critical incidents faced by peace officers (Everly, 1990).

Clearly, for peace officers, the stakes are high as it relates to the dangers inherent in responding to traumatic events, especially over the expanse of a long career. An exhaustive search was conducted to review relevant literature on the topic of traumatic stress and related symptomology relative to the process by which officers come to cope with their experience(s).

An important study that informed and provided background for the current research was conducted by Vis (2005). Similarly, Vis examined trauma related to civilians exposed to one acute traumatic event. Vis succeeded in capturing data pertaining to the research participant's lived experiences of the trauma. Vis, a social worker, designed her study by formulating well-defined research questions that provided a clear focus for her investigation. The Vis study proved significant to the present study because it supported this researcher's desire to undertake a dissertation utilizing a similar methodology. The Vis study assisted this researcher in the formulation of applicable research questions, designed within the context of an altogether different setting; yet the current study has analogous objectives, albeit different goals. The primary goal of this

study was to learn how peace officers coped with traumatic stress associated with critical incidents.

Fay (2000) examined the impact that critical incidents can have on the self-image and self-concept of peace officers following exposure to a traumatic event. Fay's contention was that in the aftermath of a CI, the involved peace officer attempts to find meaning from the experience given one's individualized view of the world. Fay, a licensed clinical psychologist and sworn peace officer, (known in the vernacular as a "CopDoc"), has written extensively on the psychological aspects associated with critical incident stress and the ramifications these events have on officers. Fay theorized that following a CI officers evaluate their performances and appraise their personal actions, responses, etc. Moreover, officers formulate and attach personal meaning to their overall CI experience. Hence, a particular CI may become a defining factor in how the officer will cope with the traumatic stressors associated with the experience. Of course, it goes without saying, that individual officers will likely ascribe different meanings to each of their respective experiences.

Flach, (1990), described the need to "redefine the context for illness" (p.38). Flach (1990) research was concerned with how the individual experienced and dealt with pathological disorders in the context of military combat operations. It is stipulated that critical incidents that occur in law enforcement are stressful, and in many instances, dangerous events that can have adverse effects for officers. Many CIs are armed encounters, where the officer's very survival is at stake. However, it is important to note, that officers exposed to CIs may or may not exhibit symptoms consistent with a diagnosis of PTSD or related psychopathologies, i.e., panic attacks, acute stress disorder, etc.

Flach addressed two important questions in his study that pertained to the effects of combat related trauma on military personnel. The first question Flach (1990) was concerned with was, as he stated, "Why did some fall apart?" (p. 41). Flach's second question being, "Why on earth didn't they fall apart?" (1990, p. 41). Flach's research concerns were also relevant to the present research due to similar interests propagated by this researcher. It is imperative to research and gain further understanding as to why some peace officers are more adept and resilient insofar as their ability to cope with trauma than others.

Flach cited the research of Arthur and McKenna (1989), based in part on their extensive experience working with members of the military that have been traumatized by combat. According to Flach, the research of Arthur and McKenna suggested that the individuals who were most successful in coping with the trauma associated with events, such as aircraft accidents, were persons who had positive outlooks, hopefulness, a "will to live" and the ability to express their emotions soon after traumatic events (Arthur & McKenna, 1989, cited by Flach, 1990).

Fay (2000) propagated a theory that peace officers are trained at police academies to always take control of a situation and operate with detached objectivity and maintain one's composure in all situations. The peer pressure of the law enforcement subculture further reinforces the image of a take charge, mentally tough officer. The officer is taught to suppress emotions despite many circumstances, which evoke fear and anxiety. According to Fay, these practices can be detrimental and place officers at risk for health problems, both physical and mental. By suppressing one's emotional responses following traumatic events and attempting to live up to a certain "idealized" image of

how an officer should behave and respond can lead to traumatic stress and anxiety (Fay, 2000).

A study by Duckworth (1986) examined the levels of stress in disaster workers, including police officers. Duckworth's research suggested that society, in genera, views emergency services personnel, with expectations that are based on images of the tough, stoic officer. The stereotypical behaviors of how an officer should react under stressful conditions are reinforced by the police subculture ostensibly to the detriment of the officers. The dangers of this "pressure to conform" phenomenon may lead to coping strategies that are maladaptive and encourage avoidance behavior (Duckworth, 1986; Fay, 2000).

The literature reviewed thus far has convinced this researcher of the relative importance of studying the coping strategies and processes of peace officers. It was necessary to learn what the officers themselves have been able to discern about their respective experiences; and to understand what worked and what did not work in their efforts to cope. Also, it is important to determine if officers have received previous training on stress prevention and coping skills that would assist in preparing them to deal with the affects of CIs. Moreover, it was necessary for this researcher to determine whether any previous training proved beneficial to peace officers in their attempts to cope with the stress and trauma of critical incidents.

The same can be said of psychological debriefings (PD) that are common interventions used in law enforcement subsequent to CIs. It is important to gather empirical data on how officers perceive and react to PDs, and whether or not PDs are useful or beneficial in aiding with the stress of such an event. With these questions in

mind, a phenomenological approach to critical inquiry can provide the necessary descriptive data necessary to answer the aforementioned questions.

Colwell's (2005) study addressed factors related to the personality traits and characteristics of individuals to account for individual responses to traumatic stress. Colwell cited positive characteristics in individuals, such as openness, flexibility, and optimism, as key factors in mitigating the effects of traumatic stress. Conversely, negative traits and characteristics, such as cynicism, rigidity, and inflexibility, were associated, according to Colwell, with maladaptive coping strategies and negative resolution of the symptoms associated with trauma (Colwell, 2005).

In reviewing the literature on coping, one common coping strategy employed by officers, and people in general who have been traumatized, is to cope via gaining insight into their experience through learning and mutual support (Lawson, 1990). A positive coping strategy is consistent, according to Moos (1992a), when a traumatized person attempts to reach out to others, including friends, family, and law enforcement-based clinicians. This positive strategy is consistent with what the literature supports as a successful coping strategy to avoid the symptoms related to PTSD (Lawson, 1995; Moos, 1992a).

Important research on coping behaviors among peace officers was completed by Heredia (2000), and upon review, was considered extremely relevant to this study. Heredia examined how 22 male officers and 16 female officers of the Los Angeles, California police department coped with stress. However, Heredia's study had limited relevance to this research project primarily because Heredia was investigating the effects

of job related "burnout" and the variables were not related to the trauma associated with critical incidents.

A study by Smith, Devine, Leggat, and Ishitake (2005), centered on tobacco and alcohol use by peace officers. The researchers' findings indicated that officers consume more of these products, relatively speaking, than the civilian population in the United States of America. The researcher hypothesized that the causal factors were multi-faceted aspects related to occupational stressors in law enforcement. This factor will be accounted for in the analysis of the data acquired from the participants involved in the current study.

Understandably, the examination of coping strategies and behaviors must include a discussion of the research on substance use disorders and related self-destructive behaviors. Fay (2000) articulated that officers, in their attempts to mask their fears and insecurities to live up to the preconceived images of the "good cop" as typified in the subculture, resort unwittingly in a negative direction through self-medicating with alcohol. This can lead to a downward spiral for some. Fay described a typical scenario drawn from his clinical experience of working with peace officers. The scenario described illustrates how some trauma exposed officers have unfortunately employed maladaptive coping processes in the wake of CIs by resorting to avoidance behaviors, substance use, etc. Fay stated, that as the individual begins to withdraw, the officer "Attempts to maintain a façade of invulnerability…becoming emotionally withdrawn from his family and friends…further increasing the risk of PTSD and suicide" (Fay, 2000, p. 10).

The dire consequence associated with suicide gave this researcher pause to consider the complexity and importance of research. The statistics on police officer suicide, although startling, clearly identifies the need for further research into traumatic stress and related variables as it applies to the law enforcement occupation.

Important insights gained from clinical case studies have a direct bearing on topics related to the coping behaviors and strategies common to peace officers. It is clear that law enforcement officers operate in a highly structured, hierarchical organization with the chief of police or the county sheriff at the top of the pyramid. Also, many officers may over-identify with their occupational position. Peer pressure, driven by the values and beliefs ascribed by the law enforcement subculture, serve to reinforce this anomaly (Fishkin, 1987).

The necessity of being in control of a situation, e.g., a domestic disturbance, a high-risk felony arrest, etc., at times takes on an illusionary and surreal nature. Given the role and sworn duties of peace officers, the primary mission is to protect life and property. The need to be in control and to save lives is crucial; however, the reality is that many cases, responding officers have no control over outcomes and circumstances despite the best of intentions. CIs can reinforce this reality over time for officers, especially when one responds to a horrific crime scene, vehicle fatality, or infant/child death. According to Fay (2000), the cumulative effect of these experiences causes many officers to shut down emotionally. Consequently, one is back to the proposition that is underwritten in the subculture's by-laws, as it were: officers are mentally tough and independent; officers do not show or express emotion; and officers do not seek professional assistance, etc.

Another factor which officers must deal with in the emotional chain of events following traumatic events is depersonalization. Fishkin (1987) defined depersonalization as a "splitting of one's self emotionally as a means of detaching ego from the job." (p. 34). The effect is the depreciation of one's identity. This can be considered as a defense used by one's ego to psychologically protect oneself and detach in order to function in the occupational role. However, the danger, according to Fishkin, is that the officer continues "…this process of depersonalization is carried out through a form of role-playing, even after the shift is over, the role continues to be played, even at home with wife or husband" (1987, p. 34).

CHAPTER THREEMETHODOLOGY

The research method, design, and the phenomenological plan for the analysis of data are among the topics presented in this chapter. The following is a brief outline that describes the order and specific topics to be discussed: the first part of this chapter is devoted to the explication of the research design and method; second, the selection of research participants is discussed; third, the plan for data collection is described in detail; fourth, the research questions and assumptions are presented; and the final section addresses data processing and analysis.

Research Design

This study is a naturalistic inquiry designed to investigate how peace officers cope with critical incidents. The research methodology is qualitative; and the specific research method is phenomenology. Phenomenology is a method of critical inquiry designed to discover the structure, the meaning, and the essence of a person's lived experience (Patton, 2002). The decision to use the phenomenological method of research was primarily based on the stated aims of this study, the central research question, and the review of the relevant empirical literature.

Phenomenology is a well represented and a well-defined research method (Giorgi, 1975; Moustakas, 1994; Patton, 2002). A unique study reviewed, which served to reinforce this investigator's decision on research design, was a phenomenological inquiry conducted by Vis (2005). This study, entitled *Exploring the lived experience following trauma: A hermeneutic phenomenology study*, was well designed and was useful in the

formulation of research questions applicable to the proposed study. The Vis study actually used a different phenomenological approach from the proposed inquiry, (hermeneutic versus descriptive). Yet this study proved helpful due to the detailed accounts of the lived experiences derived from Vis' use of phenomenological interviews.

<div align="center">The Descriptive Phenomenological Method</div>

There are several models of phenomenological research. The phenomenological psychological approach to critical inquiry focuses on the "life world" of the individual (Kvale, 1996, 1998).

The phenomenological method of research is used by investigators for critical inquiries in a variety of disciplines and research settings. An excellent example of phenomenological research was a study conducted by Riemen in 1986. Riemen's research presented a systematic exploration of the fundamental relationship that exists between a caregiver and patient in a clinical nursing environment. The descriptive data was derived from the lived experiences of actual patients (1986). Riemen's (1986) study underscored the rigors and characteristics of the phenomenological method when applied to human science inquiries.

The phenomenological model used in this study was based in part on Giorgi's (1985) descriptive phenomenological method of disciplined inquiry. Giorgi's method is both qualitative and descriptive; and is rigorous in its requirements for data collection data analysis. The descriptive phenomenological method is well suited to explore how participants perceived, and came to understand, a particular event or circumstance from their own unique perspectives (Giorgi, 1985).

Giorgi's method emerged from the work of Edmund Husserl. Phenomenological research has four key components: the epoch, phenomenological reduction, imaginative variation, and synthesis (Husserl, 1970). The epoch and reduction allows the researcher to bracket or suspend their experiences (Creswell, 1998). The same process applies to both data collection and reconstructive analysis, as it behooves phenomenological researchers to be honest and objective in their attempt to control biases.

Imaginative variation is a tool used by the researcher to generate a meaningful transformation, of the research participant's raw description. This process leads to intersubjective validity or agreement. Thus, imaginative variation, as a procedure, is used by the investigator to access the structural components of the phenomenon, i.e., how the various thematic components of the phenomenon interrelate in such a way as to comprise the particular phenomenon for both an individual and across individuals (Giorgi, 1985).

The advantages associated with the phenomenological method of research are that it is very disciplined, rigorous, and well defined procedurally. Hence, the research data is relevant and directly situated to the participant's experiences of the phenomenon under investigation.

The limitations of the phenomenological method are due to the researcher's knowledge of the phenomenon and his or her own biases. As a result, bracketing preconceived notions and personal experiences may be difficult. Researchers need to decide the way to introduce their personal experiences into the study without contaminating the phenomenon (Creswell, 1998).

With respect to the present study, each of the research participants were administered a standard "descriptive question" protocol by this researcher (refer to

Appendix A). The formulation of the aforementioned question is based on the

descriptive phenomenological psychological method described above (Giorgi, 1985,

1997). The standardized instructions were disseminated to the participants in written

form, and the instructions were specifically formulated as to ask the participants to select

a specific on-duty related critical incident, and to provide descriptive details and accounts

relative to the research proposed in this study. The descriptive accounts from the 15

participants of their unique critical incident experiences were documented in the

descriptive protocols collected from each participant. Each protocol was coded to insure

the confidentiality and privacy of each participant.

Population

Fifteen law enforcement officers participated in this study. The sample was small

in number; however in qualitative studies the number of participants is not a primary

issue. According to Patton (2002), the number of the research participants in qualitative

inquires should reflect the purpose of one's research, the study's significance, and the

study's feasibility.

Also, as a retired peace officer, this researcher was well aware of the insular

nature of peace officers and their reluctance to share information that may be of an

emotional nature. The goal was to recruit fifteen officers who have experienced critical

incidents of a traumatic nature who were willing to share their experiences in confidence.

The limited number of participants is a delimitation of this study.

Sample

The participants were recruited from the ranks of law enforcement agencies from

throughout the State of California, with the majority coming from Northern California.

The participants were all sworn peace officers. Participants included both female and male officers, representing the diversity of cultures and ethnic backgrounds of the general population in California. Also, the participants had to be articulate enough to communicate their lived experience.

In the phenomenological tradition of research, it is important that participants come from different sites and locations (Creswell, 1998). The researcher, a retired law enforcement officer of thirty years, was able to recruit participants in the State of California through training seminars and networks. An inter-office email was generated to all personnel in an effort to recruit participants in the researcher's own agency. A notice was circulated throughout Northern California law enforcement agencies via electronic mail to recruit study participants. The actual document, disseminated for recruitment purposes, is attached herein and appears in Appendix A: "The Prospective Study of Critical Incident Stress and Trauma in Law Enforcement."

All of the participants, in order to qualify for inclusion in this study, must have been directly exposed to a duty related critical incident. It was conceivable that many of the participants have been involved in multiple CI during their careers. However, participants were instructed to select their single most distressing duty related CI experienced, and to respond directly to the standardized research question(s) accordingly.

Procedures

As previously indicated, the participants were asked to provide a detailed description of a specific critical incident that occurred while in the line of duty. Prior to

data collection, (the submission of research protocols by the participants, a completed consent form, drafted in compliance with the Institutional Review Board of the researcher's educational institution, (Argosy University/San Francisco Bay Area), was completed, signed, and submitted to this researcher by each participant. Fifteen descriptive research protocols were collected and analyzed by this researcher.

Analysis of the Data

The data from the descriptive written accounts may or may not turn out to be an accurate representation between the researcher's focus of interest and the collected data. The only way to know the answer is through the analysis of the data. The fact remains that the data takes precedence over research interests and preconceptions (Giorgi, 1985).

After obtaining the data in the form of the written protocols, five steps were be performed in the process of data analysis based on Girogi's (1985) descriptive phenomenological method of analysis:1. This researcher began by reading the entire written description submitted by the participant(s) to gain a full understanding of their written account(s).2. The next step was to formulate meaning units. Basically, after the first reading, the researcher gained a basic understanding of the description provided by the participant in their respective protocol. Next, the researcher has to go through the description a second time; and proceed by demarcating the breaks or natural transitions in the flow of the written description. These demarcations hereafter are referred to as "meaning unit(s)." Noteswere made relative to intuited meanings that applied to psychological perspective of the researcher. The meaning units were not analyzed at that time, only detected at that point in the general process. The goal was to break down and

identify the description into what Giorgi referred to as a series of meaning units for each of the participant's descriptive protocols (Giorgi, 1985). 3. In this step, meaning units were transformed into psychological terms and expressions (Giorgi, 1985). The frame of reference was to adopt a definite psychological perspective. The researcher tried to extract the psychological meanings and themes experienced by the participant(s). The intention was to establish the psychological meaning of participant's lived experience. This task was performed for each meaning unit.

4. The transformed meaning units were synthesized into essential themes and, more precisely, into what are referred to as "structures" (Giorgi & Giorgi, in Camic et al., 2004, p. 253). At this point in the analysis, the researcher must perform several key procedures:

First, one must analyze the "…transformed meaning units to see what is truly essential about them…and then one carefully describes the most invariant connected meanings belonging to the experience, and that is the general structure" (Giorgi & Giorgi, in Camic et al., p. 253).

Second, the researcher formulated a structural description to determine "how" the participants psychologically experienced the phenomenon. In this manner, the transformed meaning units were combined and formulated by the researcher into a logical structure. In the present study, this structure reflected the experiential unfolding of how the participant(s) coped with their respective CI.

Due to the rigorous nature of Giorgi's Descriptive Phenomenological Method, determining the structure involvesthe process of transforming the meaning units into a psychological context. The structural description was applied to each meaning unit into

what Giorgi referred to as a coherent psychological structure of the experience under investigation (1997). It is important to note, the structure is not intended to replace the participant's original recorded experience, but truly relates and situates the experience in a better-defined psychological perspective.

5. The final procedure was to arrive at the essential structure of the phenomenon (experience). The essential structure reflects, incorporates, and includes not only the structure of each of the 15 participants' experience, but also a super structure (e.g., a single structure that represents all of the individual structures).

After collectively analyzing the essential themes from the raw data contained in each participant's research protocol, a complex task was required.The researcher, through imaginative variation, determines whether what has emerged to this point in the phenomenological analysis truly characterizes a coherent structure. In other words, the essential structure should not only encapsulate the core of all participants' experience, but also represent the essence of the general phenomenon that was investigated.

Finally, the essential structure of the psychological experience of coping with CIs has the following two added benefits: the essential structure becomes a point of departure in the dialogue with the empirical literature relevant to officer-involved CIs; and the structure may lead to recommendations to law enforcement related to self-care, coping, and resolution of CI induced stress and trauma for peace officers.

Risks to Human Participants and Safeguards

The risks to the participants were considered minimal. However, it was expected that participants might experience some degree of anxiety based on the re-living of the

stress and trauma associated with their critical incidents. All of the participants involved in this study had been clear or otherwise returned to active duty status by their respective law enforcement agencies following their CI experiences. This insured that any questions pertaining to any "fitness for duty" issues were effectively resolved between the participants and their respective agencies.

This researcher made available to each participant a list of three references to mental health clinicians specializing in working with patients who experienced traumatic stress and anxiety related disorders. A letter of introduction was sent to all participants. The letter included an explanation of the nature and scope of the study along with the required consent forms and descriptive question protocol. The institutional review board and dissertation committee insured that all necessary precautions and procedures were properly in place prior to the collection of data.

CHAPTER FOUR
RESULTS/FINDINGS

Restatement of the Purpose

This chapter includes the results from the analysis of the data. The results

presented inform directly on the stated aims and purpose of this research project: to

determine how peace officers cope with the stress and trauma of critical incidents.

Consistent with the research design and methodology used in this research study, two

types of structures emerged from the data analysis: situated structures and a general

structure. Chapter four is comprised of three sections.

The first section of this chapter finds a list of key terms and constructs used

and/or referred to herein. This list is for edification and clarification purposes; and the

definitions were derived from the research literature on traumatic stress and coping with

an emphasis on civilian law enforcement (Burke, 1998; Orner, King, Bretherton, Stolz, &

Ormerod, 2003; Sheehan, Everly, Langlieb, 2004). The list, presented in alphabetical

order, is by no means exhaustive, as many terms used in this chapter are self-explanatory.

The second section of this chapter is devoted to the presentation of the situated

structures. A situated structural description is present for each of the fifteen research

participants. Situated structures emerged from phenomenological analyses of the

participant's descriptive data.

As described in the previous chapter (methodology), this researcher read the

descriptive protocols from beginning to end with the aim of identifying meaning units.

The next step in the phenomenological analysis is best summarized by its originator

Giorgi: "Once "meaning units" have been delineated, the researcher then goes through all of the meaning units and expressed the psychological insight contained in them more directly" (1985, p. 10). At this point, one proceeds to synthesize the transformed meaning units and to generate a coherent situated structure based on each participant's experience.

Situated structure(s) are unique to each individual participant. Situated structures represent unique subjective experiences of the phenomenon being investigated; and as Aquino-Russell (2006) wrote, the situated structure "…is written in an effort to try to understand the world of each participant…" (p. 342).

The final section of this chapter is concerned with the presentation of a cumulative general structure. The general structure is derived from the analysis of the fifteen situated structures. The general structure represents the overall results of this study; including emergent themes and descriptions of the psychological experience of coping with trauma.

<div align="center">Definition of Terms and Constructs</div>

Adaptive coping: Adaptive coping strategies include emotion-focused and/or problem-focused responses. Research participants utilized various coping strategies including: talking about their traumatic experiences with others; seeking social support through contact with significant others, family, and/or friends; exercise; problem solving; prayer and spiritual guidance; cognitive processing and re-assessment of one's role.

Approach coping: Approach coping is consistent with a problem-focused strategy of coping. It consists of adaptive cognitive and behavioral responses undertaken and/or

utilized by an individual to cope with stressful events such as critical incidents. Anshel (2000) provided the following description: "The main objectives of approach coping are to control, to improve understanding, or to foster resourcefulness in dealing with sources of stress through thoughts (approach-cognitive coping) or actions (approach-behavioral) coping" (p. 388).

Avoidance and numbing symptoms: Individuals exposed to traumatic events may, in their efforts to cope, practice avoidance. Those affected may suppress and/or deny thoughts and feelings that are linked to the traumatic experience. Avoidance efforts may involve related activities, people, or locations associated with the incident (American Psychiatric Association, 1994). Anshel (2000) described the phenomenon of avoidance coping as, "…a conscious attempt at turning away from the stressful source, cognitively or physically" (p. 389). Avoidance is used, according to Freidman, "…to ward off the terror and distress caused by re-experiencing symptoms" (2001, p. 9). Freidman elaborated on the effects of numbing, stating, "Psychic numbing is the inability to feel any emotions, either positive, such as love and pleasure, or negative, such as fear or guilt…" (2001, p. 9).

Avoidance and numbing symptoms are manifested psychologically, cognitively, and behaviorally. Individuals rely on such coping efforts as a means to escape from the intrusive thoughts, memories, flashbacks, and related symptoms associated with being traumatized (Freidman, 2001).

Cognitive appraisal and reappraisal: When an individual is exposed to a critical incident, his or her perception and appraisal of the event is affected by neurological and psycho-physiological reactivity. The perceptual process is complex and many variables

are involved, (e.g., prior experience, training, age, and personality variables.). The individual exposed to a CI formulates a cognitive appraisal of the event or CI (Larsson, Kempe, &Starrin, 1988). It is important to note that within the framework of the cognitive appraisal there exists both a primary appraisal and a secondary appraisal (Lazarus & Folkman, 1984).

An individual's primary cognitive appraisal of a critical incident, according to Anshel (2000), is interpreted "…as either currently or potentially threatening, harmful, or challenging…" (p. 383). Secondary appraisal can be equally critical to the individual's well being. Clair (2006) provided the following concise conceptual description: "Secondary appraisal is the process in which an individual evaluates how to cope with the event. The cognitive and behavioral efforts used by the individual to reduce the effects of the stressful situation are referred to as coping" (p. 29).

Anshel, (2000) argued that a relationship exists between the individual's appraisal of a stressful incident, the distress experienced during the event, and the subsequent coping success. Therefore, understanding the cognitive appraisal of a traumatic incident is critical to understanding the overall coping process (Anshel, 2000).

Coping: A substantial body of research focuses on the construct of coping. This research is replete with studies covering most occupational groups, including law enforcement officers. Given the amount of research on the construct of coping, it is somewhat surprising that there still exists a lack of agreement over concepts and definitions applied to this construct. Lazurus and Folkman (1991), defined coping as a cognitive and behavioral process employed by the individual to control stress. Additionally, it is recognized that coping strategies involve biological, psychological, and social elements.

Collectively, these coping components have a bearing on a person's behavior following traumatic stressors and events. Coping responses are specific behavioral, emotional, and psychological methods employed by the individual to cope.

Coping responses: Post-traumatic coping responses are biologically, psychologically, and socially based, and are in evidence when one examines the individual's actions, activities, and behaviors subsequent to the CI experience. While specific responses are varied, they may include: substance use and abuse, religiosity such as prayer or meditation, exercise, mental health counseling etc.

A review of the literature revealed the efforts of scholars and theorists to establish distinct terminologies for common coping responses, such as those described in this chapter. Folkman and Lazarus (1986), in their research on appraisal and coping, employed a coping instrument to measure the ways in which individuals adapted to stress. This instrument, entitled "The Ways of Coping Checklist" has been utilized in numerous studies involving law enforcement officers (Folkman& Lazarus, 1986, Violanti, 2001).

 Burke's (1998) research on police coping used the following terms and descriptions: "alcohol and drugs", "talk to others", "anger catharsis", "physical exercise", "sleeping", "withdraw", "problem solving", and "minimize concerns" (p. 349).

Similar terms for common individual coping responses were posited by Reiss (1996) that included: "emotional expression" (which corresponds to ventilation of emotions and the utilization of social support); versus "emotional detachment", (which corresponds to avoidance and utilization of psychological defense mechanisms associated with denial, minimization, etc.); and the superior "flexible coping style" which finds the

traumatized officer utilizing both problem-focused and emotion-focused coping strategies.

Coping responses may also include: seeking social support from one's significant other, utilization of family and friends outside of law enforcement; administrative and/or departmental support through one's supervisor or peer support counseling network, and receiving support from one's coworkers - especially those who were exposed to the same critical incident.

<u>Coping strategies</u>: Aggregate coping styles are varied and representative of complex individual and environmental factors. However, the coping literature highlights two principle types or categories of coping: problem-focused and emotion-focused coping strategies. The research conducted by Beehr, Johnson, and Nieva, described these two coping strategies as "the most popular typologies" (1995, p. 3); and is based on their review of the voluminous coping literature. The two strategies are divergent; however both strategies can be utilized separately or in combination as a means of coping with traumatic stress.

Problem-focused coping strategies find the individual actively attempting to solve the problems associated with the stressor(s) and are primarily cognitive and behavioral efforts. Problem-focused strategies can be aimed at the external stimuli or the self as necessary to achieve the desired goal of coping (Finch, 2006). Clair (2006) characterized the nature of problem-focused coping stating, "Problem-focused coping is more often used with problems that are appraised as changeable and controllable" (p. 29).

Emotion-focused coping strategies are devoted to reducing or regulating affective responses, and this is typically through avoidance and related psychological defenses.

According to Finch, (2006), "Emotion-focused strategies involve controlling the emotional response to stress by distancing, avoidance, and minimizing" (p. 27). Individuals utilizing emotion-focused strategies typically rely on strategies that include emotional expression through social support, prayer, avoidance, etc. When effective, emotion-focused coping alleviates or reduces emotional distress (Beehr, Johnson, &Nieva, 1995).

Emotional discharge/disclosure/ventilation: Many people exposed to traumatic events find it helpful to talk about their experience to others they perceive as supportive (e.g., significant others, friends, family, and co-workers). Stephens and Long (1998) commented on the empirical evidence supporting the benefits of emotional expression/ventilation, stating, "This evidence, taken together, suggests that discussing traumatic events and expressing the associated emotions, especially with those who have shared the event or a similar experience, is a coping mechanism for processing the effects of trauma and avoiding the development of disorder" (p. 250).

Fight-freeze-or-flight response: Events posing imminent risk for death and/or serious injury trigger activation of the autonomic nervous system (ANS). This is a complex neurological response that is activated when one perceives a threat to survival. The fight-freeze-or flight response begins with psycho-physiological arousal (hyperarousal). The response readies the individual to respond appropriately to dangerous situations and to defend oneself from the risk. Associated physiological changes include elevations in blood pressure, heart rate, respiration, and vigilance.

Flashback(s): A flashback is a psychological event described as, "A dissociative state in which an individual feels as if he or she is reliving a traumatic event" (Friedman, 2001, p. 12).

Hardiness: Individuals, who are characterized as possessing the dispositional quality known in the literature as hardiness are, seemingly, more resilient to the negative affects of stress (Anshel, 2000). Anshel (2000) stated that hardy individuals possess and demonstrate the following characteristics: "commitment, perceived control, and challenge" (p. 394). Anshel (2000) also made another point that is worthy of mention regarding hardiness: "One implication of these results is that hardiness is a moderator of perceived stress and adaptive coping" (p. 395).

Hyperarousal and the Central Nervous System: It is well accepted that the brain and central nervous system play an important role in reactions to traumatic incidents. Traumatic stress activates neurological and autonomic responses causing the release of "stress hormones" such as adrenalin and cortisol. These substances influence and mediate immediate and long-term physiological and behavioral responses (McEwen, 2006).

The state of hyperarousal is a typical reaction to life-threatening stress such as those associated with critical incidents. The hyperarousal is triggered by activation of the sympathetic and parasympathetic branches of the central nervous system. When the human brain registers a threat, such as a life-threatening CI, a cascade of neurotransmitters and stress hormones takes place. The physical response to this activation includes rapid heart rate, increased respiration, elevated blood pressure, and other enhanced physiological processes. Empirical research findings suggest that a state

of hyperarousal is a survival mechanism, and serves, in both animals and humans, to neurologically imprint in the brain the memory of past life-threatening events in preparation for future dangers of a similar nature.

Hypervigilance: Many individuals confronted with, and/or exposed to, traumatic events experience hypervigilance. Gilmartin (2002) noted that hypervigilance is triggered by neurological impulses in the brain that are activated "Whenever the brain interprets the existence of a potential for threat or risk" (p. 39). Hypervigilance serves to promote survival by providing the threatened individual with "increased level of alertness and awareness" (Gilmartin, 2002, p. 39).

Mal-adaptive coping: Mal-adaptive coping encompasses many forms of behavior that include, but are not limited to, the following examples: self-medicating through substance abuse; compulsions such as gambling, excessive eating, and related poor self-maintenance; and self-destructive behavior (i.e., being insubordinate to superiors, excessive/impulsive spending, and violent behavior such as domestic violence).

Optimism: Optimism is an important characteristic noted in individuals who typically entertain a positive outlook or disposition toward their future (Anshel, 2000). Research on optimism and hardiness illustrates how dispositional characteristics such as optimism and hardiness enhance coping after traumatic stress Anshel, 2000). Anshel (2000), discussed the importance of optimism to coping: "With respect to coping and stress, evidence suggests that dispositional optimism, reflecting a stable, consistent pattern of viewing the world, is a better predictor of adaptive (effective) coping with stressful situations…" (p. 394). Anshel (2000) added, "Because police officers must take control

of most stressful situations, dispositional optimism is clearly desirable in coping effectively with police stress" (p. 394).

Peritraumatic dissociation: This phenomenon refers to symptoms of dissociation during, or in close aftermath, to a critical incident. Dissociation, according to Friedman (2001), is described as, "an abnormal psychological state in which one's perception of oneself and/or one's environment is altered significantly" (p. 4).

Positive reappraisal: Folkman and Moskowitz (2000) posited that one's ability to formulate a positive re-appraisal of a stressful event or circumstance is a valuable element to effective coping: "Positive reappraisal refers to cognitive strategies for reframing a situation to see it in a positive light (seeing a glass half full as opposed to half empty)" (p. 650). Moreover, positive re-appraisal may be related to one's dispositional qualities, (i.e., hardiness, optimism, etc.) and be significant factor in the relative success or ability to cope effectively with CI stress and trauma (Anshel, 2000).

Psychological debriefing: A psychological debriefing (PD), also referred to as a Critical Incident Stress Debriefing (CISD), is a psycho-educational intervention administered to personnel in the aftermath of a critical incident. Debriefings are routinely being used both in civilian emergency services and in the military following traumatic events. The goal of the PD is to normalize the individual's response to a critical incident, (e.g., physical, emotional and psychological distress, etc.), and to provide personnel with education about trauma and stress reduction techniques.

Re-experiencing: Recurring and intrusive memories of the original traumatic event are common among individuals exposed to a traumatic event. How a given individual re-experiences a critical incident varies and may include reemergence of both physiological

and psychological symptoms. The re-experiencing of symptoms can be both intrusive and greatly disturbing. Friedman (2001) described the intense affect of re-experiencing symptoms: "Daytime recollections and traumatic nightmares often evoke panic, terror, dread, grief, or despair among those with PTSD" (p.7).

Religiosity: Religiosity is a term used in the coping literature to describe a specific type of coping response. Beehr, Johnson, and Nieva (1995) reported that religiosity includes the practice of activities and behaviors such as meditation, prayer, and church attendance. Such practices by individuals exposed to trauma may serve as an essential restorative factor and as an immediate coping behavior.

Social Support: For most individuals, enhanced social support plays an important role in ameliorating the negative effects of traumatic stress. Regehr et al. (2003) noted, "… researchers have determined that social support within both the organization and the police officer's personal network is related to lower levels of trauma symptoms following exposure to a critical event…" (p. 384). Stephens and Long (1998) asserted that clinicians specializing in the treatment of PTSD and related pathologies, were in wide agreement as to the benefits and positive therapeutic effects associated with verbal expression of one's thoughts and feelings in the aftermath of traumatic experiences. For edification, in this study social support systems include the following: law enforcement agency provided support; family support, (i.e., spouse and/or significant others, parents, etc.); close friends existing outside law enforcement support; and informal co-worker support, (including co-workers exposed to the same traumatic critical incident).

Stress: Seyle (1974) was a pioneer in the field of stress research. A conceptual definition of stress, based on Seyle's research, is as follows: human stress results from an

overload of demands or stressors (i.e., life events), that exceeds the individual's ability to adapt with said stressors. Stressors can be chronic or acute in nature and be physical and/or psychological in nature. Examples include sustaining a debilitating injury in an auto accident causing an acute stress reaction, and chronic physical pain. Regardless of origin, external or internal, stress can exact biological, psychological, and social consequences for the individual.

Traumatic event: A traumatic event is defined in the American Psychiatric Association's 2000 publication: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision,* (DSM-IV-R); "The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" (p. 467). The DSM-IV-TR (American Psychiatric Association, 2000) A1 criteria for trauma was evident in each of the participant's research protocols, and is presented in the following situated structural descriptions.

Presentation of Data:

Situated Structural Descriptions

P-1 Situated Structure

Female, White Officer

(Dying Civilian Call)

Transformed Meaning Units/Themes:

1.   Sadness

2.   Emotional expression

3.   Seeking social support (spouse and parents)

4.   Psychological distress

5.   Loss

6.   Distrust in the agency

7.   Positive cognitive re-appraisal of the CI experience

8.   Compassion

9.   Anxiety

10.   Grief

11.   Hardiness

12.   Optimism

13.   Compassion

Coping strategies:

1.   Emotion-focused coping strategy versus avoidance; P1 employed what Anshel (2000) termed an approach-behavioral coping style. P1 actively sought out and utilized available social support networks. P1 expressed and discharged her feelings through interaction with various sources of support (e.g., her spouse and parents).

2.   Problem-focused coping strategy through cognitive re-appraisal: P1 gained a positive perspective through a cognitive re-appraisal of the experience: "I guess what I took away from this experience was a mixed bag of emotions. I feel that if the responding officer would have been anyone but me, she (the victim) might not have had the same comfort orsupportlevel; so I feel good about that."

Individual coping response(s):

1.   Social support from spouse and family

2.   Emotional expression

3.   Positive cognitive re-appraisal

4.   Optimism

5.   Hardiness

The meaning(s) the participant derived from the experience:

This CI led P1 to recognize and appreciate that her family was physically healthy and thriving.   P1 was reminded of how many people in her life love her and are safe to confide in. Conversely, P1 concluded that her Agency was not a safe place to seek social

support. P1's overall positive re-appraisal of her lived experience allowed her to find meaning and thereby cope more effectively with the CI experience.

Situated structure:

A situated structure is a descriptive statement and is based on the analysis and synthesis of the transformed meaning units generated from the raw data. The situated structure is not a verbatim copy of the participant's lived experience, but serves as an expression of the fundamental psychological understanding of the participant's concrete experience (Giorgi, 1985; Giorgi & Giorgi, 2003).

The predominant themes that emerged from P1's experience included sadness, anticipatory loss, social support, emotional discharge, hardiness, and anxiety. P1's adaptive coping strategies enabled her to gain insight and meaning from her lived experience.

Analysis of descriptive data revealed that P1 stepped outside the traditional role that most peace officers would associate with their duties. The CI presented a challenge and opportunity for P1 to demonstrate compassionate involvement with the family of the dying woman. P1 stepped into a more nurturing and humanistic role demonstrating caring and helping responses. Based on this researcher's experiences as a peace officer of thirty years, P1's actions were not typical of most officers when presented with similar situations. P1's departure from the traditional police role is also evidenced by the extended time she spent with the victim's family. As an example, P1 elected to return to the hospital after she had cleared the call, (completed the assignment) in order to spend time with the dying woman's mother. In most instances, an officer would not go back to

the hospital and become personally involved in order to provide support, comfort, and assistance. Typically, the assigned officer would depart from the scene after the victim was transported to the hospital. At that point, no further involvement or assistance would normally be required or expected of the primary officer.

A second aspect of the overall situated structure concerns P1's identification with the victim's mother and family. P1 felt compelled to "be there" for the family. P1 was able to acknowledge the sadness and gravity of the circumstance. P1 was most affected by aspects of the CI which she personally and symbolically related to: a young mother was close to death due to an inoperable brain tumor; the dying woman's mother was overcome with grief and emotion; and the dying woman had a two-year old child, as did P1. P1 ostensibly became, as she described, "the mother's advocate," both at the scene and later at the hospital. P1 offered to hold the dying mother's baby while the ambulance crew was preparing for transport. P1 clearly had tremendous sympathy and compassion for all the members of this family.

Third, P1 expressed ambivalence over being singled out by her supervisor for exemplary performance. P1 commented that she did not feel that her actions warranted any special recognition or merit.

P1 elaborated by stating:

> I got an email the next shift form…it was an "atta-girl" thatsaid something to the effect that I made an emotionalattachment to the mother on this call, and that she would remember the kindness that an officer gave to her on a tragic day…What is strange is I didn't feel that that was a positive for doing my job. That was the "right thing" to do as a fellow human being. How can you rate someone on an evaluation for somethinglike this? I know it was being conscientious as a supervisor,but I felt awkward to talk about in an

evaluation. It didn'thave anything to do with police
work, but it had everythingto do with police work.

P1 appeared to have concluded that officers should be allowed to

providecompassion and support for victims and individuals in crisis. P1 holds the

opinion that most officers would not have taken on the expanded role she provided. Her

co-workers would not typically demonstrate the depth of compassion she showed. P1

embraced a modified work role as she sought to "be there" for the family. But P1 was

less able to accept the recognition of being singled out for her efforts.

Fourth, P1's supervisor observed that P1 appeared visibly upset by the CI and

asked P1 how she was doing emotionally a short time after she returned from the

hospital. P1 chose to assert that she was functioning well, and not critically impacted by

the incident. P1 described in her protocol how she felt awkward and uncomfortable when

faced with sharing her emotion to and thoughts about the incident with her supervisor and

co-workers. P1 feared being viewed as weak, and wished to avoid receiving negative

reactions - some based on stereotypes about police and gender. The Agency was viewed

by P1 as a relatively unsafe place to seek and/or accept support, and to share emotions.

This response represents an unfortunate, but recurring, theme in the literature.

Note P1's descriptive comments:

> I told my lieutenant about this at the end of the shift, he
> said, are you O.K. Of course I said yes. I told my
> lieutenantthat it was very emotional. I don't know what
> he wouldhave offered me if I had said yes, I needed
> something! I don't know how the department could
> have helped mein the situation, since I don't believe
> most officerswould have put themselves in the situation
> I did by checking back with the family at the
> hospital…I gothome and cried and felt better… I felt
> thatI could not do that in front of my crew because

> theymight take it as a sign of weakness or I would be
> putin the stereotypical "girl" role.

The Agency did not offer support in the form of grief counseling or psychological de-briefing to P1. Informally, P1's supervisor did offer support, but this was something of a half-measure. Expecting police officers to ask for assistance is often unrealistic, especially for female officers. P1 contrasted her experience of Agency support with that of family support. P1 wrote: "Mom and dad are great about telling me positive things and how theywere sure that I helped the family on a tough day. After the emotional release for me with my family I feltbetter."

Fifth, the CI caused P1 psychological distress including anticipatory anxiety related to potential future loss. P1 experienced the compounded stress of witnessing not only the impending death of an individual, but the sadness and grief of a young mother whose future was cut sort. P1 was able to connect on multiple levels.

For P1, this lived experience operated on both intrapsychic and practical levels. The stark reality of the CI was not lost on P1. P1 personally related to the tragic circumstances of the victim and her family. P1 psychologically referenced these circumstances to her own life and family. P1dealt with the incident, in part, by utilizing the strategy of emotion-focused coping. Specifically, P1employed her ability to express her emotions through social supports of her choice, most notably her husband and parents.

Also, P1 utilized problem-focused coping as she cognitively processed her experience in the days following the CI. The traumatic stressors challenged P1 on several levels. P1 was forced to examine and/or modify her worldview and to cope with

the emotional distress of a deeply relevant event. P1 met the challenge by cognitively re-appraising her situation. P1 chose to reflect on what the trauma meant to her, rather than simply being impacted by it. The meaning she arrived at facilitated growth and renewed appreciation for life. P1 concluded that she and her family were fortunate to have good health, and a healthy, supportive family. Thus, P1's ability to "appreciate" her renewed awareness of the value of life and family proved a positive yield to what otherwise might have been merely the unrecognized traumaof a CI.

The results of the data analysis indicate that P1 demonstrated two important dispositional qualities essential to coping with traumatic stress: hardiness and optimism (Anshel, 2000). P1 exemplified the characteristics of hardiness in her response to trauma. P1 coped by being willing to struggle with her distressing thoughts and emotions until a measure of meaning, resolution, and acceptance was achieved. P1 did not engage in prolonged avoidance and denial, instead demonstrating adaptability and resilience by relying on her own abilities and resources. P1 imposed control when she demonstrated a willingness to seek social support from her spouse and parents, (all within the purview of her control) while she struggled with the stress of the CI. P1 demonstrated the third element of hardiness, commitment, by reflecting on her values and priorities that exist in her life, namely her family in this instance, which allowed her to cognitively reframe her negative thoughts and find renewed commitment, meaning, and growth as an outcome from the traumatic experience.

With regard to optimism, P1 arrived at a positive re-appraisal of the CI. P1 was thus able to embrace hope for the future and conviction about the health and safety of her

family. This dispositional quality was in evidence as P1 sought and utilized the support available to her, and ultimately found positive meaning for her CI experience.

P-2 Situated Structure

Hispanic Male Officer

(Officer involved shooting death)

Transformed Meaning Units/Themes:

1. Physiological distress (hyperarousal)

2. Psychological distress

3. Lack of agency social support

4. Post-CI stressors from investigations/inquiries/internal affairs

5 CI involving a direct life threat to participant

6. Seeking social support

7. Psychological services: self-referred

8. Fear

9. Confusion (uncertainty over the origin and meaning of his feelings)

10. Positive cognitive re-appraisal

11. Optimism

12. Compassion

13. Emotional expression

14. Grief

Coping strategy:

1.   Emotion-focused coping employed through seeking social support (psychological

        services)

Individual coping response(s):

1.   Social support

2.   Emotional expression

3.   Positive cognitive re-appraisal

4.   Psychological services: self-referred

5.   Hyperarousal

6.   Optimism

Meaning(s) the participant derived from the lived experience:

P2 was confronted with a threat to his survival but was spared by the quick and

decisive actions of his partner. P2's partner used deadly force against a suspect who was

preparing to open fire. P2 witnessed the violent death of his potential killer.

Following his exposure to the CI, P2 experienced confusion; feeling both

compassion and sorrow for the suspect who was killed by his partner. P2 struggled to

come to terms with the realization that he had narrowly escaped death, and only due to

his partner's actions.

As P2 coped with the traumatic stress, he struggled to work through his

"confusion" by attempting to identify and reconcile the origin and meaning of his

feelings; including fear and mortality. P2 voluntarily sought professional psychotherapy to cope with the traumatic stress and to sort through his thoughts and emotions.

Situated structure:

P2's description indicates he was surprised and shaken when his efforts to cover his partner unexpectedly turned. The suspect became an immediate threat and was stopped by the use of deadly force – used by the person P2 had sought to cover and protect.

During the initial police foot-chase, P2 was unable to see that the suspect had turned and was preparing to fire. After the suspect was shot by P2's partner, P2 attempted to render CPR to the suspect. Paramedics were called to the scene and a post-shooting investigation took place.

Investigators that responded to the scene immediately placed P2 in a patrol car, alone. Evidence from the CI description provided by P2 indicates he was experiencing hyperarousal both during and immediately after the CI. P2's emotional distress and elevated arousal was exacerbated when he was required to provide a written account of the CI. P2 was forced to re-live the incident, not only through his written descriptions, but also when participating in an in-depth interview. P2, while still in a state of distress from the trauma of the CI, was subjected to secondary trauma associated with the post critical incident stress associated with the investigative inquiries he was subjected to immediately following the traumatic event.

The post-shooting investigation thereby served to intensify, as the literature suggests, the psycho-physiological determinants associated with life threatening trauma,

that for P2 included evidence of peritraumatic panic, emotional distress, and hyperarousal (Friedman, 2001). Additionally, P2 experienced little emotional support from his Agency. Analysis of the descriptive data reveals that P2 was not provided with any psychological debriefing, peer support, or mental health counseling, either at the scene or subsequently. This post-CI process carried a clear lack of departmental/administrative support.

The data analysis revealed that P2 experienced intense confusion during and immediately after the CI. This confusion heightened and prolonged P2's psychological distress and slowed his eventual recovery. P2's confusion emerged from his elevated physiological arousal, as well as his competing feelings of terror, guilt, and relief over the death of the suspect. P2's confusion was also a consequence of his efforts to process the incident and cognitively appraise the origin and meaning of his thoughts and feelings.

P2's efforts to organize and process the CI progressed from recognition to acceptance only insofar as he was able to reconcile his conflicting thoughts and emotions. One indicator of this complex cognitive-emotional integrative challenge is evidenced in P2's statement, "I knew that if the officer had not seen the gun, the suspect could have shot both of us." Competing cognitive reappraisals and distressing emotions were being experienced by P2 in the aftermath of the CI. These are further illustrated in the next descriptive statement which captures P2's confusing thoughts and distressing emotions: "The shock of the entire event began to hit me, but I was not sure if I was crying because we had just killed a man or the sudden realization that I came close to being killed today." P2 had to reconcile the compassion and sorrow he experienced toward the

deceased suspect, with the realization that his very survival was at stake given the intent of the armed suspect.

P2 relied heavily on emotion-focused coping to deal with his most difficult and threatening feelings. There is ample evidence that P2's coping experience included adaptive responses and behaviors. Examples of P2's adaptive responses include his decisions to voluntarily attend private counselingand seek social support through friends.

Another feature that emerged from the analysis related to evidence of dispositional characteristics, such as optimism, was noted in P2's descriptions. Based on the literature to date, dispositional characteristics have been considered as adaptive factors that aid in one's ability to cope with traumatic stress (Lazarue, 1999). The phenomenological analysis of the data suggests that P2 remained optimistic in spite of his distress. The ability to employ a frame of optimism as an emotional shield was reflected in P2's behaviors and cognitive re-appraisal of the CI. P2's optimism granted him greater latitude and flexibility in his ability to process his cognitions and emotions. It should be noted, that P2, of his own volition, self-referred to a mental health professional, and this behavior is construed as an example of adaptive coping.

P2's optimistic outlook was captured in the following description:

> I met with investigators and told them what I saw in as much detail as I could. In one of my interviews I again began to cry and tell how I attempted to provide emergency care. After this, I decided to speak to a counselor about my experience but found that the best medicine was time and finding friends that I could speak to about this event.

P-3 Situated Structure

White Male Officer

(Taken by surprise by armed suicidal gunman)

Transformed Meaning Units/Themes:

1.   Fear

2.   Anger

3.   Control

4.   Compassion

5.   Self-doubt

6.   Re-experiencing symptoms, (e.g., intrusive thoughts, distressing dreams, etc.)

7.   Limited coping skills

8.   Direct life threat to participant

9.   Physiological distress (hyperarousal)

10.   Psychological distress

11.   Feelings of helplessness

12.   Positive cognitive re-appraisal

13.   Hardiness

14.   Suppressed emotions

15.   Optimism

16.   Unpredictability

17.   Vulnerability

18.   Avoidance

19.   Lack of agency social support

Coping strategy:

1.   Problem-focused coping: P3 appraised his performance and determined that he

        needed to improve his tactics and officer safety in the event of future life-

        threatening critical incidents.

Individual coping responses:

1.   Avoidance coping

2.   Suppression of emotion (numbing of affect)

3.   Positive cognitive re-appraisal

4.   Hyperarousal

5.   Limited coping skills exhibited

6.   Hardiness

7.   Optimism

8.   Freeze response (fight-freeze-flight response)

Meaning(s) derived from lived experience:

The essential meaning P3 derived from his CI was the conviction that he would

never again be caught in a position of little or no control. P3 determined this to be

essential and key to the survivability of any future critical incident.

P3 assigned a specific, actionable meaning to the CI, which gave him purpose,

plan, and motivation to tactically and mentally prepare should a similar CI occur. Also,

P3 commented on the changes he made to better prepare himself in the event of future life-threatening situation(s), stating, "I did trade my 9 mm for a 45 cal.… I know that buying a bigger gun sounds simplistic, but it was something that I felt gave me control." P3 established a more controlled and future-oriented re-appraisal of his CI, thus allowing him to move forward with greater confidence.

Situated structure:

P3's protocol yielded data consistent with other officers' reactions to life-threatening incidents. Common themes that emerged from the data included fear, anger, and the effects of hyperarousal caused by the CI. The situated structure for this participant includes a discussion of the following key essential elements of P3's coping experience(s): first, intense fear and vulnerability; second, physiological effects imposed by the direct threat to survival; third, emotional distress; fourth, coping strategies employed to deal with stress; and, the finally evidence of compassion was present in the midst of the CI, along with existential questions that continued to challenged P3.

P3 experienced normal reactions of fear and terror in response to a situation that threatened his survival. The initial radio call from the dispatcher(s) informed P3 that he was responding to reported gunshots. The location of the incident was in a hilly rural area frequented by hunters and illegal poachers. Upon arrival, P3 and his patrol partner observed an unoccupied vehicle. P3 stated he observed "a rifle box in the back seat." P3 and his partner separated and began a search of the immediate area. During the course of the search, a male subject, armed with a hunting rifle, confronted P3 at close range.

P3 was caught by surprise and instinctively froze in response to the perceived threat to his life. P3's "freeze response" was consistent with reactions noted and described by stress researchers (Levine, 1997). The freeze response is a biologically based reaction noted in both animals and humans. Along with fight or flight, the freeze response is activated in response to the perceived threat to life by a predator (Levine, 1997; Friedman, 2001). The freeze reaction may prove more effective than fight or flight in some situations. The overall response to a perceived threat involves autonomic reactivity with activation of the sympathetic nervous system and a corresponding heightened state of physiological arousal. This arousal state affects various subsystems including cardio-vascular, adrenal, endocrine, and branches of the central nervous system (Friedman, 2001). Secretion of cortisol, adrenaline, and other neurohormones fuels hyperarousal – thus affording increased vigilance, energy, and power in preparation for basic survival (Friedman, 2001).

Clearly, some individuals subjected to a situation requiring a fight-freeze-flight response become traumatized by the experience. The freeze response in particular carries the danger of trauma. Levine (1997) suggested that when an individual is confronted with a threat, and the freeze response is employed, one can become overwhelmed by the experience of neither being able to flee or fight. As described by Levine (1977), the danger is that the traumatized individual's mind and body can become stuck in a state of chronic hyperarousal leading to unremitting somatic, psychological, and emotional distress.

P3 recalled the scene and the concern that his partner, who was about forty feet further up the hill shrouded in darkness, might shoot at the subject and inadvertently hit P3. P3 stated, "This was the first time in my life that I ever felt that I was going to die."

Second, P3 experienced changes in perception, cognition, and emotion associated with hyperarousal. Within seconds P3 evaluated the likelihood of several potential outcomes to being held at gunpoint. P3 simultaneously experienced a flood of immobilizing fear. P3 retained elements of active problem solving when he engaged the subject in dialogue. P3 sought to engage and calm the gunman; "I told him that I was not there to harm anybody." P3 appealed to the gunman on a personal level in order to de-escalate the situation and ultimately survive the encounter.

A third aspect of the situated structure involves the intense emotional reactions P3 experienced at the scene. After the gunman's unexpected self-inflicted gunshot wound, which ultimately proved fatal, P3 experienced intense anger. P3's anger towards the suspect was a complex reaction to the psycho-physiological stressors of the moment, as well as, an instantaneous self-appraisal regarding his expectations, feelings, and actual behavior.

P3 described his anger as follows:

> Once the man killed himself I felt angry. I was mad
> that I was so scared that I couldn't move. I was mad
> that I was about to cryand ask this guy not to shoot me.
> I was also mad that I got into such a situation without a
> better plan.

P3 went on to state that he was so angry and emotionally upset that he kicked the body of the deceased suspect. P3's anger was self-directed, other-directed, and a behavioral expression of physiological arousal.

The fourth element of the situated structure centers on P3's post-incident coping. Based on the descriptive information in the self-report, P3 used a problem-focused coping strategy. P3 evaluated his thoughts, behaviors, and emotional responses to the CI, favoring a problem-focused coping strategy. Of primary concern to P3 was his desire for "control." P3 was caught in a terrifying predicament and came to the realization that he had little if any control over the outcome. The issue of control proved to be a significant psychological constituent in the situated structural experience of this participant. P3's lived experience of coping with the stress and trauma resulted in a strategy of problem-focused coping.

P3 employed what Anshel (2000) termed an "approach-cognitive coping" style. P3 took an affirmative, corrective stance and acted to prepare for any similar eventuality, thereby reestablishing his relative control. As one specific corrective action, P3 replaced his 9-millimeter duty weapon with a much larger .45 caliber handgun. P3 concluded that in doing so he would regain confidence and control knowing that he possessed lethal stopping power.

Data analysis revealed dispositional qualities of hardiness and optimism inherent in P3's incident survival and post-incident actions. P3 demonstrated the characteristic of hardiness in his ability to endure extreme distress while meeting situational coping demands. P3 demonstrated the ability to maintain emotional equilibrium before, during, and after the CI. Moreover, P3 became committed to learning from his mistakes and subsequently took the necessary steps to assert competence and prospective control. Evidence of optimism is inherent in P3's actions both during and after the CI. P3 committed himself to the necessary beliefs and actions needed to impose "control" over

future events of a similar nature. Simply put, P3 would never again allow himself to be placed in a weak and vulnerable position as a peace officer. P3 was both confident and optimistic about this point.

It should be noted that, despite his reliance on problem-focused coping, P3 continued to experience intrusive thoughts and distressing dreams in the aftermath of the CI. Therefore, a broader inspection of P3's coping is warranted. P3 compartmentalized and/or denied some of his most primitive emotions, including the distressing emotions of intense fear and helplessness that he experienced that he experienced at the scene. P3's process of coping with the trauma he experience, is referred to as "avoidance-cognitive coping" (Anshel, 2000, p. 390.).

P3 further relied on intellectualization and problem-focused coping to minimize the distressing emotional aspects of the experience. Therefore, the evidence suggests that P3 both consciously and unconsciously dealt with the experience. Correspondingly, P3 avoided acknowledging and/or expressing difficult emotions. P3 stated that his act of purchasing a larger weapon was "simplistic" and added, "I was having dreams about shooting people who wouldn't go down." (It is noted that there was a conspicuous lack of descriptive material from P3 concerning his specific coping responses as requested in the protocol instructions.)

Finally, P3 demonstrated evidence of compassion and humanness at the scene. When he realized his partner had soiled his pants following the final gunshot at the scene (the act of suicide), P3 told him to leave so that he would not be in a position to be seen by other officers. This act of compassion followed an already stressful incident.

P3 carries a lasting focal memory of the suspect who killed himself, stating, "What has always upset me the most when I think about this incident is when he told me that I was a nice man before he killed himself." This comment exemplifies the complexity and the impact this CI had on P3.

P-4 Situated Structure

Hispanic Female Deputy Sheriff

(First Responder to drive-by shooting of a child)

Transformed Meaning Units/Themes:

1. Sadness

2. Anger

3. Unpredictability

4. Vulnerability

5. Lack of agency social support

6. Injustice

7. Religiosity

8. Psychological distress

9. Seeking social support

10. Worldview

11. Emotional expression

12. Re-experiencing symptoms

13.   Anxiety

14.   Negative cognitive re-appraisal of CI experience

15.   Distrusted the law enforcement agency

16.   Peritraumatic dissociation

17.   Negative cognitive re-appraisal of the CI experience

18.   Grief

Coping strategy:

1.   Emotion-focused: Emotional discharge, religiosity (through prayer), seeking

social support through family and friends

Individual coping response(s):

1.   Social Support

2.   Emotional expression (discharged emotions by talking about her experiences)

3.   Religiosity (prayer)

4.   Negative cognitive reappraisal

5.   Symptoms of peritraumatic dissociation

6.   Flight response was evident (fight-freeze-flight response)

Meaning(s) derived from lived experience:

P4 experienced a CI with evident tragedy given the vulnerability of the victim.

The young female victim was shot and killed by gang members in a "drive-by" shooting.

The impact upon P4 was amplified by the coincidental similarly of the victim to one of

P4's own young daughters. P4's exposure to the gruesome scene of the innocent girl's death, and her cognitive appraisal(s) formulated in the aftermath of the event, caused her understandable emotional distress. The data analysis revealed that P4 struggled for some time to process her thoughts and feelings about the CI in general, and specifically her perceptions at the scene.

P4 worked as a patrol officer in a high-crime, gang infested area of a large West Coast city. P4 was familiar with the unpredictable nature of the streets and the potential to experience violence and death. Following the CI, P4's negative cognitive abstractions and images of this event contributed significantly to her anxiety. Issues related to loss and vulnerability emerged as central features, consistent with observations made by other researchers such as Anshel (2000).

Researchers have long been interested in how individuals respond to traumatic events. Of particular relevance are research studies devoted to investigating the relationship between one's cognitive appraisals of stressful incidents and the relationship to corresponding coping responses and subsequent levels of distress for the exposed individuals (Anshel, 2000; Lazarus & Folkman, 1984).

The personal meaning(s) P4 derived from this CI were based on her initial cognitive appraisals. P4's initial appraisals involved thoughts and emotions that centered on personal issues of danger, unpredictable violence, and vulnerability. Trauma, according to Grant (2000), affects the individual on several levels: biological reactions (e.g., hypervigilance, somatic complaints); psychological reactions (e.g., avoidance, anxiety, isolation); and cognitive-perceptual variables that affect one's self-image,

interpersonal relationships. For P4, her entire world-view was impacted. P4 no longer viewed or perceived the world as being safe and predictable.

P4 experienced peritraumatic dissociation. Friedman (2001) described peritraumatic dissociation as "dissociation during or shortly after the trauma" (p. 21). Symptoms associated with peritraumatic dissociation include psychological numbing and/or suppression of emotions, depersonalization, and derealization.

Friedman (2001) has noted that exposure to trauma results in altered perceptions of their existence: "The world one has always known is dramatically changed and one feels estranged or detached from the environment…" (p. 18). P4's descriptions suggest that P4's concept of the world as being safe and predictable was deeply compromised as a result of the CI. Grant (2000) further elaborated on the destructive nature of trauma as it relates to one's core nature and identity: "Traumatic events typically are sudden, unexpected, and/or cumulative. Organizations of self, other, world, and God are undermined or destroyed " (p. 19).

Situated structure:

While working as a patrol deputy, P4 was one of the first units to arrive on the scene of a gang related drive-by shooting. Among the gunshot victims were two female juveniles. The intended target was wounded; and the second, fatally wounded victim, was an uninvolved female juvenile who turned out to be an innocent by-standerwith no gang affiliations.

P4 was confronted withdeath and injury that was graphic and intense. The unnecessary violence andrelative age of the victims was shocking and surreal. P4 arrived

at the scene and observed the results of a fatal gunshot to the head of a young female juvenile. P4 was emotionally rocked by the incident and struggled to maintain her professional identity.

P4 vividly described the scene and her reaction:

> I knew she was dead. She was beautiful andher long brown hair was in a ponytail. The deceased female was transported to the hospital and pronounced there instead of at the scene. It had started to rain heavily and I recall the rain causing the puddle of blood around the head of the deceased victim to run into the street like a raging stream. Deputies at the scene had to move the deceased head and neck and feel for an exist wound before her body was transported to the hospital. As the deputy did this there was brain matter in the girls head and neck…..it got all over the deputy's hand…Iwalked away.

P4 witnessed the victim's blood and brain matter at the scene. And, as the officer in charge of crime scene security, P4's exposure was extended. P4 recalled feeling overcome with the sight of the young victim's body and blood. P4's instinct was to walk away. Her behavior was emblematic of survival flight response. In this instance the "flight" instinct was a natural and understandable coping response designed to defend and protect psychological integrity and emotional equilibrium.

Observing the violent and tragic death of a young girl, who according to P4 closely resembled her own daughter in both age and appearance, was emotionally distressing for P4. The event caused re-experiencing symptoms in the days and weeks following the CI. These symptoms included intrusive recollections and trauma-related stimuli which manifested psychological, emotional, and hyper-arousal symptoms. '

P4 described some of her reactions to the re-experiencing symptoms she experienced a few days post-incident:

> I honestly thought I was okay with the incident until afew days later. I was shopping with my 3 daughters. My middle daughter walked in front of me. Her hair was in a ponytail like the dead girl's hair…I began to cry and got an over-whelming feeling of guilt and horror.

The trauma associated with the event affected P4 on several levels: one, her perceptions and beliefs about the nature of her law enforcement agency; two, her worldview; and three, her efforts to cope with the negative emotions caused by the event (e.g., feelings of anger, helplessness, sadness, vulnerability, alienation).

First, P4 came away from the CI with the knowledge that her agency had been ineffective and unconcerned with preventing and protecting the public from gang warfare. Statements offered as supporting evidence include the following comments by P4: "I guess it took this innocent girl being killed that finally got our department to do something about the gang violence in the area." Also, feelings of helplessness and frustration are evident in P4's statement: "Our station has known about this but nothing was done to improve it. We could only do so much as deputies." P4 also commented that her department did not offer her any type of grief counseling or trauma support to cope with the event.

Second, the CI impacted P4's perceptions of the world. This event confirmed for P4 that the world can be a dangerous and unjust place. P4 found herself feeling angry with the child who survived since it was the survivor who was targeted by the rival gang. The term innocence repeatedly was used by P4 to underscore the unjust and

unpredictable nature of gang violence in the area she patrols. P4 made several references, which reflected themes, related to frustration, vulnerability, and the loss of innocent lives: "The area in which this occurred is a county area which we patrolled. It has many shootings; gangs go back and forth with retaliation and innocent lives are lost." The underlying meaning reads, life is unpredictable and there is no justice on the street.

Third, P4 had to cope with the sadness and anger that no doubt has been experienced from previous exposures to what she described as many shooting calls and CIs in her patrol area. P4 clearly stated that she utilized social support by turning to friends and family who are not officers to talk about this incident to mitigate and discharge her thoughts and emotions.

P4's coping strategy was emotion-focused. Her coping responses included seeking social support and religiosity to effectively deal with the distressing feelings of anger, sadness, and frustration. P4 had to contend with a negative cognitive re-appraisal of this event and the meaning(s) she attached to the experience.

In this regard, the research conducted by Brown et al., (1999) discussed some of the individual difficulties facing an individual who has been exposed to a negative CI: "The cognitive task confronting someone who has experienced such an event is to assimilate and integrate the new negative experience" (p. 315). The data contained in P4's descriptions led the researcher to conclude that P4 has yet to work through all the aspects of grief, psychic pain, and horror that were present in this CI.

P-5 Situated Structure

African-American Male Officer

(Directly involved in an Officer Involved Shooting)

Transformed Meaning Units/Themes:

1.   Negative cognitive re-appraisal leading to indecision and self-doubt

2.   Lack of agency social support

3.   Anxiety

4.   Distrust in agency

5.   Post-CI stressors from investigations/inquiries

6.   Anger

7.   Avoidance

8.   Direct life threat to participant

9.   Physiological distress (hyperarousal)

10.   Psychological distress

11.   Exercise to reduce stress

12.   Suppressed emotion

13.   Limited coping skills

14.   Self-doubt

15.   Fear

Coping strategies:

1.	Emotion-focused: P5 used an emotion-focused coping strategy in an effort to suppress pronounced and acute distressing cognitions and emotions symptomatic of one who was confronted with a direct life-threatening event. Thus, P5 had to cope with hyper-arousal symptoms, avoidant/numbing symptoms, and intrusive, re-experiencing symptoms in the wake of the traumatic CI.

Individual coping response(s):

1.	Exercise to reduce stress and anxiety.

2.	Suppression of emotions

3.	Avoidance coping

4.	Negative cognitive re-appraisal

5.	Hyperarousal

6.	Limited coping skills

Meaning(s) derived from lived experience:

For this participant, traumatic stressors were in evidence before, during, and following the CI, thereby causing P5 both physiological and psychological distress. P5 had to employ the use of deadly force, and as such, was subjected to a shooting review and various investigations and inquiries required by law. Also, as he waited for vindication of his decision to use deadly force from his department's post-CI investigation (shooting review board), P5 ruminated over the outcome. P5 received no department support following his traumatic ordeal in the form of peer support,

psychological debriefing, etc. Consequently, P5 experienced indecision and self-doubt and his re-appraisal of the CI created a two-fold loss of trust: in self and in the department.

The empirical data finds a significant statement provided by P5, which captured the isolation and loss of trust he experienced. P5 described what it was like for him after he finally confided in another co-worker, a supervisor, whom he came to trust: "That supervisor became my clinician/therapist. I was lucky to have that one person that I felt that I could trust. In a department of 2000 members, there was only one officer who took time to support me and was there for me."

Situated structure:

P5 was confronted with suspicious persons occupying a parked vehicle in a high crime neighborhood. P5 and several other officers were dispatched to the scene in the early morning hours. P5 and the other officers were on foot and located the vehicle. As they approached, one of the officers was able to observe some type of weapon in the possession of one of the passengers in the vehicle.

P5's descriptive account is offered as evidence of the original appraisal of a potential life threat and the details as to how he reacted in the incident:

> In a matter of seconds all kinds of shit hit the fan. I was
> just at the midpoint of the vehicle's front end when the
> officer at the passenger's door yelled, "gun". I began to
> draw my weapon as I moved backward and to the right.
> I attempted to move out of the way. The vehicle moved
> toward the direction I was moving leading me to
> conclude that the vehicle was tracking my movement. I
> became fearful that the occupants of the vehicle were
> attempting to kill me and I began discharging my
> firearm into the front windshield of the vehicle as I

> continuedto move away from the vehicle. As I
> approached the right corner of the vehicle's right side, I
> reloaded my weapon and continued firing into the
> vehicle. I could hear other shots, but I did not know if
> they were from my team members, the suspects, or
> both. The vehicle's right front tire ran over my left foot
> smashing bones on several toes. As the vehicles right
> passenger door aligned with my position I noticed the
> passenger window down I feared that one of the
> occupants may discharge a weapon at me so I continued
> to fire into the vehicles passenger compartment.

The traumatic stress associated with this CI is clearly evident. What complicated an already stressful set of circumstances were the post-incident stressors P5 was confronted with. P5 had to face a lengthy and stressful process associated with a shooting review board, and related investigations may have adversely affected P5's ability to cope more effectively with the overall stressors associated with the CI. Regehr, Johanis, Dimitropoulos, Bartram, and Hope (2003) argued that the shooting review process, termed "a public inquiry process" is extremely distressing for officers and for their families. According to Regehr et al., (2003), the review process, following a traumatic event, serves to double the stress levels for the officer involved in a emotionally charged CI, (i.e., a shooting, a high speed pursuit ending in injuries or fatalities, etc.).

P5 stated that his family offered him support, but he was only partially able to take full advantage of the social support provided by them. P5 stated that, "They were supportive and that was helpful. We talked about the event when I brought it up." It is apparent, that despite the availability of social support, P5 either did not know the importance attached to talking and sharing one's distressing thoughts and feelings, or was

practicing avoidance which is a maladaptive response which could have been unconscious to P5.

P5 was adversely affected by the post-shooting investigation, and this fact seems to resonate through the structure of his experience. The post-shooting protocols that P5 was subjected to, evidenced by his descriptions of what transpired at the scene, are standard post-shooting investigative procedures for officer-involved shootings. This statement is based on the researcher's experience and knowledge as a retired peace officer. P5, immediately following the shooting, experienced the following circumstances that were part of the post-shooting investigation: his superiors seized his weapon, his ammunition, and read him his constitutional rights. Next, he was subjected to numerous interviews in an isolated location.

The following statement by P5 exemplified the isolation, emotional distress, and distrust he experienced, and provides insight as to his reluctance to seek support or psychological services from his department:

> I felt alone. I had my family but they really did not
> know what to do or how to help. The department did
> not offer and I did not ask to speak with anyone. I was
> worried that the department would have thought that I
> did not have it together or was hiding something.

The preceding descriptive statement provides evidence of P5's situation and the lack of social support provided by his department following a CI that involved an officer involved shooting (OIS). Many agencies provide their officers with psychological assistance and social support (e.g., a buddy officer, a peer support person, or a psychological debriefing) following an OIS.

The law enforcement agency in this instance appeared to have conducted a long and thorough investigation to determine whether the shooting was justified or not; and the length of time this took was stressful and difficult for P5 to endure. P5's agency seemed to excel at the investigative and administrative levels, but seemed lacking on humanistic and interpersonal support levels.

Also, the traumatic stress incurred from the exposure to the actual CI, and the secondary stressors induced by the fear and insecurities of the post-shooting inquires, seemed to overwhelm P5's ability to effectively cope. Anshel's (2000) study was devoted to the formulation of a conceptual model for police coping. Anchel stated, "The best approach to reducing an officer's psychological and behavioral response to perceived acute stress and to inhibiting chronic stress is to use effective coping strategies" (2000, p. 378). Empirical evidence from previous research studies involving police officers (Anchel, 2000; Burke, 1998; Colwell, 2005; Finch, 2003; and Regehr et al, 2003) suggested that maladaptive coping strategies intensify acute stress reactions; and can further lead to inaccurate interpretations of perceived stressors and cause chronic stress and burnout (Anchel, 2000).

It is important to note the complex interplay of many variables that influence behavior in individuals, especially under stressful circumstances. Anchel (2000) addressed this point arguing that the affects on behavior include, but are not limited to, variables such as one's personality, self-image, psychological defenses, and resilience. Therefore, given the complexities that influence behavior, P5 had to cope with both the trauma of the CI, along with the possibility of receiving an unjustified use of force finding from the shooting review board. A negative finding by the board could have

serious consequences for P5, such as criminal charges, suspension, loss of respect, and lead to physical and psychological distress.

Moreover, P5's cognitive reappraisal of the CI, in its entirety, appears significant given the post-CI stressors, namely the distress and anxiety he experienced from having to endure the anticipation of a less than favorable finding(s) from the shooting review board. P5's re-appraisal, under these circumstances, based on the phenomenological analysis of the meaning units discerned from the research protocol, reflected a negative outcome related to an expectation of experiencing either harm or loss from the CI experience overall. Anshel (2000) noted that when an individual peace officer is exposed to acute stress inducing events, if their cognitive appraisal is interpreted as harmful or is related to loss, there is a potential for the employment of maladaptive coping responses.

Therefore, P5's cognitive re-appraisal of the CI experience influenced his subsequent thoughts, emotions, and behaviors. An empirical example to support this contention is found in the data that speaks directly to the coping strategy and responses employed by P5 following the CI. The salient features of P5's coping strategy and responses were evidenced by avoidance, withdrawal from any interaction with co-workers, failure to utilize pre-existing social support(s) (i.e., spouse, friends, etc.), and the distrust he harbored against his agency. The consequences of the CI, and his corresponding coping strategy were typified by isolation, anxiety, and self-doubt. Consequently, P5's response was to not engage or seek support from friends, family, or co-workers, save the one individual who repeatedly reached out to P5. Even this individual was initially met with distrust. However, in time, P5 finally was able to trust this one individual and confide in him, but otherwise seemed detached from others

emotionally. Emotional detachment is indicated by evidence of reliance on the psychological defenses of denial, repression or avoidance of feeling states (Elwood, 1996).

Although P5 was eventually cleared of any wrongdoing in the CI, yet the process led him to experience thoughts and feelings of "rejection" from members of his own department. However, what is clear is that many of the negative features evident in the structure of P5's experience may have been mitigatedhad P5 been afforded the opportunity to confidentially consult with a mental health professional(s) or received support from his department in the aftermath of the CI.

P-6 Situated Structure

White Male Police Sergeant

(Directly Involved in Officer Involved Shooting)

Transformed Meaning Units/Themes:

1. Physiological distress (hyperarousal)

2. Re-experiencing symptoms

3. Substance abuse (alcohol)

4. Agency provided social support

5. Social support (personal friends)

6. Emotional expression/ventilation

7. Voluntary self-referral to counseling

8. Sublimation (service to other officers through becoming a peer counselor)

9. Direct life-threatening CI for participant

10. Psychological distress

11. Exercise to reduce stress

12. Fear

13. Positive cognitive re-appraisal of CI experience

14. Anxiety

15. Grief

16. Peritraumatic dissociation

17. Hardiness

18. Optimism

19. Psychological services: offered through the agency

Coping strategies:

1. Emotion-focused: P6's coping strategy was primarily confined to an emotion-focused coping strategy reflecting both adaptive and maladaptive coping skills and methods. Based on the analysis of descriptive data, it was found that P6 engaged in both approach and avoidance coping strategies, namely in his ability to reach out to his network of social   support and seek counseling.

2. Problem-focused coping.

Individual coping responses:

1. Multiple levels of social support (family, friends, and agency social support)

2.   Substance abuse (alcohol)

3.   Altruism/sublimation

4.   Exercise

5.   Positive cognitive re-appraisal

6.   Self-referred consultation with mental health professional

7.   Emotional expression

8.   Psychological services: referred by agency

9.   Hyperarousal

10.   Peritraumatic dissociation symptoms

11.   Optimism

12.   Hardiness

Meaning(s) derived from lived experience:

P6 stated that he will never entirely "be over" the CI. P6 came to the conclusion

that it is important for officers involved in a shooting to receive mandatory time off and

receive mandatory counseling. Also, P6 came to appreciate the importance of

maintaining healthy balances insofar as one's physical and emotional health are

concerned. P6, as will be discussed in the section to follow, was able to cope with the

traumatic stress and eventually gain perspective regarding his self-destructive behaviors.

With the proper professional assistance, he made necessary changes and began to

regularly exercise and overcame his reliance on alcohol after reaching out for assistance.

Finally, P6's cognitive re-appraisal of the event provided the impetus for healing his

emotional wounds. His psychological and emotional recovery was a process evidenced

by the dispositional factors of hardiness and optimism (Anshel, 2000), and was observable in his willingness to be of service to other officers who have been involved in shootings as a peer/grief counselor.

Situated structure:

According to P6, the CI forced him to become a member of a fraternity consisting of those officers who had to take a human life by using deadly force. P6 self-identified with this phenomenon by stating, "We all bore the mark of Cain." P6 added that the actual phenomenon of coping with the CI was a long and painful process, which he described as follows: "I seemed to grind it out, and I wish I would have taken a more active role in my emotional well-being." It is evident that P6 was grief stricken, and was experiencing considerable anxiety over what he experienced.

The structural framework of P6's experience reflects several key constituents. P6 engaged in both adaptive and maladaptive coping responses, which attest to the complexities of his attempts to cope with physical and psychological stressors. One can see by the evidence discussed below, that at times P6 abused alcohol to cope with distressing symptoms, (i.e., flashbacks, anxiety, etc.), but also reached out for assistance by attending counseling and seeking social support.

First, P6 had to contend with psychological and physiological distress and symptoms of traumatic stress that included flashback episodes, overwhelming despair, labile affect, acute anxiety, etc. The following excerpt described some of the distress the participant experienced.

P6 wrote:

> I suffered from anxiety, at one point passing out and at
> anotherpoint contemplating calling 9-1-1 because I
> obviously washaving a heart attack (never had one).
> The anxiety startedabout a day after the event and
> continued for about 8 monthsor so with lessening
> effect. I had some visual hallucinationsthe week after
> the event…I cried a lot after the incident. Inever cry
> and find myself to be a little weird with the lackof
> emotion. I cried more when someone I trusted ordered
> me to cry.

The above descriptive account provides evidence that P6 experienced the effects associated with a peritraumatic dissociative response. An example of peritraumatic dissociation was captured in the following description provided by P6, which concerned his perception of time at the time of the CI. P6 stated that as he fired his duty weapon at the suspect, "It seemed that time slowed down." This is evidence of the presence of derealization, which is a symptom of peritraumatic dissociation (Friedman, 2001). According to Friedman, derealization is, "…an alteration in the perception or experience of the external world so that it seems strange or unreal…" (2001, p. 91).

P6 experienced the effects associated with hyperarousal. For several days following the event he also experienced distressing reactions that are common to victims of acute trauma: re-experiencing symptoms (flashbacks, intrusive thoughts and images) and evidence of anxiety and substance abuse.

P6 received assistance from fellow officers that intentionally telephoned P6 at home and provided non-judgmental support. P6 was able to take advantage of social support provided by friends and co-workers. Through the process of talking to others,

especially other officers whom he trusted, P6 was able to process his thoughts and

express his feelings, as evidenced by the following statement:

> I either contacted or was contacted by at least 5 friends
> that had killed people in the past. Some told me their
> stories, alllistened to mine, not one of them judged
> me…One especiallywas a mentor of mine. He was
> older…When I first began speaking with him it was 2
> days after the incident. Therewas a tense emotion in
> my voice, he immediately pickedup on it and asked
> why I wasn't crying…He didn't give mepermission to
> cry, he gave me an order to cry…I began to trust
> everything he said and confided in him more and more.

Interestingly, P6 gained social support by confiding in friends, many who were

officers themselves. This proved to be of great benefit to him as he coped with the

traumatic stress of the CI. In his own words, P6 stated: "This was probably my greatest

stress reliever, having a cadre of trusted people that I could talk to after the event."

P6 valued the support he received from his agency, which came in the form of a

professional mental health consultation provided by the department. The importance of

gaining knowledge and understanding of typical physiological and psychological

responses one could experience in the aftermath of a traumatic event was noted by P6.

P6 addressed the constituent of receiving a psychological debriefing and the relative

importance this intervention played in the structure of his experience:

> Within 72 hours of the incident, I attended a
> posttraumaticstress debriefing. At first I thought I
> failed this, not beingable to speak and being extremely
> emotional throughout the debrief. But I gathered a lot
> of strength from hearing otherthoughts and descriptions
> of events. It turned out that I hadforgotten quite a bit
> about the incident and needed to hearwhat happened
> from another perspective to remember it.

Another important aspect of the situated structure concerns evidence of maladaptive coping responses that P6 employed to deal with the distressing psycho-physiological symptoms noted above, (e.g., flashbacks, panic symptoms, etc.) The existence of these acute symptoms undoubtedly played a role in his reported alcohol use/abuse. P6 admittedly began to abuse alcohol following the CI as a means of self-medication and as a means of coping with the psychological distress cited above. P6 provided evidence that he engaged in alcohol use prior to the CI, but the use turned into abuse. P6 stated: "I have always enjoyed alcohol, mainly beer and wine. For a year afterthe event, I drank heavily. Not so much right after the event, but gradually increasing until eventually I drank heavily every day."

However, there is evidence that P6, despite some of his maladaptive coping responses, was able to work through the difficulties and find meaning and mitigate the negative outcomes associated with the phenomenon of coping with his CI. P6 found assistance for his alcohol abuse, and with the assistance of social supports and counseling, discovered growth from his traumatic experience. P6 came to terms with the trauma and provides evidence that he is working through the trauma and integrating the experience: "I do not think I will ever be "over" the shooting. It's my new norm."

P6 expounded on his personal efforts to cope with the trauma. Further, he added the lessons that he learned from the experience of coping:

P6 provided the following details:

> Exercise is not my forte. Immediately after the incident
> I walkedas much as possible. Today I have developed
> an exercise programto assist me with the stress of this
> incident and the cumulative stressof law enforcement
> work. The abuse of alcohol was the worst stressorafter
> the event. It set back my marriage, injured personal

relationshipsand increased my stress. I took advantage
of counseling servicesmade available through my
department and overcame my dailyfeeling of the need
for alcohol.

Also, P6 found meaning through his providing assistance to other officers who have been involved in deadly shooting incidents and by becoming a peer support counselor. Added to the psychological constituents implicit in the structure include a renewed sense of optimism and sense of purpose. The efforts to cope with the CI led P6 to re-define aspects of his identity as a peace officer and as a person. There is evidence to support this based on the changes P6 made respective of his commitment to health through regular exercise, and through his sublimated efforts to reach out and assist other officers who, like himself, have been involved in traumatic critical incidents. P6 provided an example of his work regarding peer support and the healing and restorative qualities related to this work:

A year and a half after the incident, a close friend of
mine was involved in a combat shooting. I was able to
assist him and totally be in his corner while he went
through the same stages of stress I went through. I
gained strength from this assistance and became a
member of my department'speer support team, making
myself available to other employees that are coping
with any number of problems.

P-7 Situated Structure

Hispanic Male Officer

(First Officer to arrive at the scene of an Officer Involved Shooting)

Transformed Meaning Units/Themes:

1.   Fear

2.   Anger

3.   Limited coping skills

4.   Post-CI stressors: investigations/inquiries/litigation

5.   Physiological distress (hyperarousal, fight-freeze-flight response)

6.   Psychological distress

7.   CI involving a direct life threat to participant

8.   Lack of agency social support

9.   Avoidance

10.   Suppression of emotion

11.   Anxiety

12.   Loss: diminished self-confidence/self-esteem

13.   Limited coping skills

14.   Re-experiencing symptoms (recurrent and intrusive recollections), which fueled

        his fear and anxiety

15.   Negative cognitive re-appraisal

16.   Distrust in the law enforcement agency

17.   Self-doubt

Coping strategy:

1.   Emotion-focused coping strategy

Individual coping response(s):

1.   Suppression of emotion

2.   Avoidance

3.   Negative cognitive re-appraisal

4.   Limited coping skills

5.   Hyperarousal

6.   Lack of identified social support

Meaning(s) derived from lived experience:

P7 struggled to cope with the fear and anxiety he experienced from his exposure to the CI. P7 stated that it was difficult for him to acknowledge and work through, both intellectually and emotionally, his psychological and emotional distress. The evidence suggests that the traumatic stress of this incident caused P7 to confront the painful reality that being a peace officer is an extremely dangerous job. Further, there exists a potential for an officer to be subjected to graphic violence that can pose a threat to one's very existence. P7 did his utmost to suppress his anxiety over his fears of being involved in future CIs. P7 described the adverse impact the experience had on his sense of self-concept: "While I force myself to overcome my fear, emotionally, I feel like it remains in the back of my mind…this fear causes me to worry and thus affects and lowers my self-esteem."

Ostensibly, P7 experienced anxiety that caused him to internalize his fears and apprehensions.   P7, in the end, had a negative cognitive re-appraisal due to post-CI stressors experienced, (i.e., a serious civil law suit in which he was named as a

defendant). The phenomenon of coping with a CI, as exemplified in this participant's lived experience, speaks to the personal, albeit psychological ramifications facing officers due to the demands imposed by the police subculture. For a police officer, emotional expression is viewed as a negative and unacceptable response; whereas emotional control is deemed by the police subculture as a positive and acceptable trait.

Situated structure:

P7's initial cognitive appraisal at the time he monitored the radio call was the existence of a life-threatening situation that could possibly materialize. Evidence to support the criticality of the situation was heightened especially when P7 monitored the initial officer transmit on the police radio that "shots were fired." P7, due to the close proximity of his location at the time of his response, realistically insured that he would be the first "back-up" officer to arrive on the scene of this police shooting, which for all practical purposes might be an active firefight.

When peace officers are confronted with a CI involving death or serious bodily harm, or the potential for death or serious bodily injuries, the exposure to such an event meets Criterion (A-1) as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR; American Psychiatric Association, 2000), and is required for a diagnosis of PTSD. However, meeting the first criterion alone would not warrant a diagnosis of PTSD, as a total of six diagnostic criteria are required for such a diagnosis. P7's critical incident met Criterion A as defined in the DSM-IV-TR, given the traumatic nature in the form of actual and threatened death and the intense fear he experienced.

The data analysis revealed that P7 experienced anxiety due to the life threatening nature of the CI.

P7 described his thoughts and sensations as he responded to the call for assistance: "I struggled to maintain my composure and listen to the officer in need of assistance. The turmoil was an extreme sense of anxiousness and nervousness that feels like one's motor skills slow down."

When officers are exposed to incidents involving Criterion A, it is not uncommon for one to experience normal physiologic symptoms associated with the fight-freeze-or-flight response. (Freidman, 2001) noted that the aforementioned response is a biological reaction of the sympathetic nervous system activated when the individual is in a situation where his or her survival is at stake. The exposed individual many times experiences fear in these life-threatening situations (Freidman, 2001). Moreover, when one is in survival mode, the salient features of the fight-freeze-or-flight response is reflective of the physiological state of hyperarousal as described by Gilmartin, (2002): "When a situation does develop that exposes citizens to some potential risk in their environment, they many times interpret the sensations as alertness, anxiety, or fear" (p. 38).

P7 struggled to cope with his fear by suppressing his emotions before, during, and in the aftermath of this CI. Also, in the months that followed, P7 had to cope with another stressor when he was named in a lawsuit by the family of the subject his co-worker shot. This eventuality is common and difficult for traumatized officers to contend with following an already difficult and trying situation. Thus, P7 reported that the lawsuit caused him to experience anger and distress. For this participant, the challenging task was to maintain emotional control and cope with his anxiety. Also, P7 was not

offered any interventions commonly associated with officer-involved shootings, i.e.,

psychological debriefing, mental health consultations, etc. Thus, P7 had to cope with the

phenomenon of his distressing emotions in light of a most dangerous and threatening CI.

P7's coping style relied on the psychological defense mechanism of denial. As

previously stated, P7 suppressed thenegative emotions to keep the anxiety he was

experiencing at bay. Also, P7 stated that he did not possess or practice basic stress

management techniques in the aftermath of his CI.However, P7 was able to acknowledge

that the cause of his psychological distress was due to the intense fear he experienced: "I

don't have a ritual or habit in dealing with the stress I felt after the incident. I can only

sum it up by saying that my stress was caused by fear." In this manner, P7 was able to

experience meaning, self-understanding, and the ability to resolve some of the trauma

associated with the CI.

P-8 Situated Structure

White Male Police Sergeant

(First responder to an accidental death of two-year-old child)

Transformed Meaning Units/Themes:

1.   Lack of agency social support

2.   Psychological distress

3.   Anger

4.   Sadness

5.   Punitive treatment and retribution by the department aimed at the participant

6.   Re-experiencing symptoms

7.   Religiosity

8.   Compassion

9.   Feelings of helplessness

10.   Post-critical incident stressors from punitive treatment (internal affairs

       investigation)

11.   Grief

12.   Avoidance

13.   Negative cognitive re-appraisal

14.   Suppressed emotion

15.   Distrust in the agency

16.   Limited coping skills

17.   Psychological services: self-referred

Coping strategy:

1.   Emotion-focused coping strategy

Individual coping response(s):

1.   Negative cognitive re-appraisal

2.   Suppressed emotions

3.   Religiosity

4.   Psychological services: self-referred

5.   Avoidance coping

6.   Limited coping skills

Meaning(s) derived from lived experience:

P8 was profoundly affected by witnessing the aftermath of a tragic accidental death of a two-year-old boy. The experience affected his attitude toward his police agency and seemed to solidify and re-affirm his established negative viewpoint of its administrators. The exposure to this CI, in some respects cast P8 into the role of a victim held captive by the distressing, negative emotions associated with the tragedy of this event. Moreover, although not within the scope of this study, perhaps P8 was, and is, experiencing the cumulative effects of previous traumatic critical incidents and/or personal unresolved issues pertaining to loss, grief, and trauma.

Situated structure:

P8 was exposed to a graphic example of a tragic accident involving a small male child with what was described as a crushing, fatal head injury, being struck by a vehicle driven by the child's mother. Both parents were at the scene, along with the victim's older five-year-old brother. The child, despite the heroic efforts of P8 and other emergency personnel to revive the child, met with negative results. Admittedly, P8, a veteran peace officer, stipulated that he had become numb to seeing death and tragedy, yet made the following statement in his self-report protocol, "I had been hardened to grisly accidents and crime scenes over the years, but had never gotten use to seeing young kids mangled and hurt; this scene was no different."

Law enforcement officers, through their training and subculture, are motivated to be in control and take charge. However, in many instances, as was the case for P8, officers are unable to effect a positive outcome due to circumstances beyond their control. The feelings of helplessness are captured in P8's protocol: "I felt helpless at the scene knowing his injuries were fatal."

To further intensify an already distressing and tragic situation, the deceased boy's parents and five-year-old brother were at the scene and witnessed the accident. The five-year-old brother of the victim, overcome with shock and grief, literally grabbed P8 around his leg and wept uncontrollably. P8 tried to console the boy and made comments to him to the effect that his brother was with "Jesus" in an attempt to convey compassion. P8 commented that the experience of dealing with the surviving brother and the accompanying emotions of contending with the secondary effects of the original trauma proved to this day a lingering and painful memory of the CI, as P8 reflected: "Years later, I still cannot think about the accident and that little boy seeking me out without tearing up." This statement speaks to the aspects of the traumatic experience that yet remain unresolved for P8.

Several days after the CI, P8 reported that he was re-experiencing the event through intrusive thoughts and images, which contributed to his overall emotional distress. The distress was manifested by feelings of helplessness, intense sadness, and sorrow. The aforementioned emotions experienced by P8 are commonly experienced by individuals exposed to events involving horrific or gruesome death (Grant, 2000; Horowitz, 1976).

P8 was invited to attend a psychological debriefing (PD) offered by the ambulance company that responded to this incident. P8 agreed and voluntarily attended the PD. P8 stated that he had never taken part in a PD because his agency never utilized this psycho-educational intervention. P8 added that the PD experience proved useful as the mental health professional conducting the PD educated those in attendance of the common reactions they might experience following a traumatic critical incident. P8 added that the mental health professional, "gave suggestions as to how to cope with them." The PD was helpful and useful as it served to normalize the experience for P8 as indicated in the following statement reported by P8: "I went away with at least a better understanding of what was happening and felt better knowing my reaction was not out of the ordinary."

One of the salient features of P8's lived experience reflects on both the complexities that affect one's coping processes, and both highlights and informs on key aspects related to police organizational structure(s) and culture. P8 stated that approximately one week after he attended the aforementioned PD provided by the ambulance company, his captain notified P8 that his agency would also be having a PD. P8 advised him that he had already attended a PD. P8 added that his captain's attitude was both "callous and uncaring."

The captain's attitude infuriated P8. P8, on the date and time of his department's PD, met with his captain one hour before the PD was scheduled and stated, "I let him know what I thought of his attitude." The reaction on the part of the captain and the administration was to open an internal affairs investigation of the incident for

insubordination. P8 stated that the punitive response "was typical of the administration although I did emerge from the internal affairs unscathed."

Although P8 was exonerated in the internal affairs investigation, the effects of having to be investigated proved to be an additional stressor coming on the heels of a traumaticincident. As has been documented in the literature, the police subculture trains and encourages officersto suppress their emotions. In the experience noted above, there is evidence that administrations willenforce this axiom, even when their personnel exhibit signs and symptoms of traumatic stress. The nature and extent of his distressingemotions, evidenced by P8's rage and self-destructive behavior, no doubt reflected inner feelings of helplessness, sadness, and sorrow still fresh and unresolved from the trauma associated with the CI. Moreover, one can hypothesize that P8, presumably, was experiencing the cumulative effects of prior traumatic experiences.

What is significant was the punitive response his agency assumed, given the circumstances, toward P8 following the conflicted contact P8 had with his captain. What transpired, according to the descriptions provided in the protocol, was the initiation of an administrative internal affairs investigation directed at P8 for his alleged insubordination to the captain. The agency attempted to punish P8 instead of taking the high road by viewing his "disrespectful behavior" as evidence of the possibility that P8 may be suffering from multiple exposures to trauma and is in need of bio-psycho-social-spiritual support.

The data analysis reveals that agencies need to offer training and preventative measures to assist officers in learning how to better cope and manage their stress given

the likelihood of exposure to single and multiple traumatic incidents over the course of a long career.

Vioanti (1981) stated that police organizations demand a certain level of depersonalizationto maintain discipline and control. Violanti's research suggested that organizational demands for control contribute to increased stress levels for the officers and the inability to adaptively cope was related to the authoritarian demands prohibiting the expression of emotion and therefore serving to control and depersonalize the behavioral and emotional responses of officers.

Finally, there was evidence that P8 coped with the trauma associated with the CI primarily through avoidance. The situated structure must include this psychological constituent structure given the fact that P8 did not directly attempt to cope with his underlying feelings of sadness, sorrow, and helplessness. The descriptive data revealed a marked lack of emotional expression, excluding the expressions of anger directed at the captain, and this must be reported. P8 provided little data to inform on his coping responses. As noted, he did voluntarily attend a psychological debriefing hosted by the ambulance company. Therefore, given the inductive and analytic nature of the phenomenological method, one can reason that in response to the traumatic stress of the CI, P8 avoided the more adaptive approach coping response in favor of avoidance coping.

P-9 Situated Structure

Female, Native American Deputy Sheriff

(Structure fire causing tragic death of two children trapped inside)

Transformed Meaning Units/Themes:

1.   Sadness

2.   Anger

3.   Lack of agency social support

4.   Re-experiencing symptoms: intrusive thoughts and recollections of the incident.

5.   Positive cognitive re-appraisal of the CI

6.   Feelings of helplessness at the scene of the CI

7.   Emotional expression

8.   Physiological distress at scene (hyperarousal)

9.   Post-CI stressors

10.   Optimism

11.   Seeking social support

12.   Psychological distress at the scene of the CI

13.   Distrust in agency

14.   Hardiness

15.   Psychological services: self-referred

Coping strategies:

1.   Emotion-focused coping: P9 sought social support from her patrol partner and co-workers in order to vent her emotions) as she wrote: "I believe that being female helped me as well as it is okay for a woman to cry. I received calls from several of the dispatchers after clearing as well and they helped me deal with the hurt of the day as well."

2.   Problem-focused coping: P9 attempted to mentally re-frame the tragic circumstances in an effort to accomplish what Anshel (2000) described as a process of cognitive re-appraisal of the event in the effort to cope and come to terms with the trauma. An example of the process just described is found in the following description that finds P9 attempting to analyze and find comfort by questioning whether or not the children that perished in the fire suffered: "Being able to talk to people whom were there and experienced the same feelings was a large emotional connection and relief. About the fire and how the children may have been scared and if they may or may not have experienced pain."

Individual coping response(s):

1.   Social support

2.   Emotional expression

3.   Positive cognitive re-appraisal

4.   Hyperarousal

5.   Optimism

6.   Psychological services: self-referred

7.   Fight-freeze-flight response: freeze reaction

8.   Flexible (adaptive) use of the two primary coping strategies

Meaning(s) derived from lived experience:

P9 reported that it was important for her to attend the funeral for the two young

children who perished in the fire. The other significant element that came from this event

was that P9 was able to discover and nurture a meaningful relationship with her patrol

partner who was also exposed to the CI. This mutually supportive role served to assist

both individuals through the acute stress of the CI. Their relationship matured and

developed into a significantly meaningful relationship, as the two have become "life

partners."

Situated structure:

P9 and several other patrol units were dispatched to a structure fire involving a

single-family residence in a rural setting. P9, while en route to the fire was advised via

her radio that two small children were trapped inside the residence. Upon arrival, P9 and

her patrol partners observed that the structure was fully involved in flames and a rescue

was not possible due to intense heat and flames**.**

The psycho-physiological effects of arriving at a fire scene with two small

children trapped inside a fully involved structure fire were remarkably acute for P9 and

her three co-workers. P9 et al. were experiencing what Gilmartin described as "the

biological state of hypervigilance" (2002, p. 39). From a physiologic perspective, P9 and

the other deputies were feeling the effects of what Freidman (2001) described as the

biological effects of "the Fight-or-Flight Reaction and the General Adaptation Reaction" (p. 66). The physical arousal the deputies experienced from the traumatic nature of the CI was the result of the human body's release of chemicals, including but not limited to, cortisol, adrenalin, and noradrenalin. Moreover, from a psychological standpoint, P9 and her partners were experiencing utter helplessness, and were unable to affect a rescue of the two children. The reality of experiencing an event where the lives of small children were at stake no-doubt provoked intense psychological/emotional distress.

P9 stated that when the children's mother arrived at the fire scene, P9 spent over 5 hours with her while fire crews, investigators, coroner(s) conducted their duties. The mother was obviously experiencing the effects of shock and grief. P9 had to restrain her from trying to go inside a burned out building to rescue her children. Also, P9 was assigned by her supervisor to stay with, and to console the mother who was holding out hope that somehow her children, ages two and four years, escaped death. This additional responsibility was accomplished by P9. However, in so doing she stated that having to repeatedly lie to the mother in the effort to comfort and provide hope was emotionally draining and distressing for P9.

P9 described that she felt herself becoming angry with the deceased children's mother:

> I was angry at having to agree with the mother that her babies could have gotten out of the house and were hiding in the tree line, and having to lie to her. On the other hand, I did not want to be the one to tell her that her two beautiful babies were gone.

P9's anger is viewed as a response to a combination of factors: first, the tragic nature of the CI caused P9 to experience psycho-physiological distress from the effects of

hyperarousal from knowing that the fate of two children, trapped inside the burning structure, was sealed, and being helpless to intervene; second, P9 became infuriated with her own agency for failing to provide psychological services, primarily grief counseling to the patrol officers who responded to the CI; finally, although P9 did not specifically acknowledge the grief and anxiety from the traumatic incident, there was evidence in the data that she experienced anxiety, unresolved grief, and psychological denial of same.

An example of the effects of traumatic stress and hyperarousal experienced was captured by P9 as she stated, "The stress and emotions must have been telling in my voice as dispatch kept asking me if I was okay". This comment demonstrates a two-fold example of both psychological and physiological distress. With regard to the former, psychological distress was evidenced by the anxiety the CI caused P9 to experience, and the psychological defense she employed was that of denial. P9 downplayed how she must have sounded over the police frequency as she provided updated reports on her initial arrival at the scene. Her voice and behavior on the air gave the public safety dispatchers monitoring the frequency cause to make repeated inquiries over the police frequency asking her if she was okay. With regard to the latter, physiological distress, there was strong evidence suggesting that the P9 was not "okay" and was experiencing the effects of both hyperarousal and the "freeze" response (i.e., the brain's autonomic activation of the sympathetic nervous system's fight, freeze, or flight response when an organism is exposed to an imminent threat (Levine, 1997).

P9, as discussed above, described the angry feelings she harbored toward her law enforcement agency. According to P9, her agency "…offered grief counseling for all people involved as well as dispatchers. However, the first four officers on the scene were

not offered the counseling..." This failure or omission served to elevate the bitterness and resentment P9 had toward the department.

P9's law enforcement agency's failure to provide grief counseling and/or related psychological services is an example of a post-CI stressor(s). P9 felt her department marginalized her and the other officers who responded and were exposed to the CI by not offering the same psychological services that the agency afforded to civilians at the scene. The evidence suggests that the outcome of this oversight caused P9 additional emotional distress. The anger and resentment P9 experienced was projected toward the agency and the chief executive. P9 was self-referred for psychological services.

This tragic CI caused P9 to experience feelings of helplessness, sadness, grief, and anger. P9 was able to express her distressing emotions by relying on the strong social support provided by her three partners. The four deputy sheriffs became kindred spirits who bonded together to support and share their experiences by talking and mutual expression. P9 credited one particular deputy sheriff, who she describes as her "partner," as being most helpful to her recovery process. P9's reliance on emotion-focused coping, and employing an adaptive response, social support, was a key factor that attributed to her recovery.

The discharge of emotions provided P9 the opportunity to ventilate some of her angry feelings and the underlying sense of helplessness and sadness that she was no doubt suppressing. P9 made the following statement as to the benefits of sharing with individuals who were exposed to the same CI: "I talked to my partner and fellow officers for several days after the incident as well as cry on his shoulder…being able to talk to people who were there was a large emotional connection and relief."

It is apparent that P9 and her patrol partners were sharing their thoughts and feeling about the distressing CI, and all could have benefited from a more timely offering of grief counseling or related interventions. The emerging theme, as discussed above, indicates a lack of department support. More importantly, P9's cognitive re-appraisal amounted to what she construed as a personal insult and slight to the psychological and emotional needs of her and the other officers. P9 made the following comment in this regard, "I was very angry with my agency for not checking with me or my co-workers...the upper management was concerned with the media and nothing else." The evidence suggests that P9 appeared to be more distressed (i.e., P9's feelings of anger, resentment, and rejection) over her department's response to their emotional needs for support than the actual traumatic affects associated with the CI.

A final note, P9 described that she is still plagued by intrusive recollections of the event. However, P9 was able to find positive meaning from an otherwise tragic event. Evidence of her heartiness as an individual, and her ability to find some positive meaning is captured in the following description: "if anything good could have come from it, we have grown into life partners as well as beat partners due to this traumatic incident. This incident allowed me to see that I need to act on my feelings and do what makes me happy and enjoy life and live every day like it is your last." This statement provides evidence that P9 had an optimistic outlook regarding her future.

P-10 Situated Structure

White Male Police Officer

(SWAT-team callout for a barricaded, armed subject with children held hostage)

Transformed Meaning Units/Themes:

1.   Direct life threat to participant

2.   Physiological distress: hyperarousal

3.   Agency support

4.   Anger (directed at the suspect)

5.   Psychological distress experienced

6.   Positive cognitive re-appraisal of CI experience

7.   Hardiness

8.   Multiple levels of social support (spouse, friends, and co-workers)

9.   Optimism

10.   Fear

11.   Emotional expression

12.   Anxiety

13.   Psychological services: referred by agency

Coping strategies:

1.   Emotion-focused coping

2.   Problem-focused coping

3.   P10's coping experience demonstrated flexible and adaptive strategies and

        responses that served to regulate the emotional affects by providing distance,

        behaviors which demonstrated control and self-protection, and the ability to

        ventilate and talk about the experience by seeking and participating in discussions

        about the experience with a variety of social supports, (e.g., his wife, his co-

        workers, the department psychologist, etc.).

Individual coping response(s):

1.   Agency social support

2.   Emotional expression

3.   Psychological services: agency referred

4.   Positive cognitive re-appraisal

5.   Social support (spouse)

6.   Hyperarousal

7.   Optimism

8.   Multiple levels of social support

9.   Positive cognitive re-appraisal

10.   Hardiness

Meaning(s) derived from lived experience:

        P10 was subjected to a life-threatening incident. An obviously desperate,

homicidal individual intent on avoiding capture, engaged P10 by firing his handgun at

him and the other SWAT officers. At the same time, the suspect was using his two

daughters, ages eighteen months and ten years, as human shields. In order to protect themselves from the suspect, the officers had to fire their weapons at the risk of hitting the children.

P10 narrowly escaped being shot. P10 said that all he thought about at the time of the shooting was his own two-year old girl. The children survived, and miraculously only one child, the ten year old, was struck by a police bullet in the foot. P10 grabbed the eighteen month old from the grasp of the suspect and ran with her outside.

P10 had positively appraised the situation and concluded that he was extremely fortunate to survive the incident, much less without injury. The meaning P10 attached to the experience was one of gratitude and thanks that he had for the two remaining officers at the CI who opened fire on the suspect thereby saving his own life.

A short time after the incident, the members of the team went out to dinner, as a group, and they were able to talk openly about the incident.

P10 described the importance of the dinner meeting:

> After the meeting with the psychologist, all four went out to dinner together. This was very good for each of us because it was the first time since the incident that we were all alone together. Again we spoke at length about the incident. It gave myself, and the other officers a chance to thank the two officers who shot for saving our lives. We both felt if it were not for them we were not sure what would have happened to us because we were both in a bad spotand needed them. This dinner to me was probably the mostimportant time in regards to helping me deal with and understandeverything that happened. The main thing for me was just talkingto those involved in the incident.

The implications drawn from the above descriptive quotation are two-fold: first, P10 wanted to thank his partners for saving his life; and second, it points to the

importance of the officers, as a small insular group, spending time together to talk and support one another.

Situated structure:

P10 was a member of a SWAT team called to the scene of an armed fugitive who had just fired two gunshots at his girlfriend in their residence. The girlfriend escaped the residence, but the suspect barricaded himself inside the residence. Also, the suspect was holding his two daughters (an eighteen month old infant and a ten year old girl) as hostages. After a long siege, P10 and other members of his SWAT team entered the residence. P10 was exposed to a life-threatening event.

Immediately following the CI, P10's department proved very supportive and accommodating despite the lengthy interviews and post-shooting investigative protocols that were required. P10 stated that his agency put him in a hotel near the agency, allowed him to select a peer officer of his choice to remain with him, and was allowed to telephone his wife. Also, the department allowed him to speak individually to a department psychologist and then allowed the entire SWAT team involved in the shooting to meet as a group with the same psychologist.

P10 described the meeting with the psychologist and its significance:

> The next day all four of us were sent to our departmental psychologist, as it is standard for critical incidents. We spoke individually with the psychologist and then as a group. The psychologist was able to ask the right questions which got us talking about how we felt at different times during the incident. This was very helpful in finding out what the other officers were thinking and how they were currently feeling.

Subsequent to the formal group meeting with the departmental psychologist described above, all the members of the SWAT team, including P10, went to a restaurant for dinner. This more informal meeting was addressed above in the section on "meaning" and was only open to the officers actually involved in the event. At the dinner meeting P10 and the other officers had the opportunity to speak, process the event, and unwind by sharing their experiences together in a meaningful and therapeutic manner. Thus, his co-workers provided P10 with support. Moreover, they provided him with some distance from the more emotionally distressing aspects of the experience; and allowed him to employ problem-focused coping to re-enforce his sense of self-purpose by examining and re-appraising his experience from a cognitive frame of reference.

Also, the dinner meeting, which occurred only a few days subsequent to the event, was very helpful since it allowed P10 the opportunity to "work-through" a most critical aspect of his experience. The significance relates to the helplessness and fear experienced by P10 when the suspect opened fire on him causing him to duck for cover while his partners shot and killed the suspect, even with children exposed. Horowitz (1986) explained the importance of information processing that commonly follows traumatic events. The process of working through involves discussing one's thoughts and feelings about the incident so that the trauma is examined and eventually integrated both emotionally and intellectually.

However, on an emotional level, P10 clearly indicated that his primary support came from his wife. P10 sought social support from a critically important source, and was able to approach the affective aspects of his experience with her. P10 was able to share his thoughts and feelings with his wife, thereby discharging rather than suppressing

negative and distressing emotions such as feelings of anger, fear, and helplessness evoked

from the experience. P10, in describing his conversations with his wife, made the

following distinction in what he chose to discuss with her and why: "I could not talk

about what happened in the room because she would not understand…that was why it

was so important for me to be able to talk with the other officers." However, P10 went

on to clarify why it was important to converse with his wife: "What I was able to talk to

her about was everything else especially as it relates to my feeling about the two children

that were involved." The meaning extrapolated from this account suggests the

importance of P10 being able to discharge emotions related to feelings such as

helplessness, sorrow, anger, and fear, to name a few, are more safe when relegated to

social supports outside of law enforcement.

The salient features of P10's experience are evidenced by his reliance on adaptive

coping strategies and responses, his demonstrated ability to express emotions, and his

ability to utilize and remain connected to his available social support. P10 had multiple

levels of support: departmental, co-workers, and familial support systems. The

importance of having access to multi-levels of social support, and the ability to directly

express one's thoughts and feelings in a safe, supportive environment is captured in the

following statement by P10:

> I guess the main way I dealt with any trauma or stress
> that Imay have felt related to this incident was to talk
> about it witheither the people involved or my wife. The
> ability for me tohave those people around me to talk to
> really made me feelcomfortable and more at ease
> regarding what happened in theroom that night.

P-11 Situated Structure

White Male Deputy Sheriff

(Interrupted Suicide)

Transformed Meaning Units/Themes:

1.   Physiological distress (hyperarousal)

2.   Multiple levels of social support, (e.g., agency social support, spouse, etc.)

3.   Positive cognitive re-appraisal of the CI experience

4.   Re-experiencing symptoms: recurrent/distressing dreams

5.   Psychological distress

6.   Post-CI stressors associated with investigations/inquiries/etc.

7.   Hardiness

8.   Social support (spouse)

9.   Optimism

10.   Fear

11.   Direct life threatening CI

12.   Agency social support

13.   Emotional expression

Coping strategies:

1.   Problem-focused coping

2.   Emotion-focused coping

Individual coping response(s):

1.   Emotional expression

2.   Multiple levels of social support (spouse, agency)

3.   Positive cognitive re-appraisal

4.   Hyperarousal

5.   Hardiness

6.   Optimism

Meaning(s) derived from lived experience:

Subsequent to the CI, P11 came to learn that the suicide victim was a man in his

sixties and was despondent and upset based on this statement provided by P11: "…he lost

everything (family had nothing to do with him) and decided to end it all by ending his life."

P11 was obviously privy to background information mined from the investigation and

thereby was able to gain valuable insight into the nature and circumstances of the CI.

Evidence of one's ability to reappraise aspects of a traumatic event are forthcoming in the

following quotation from the description provided in P11's protocol: "As traumatic as it

was, hearing the gunshot and being less than 5 feet away when he shot himself, thank God

he didn't decide to commit "suicide by cop" and make one of us shoot him." By gaining

the collateral information concerning the victim's background led to P11's adaptive use of

problem solving strategy of coping. Essentially, P11 was able to mentally process and

work-through what Freidman (2001) termed the "…emotional and cognitive consequences

of trauma exposure…" (p.48). The meaning P11 attributed to the experience contributed to

the amelioration of any feelings of guilt he may have had about not being able to prevent

the suicide. Moreover, P11's coping strategy served to mediate some of the re-experiencing symptoms (i.e., intrusive recollections, traumatic nightmares, etc.), described in his protocol.

Situated structure:

P11 and his partner, both experienced detectives for a county sheriff's department, were serving a notice of eviction at a residence. Both had been partners and had served hundreds of such eviction notices. They arrived at the residence along with the landlord and a locksmith to execute the order. P11 stated that after knocking and announcing their presence and mission, they were faced with having the locksmith to pick the lock so they could gain entry. After the front door was opened, P11 stated, "As we entered the residence we continued to call out who we were, we both had the intuitive notion that someone was still inside the house."

P11 stated that as he was searching inside, he saw a bedroom door partially open. As he approached, a loud and unexpected single gunshot rang out. P11 stated that when he entered the master bedroom, he could see a male subject lying face down on the floor with his hands underneath him. P11, on closer examination, observed a male victim with a large bleeding wound to his chest area. After securing the handgun used in the suicidal act, P11 and his partner summoned medical assistance, their supervisor, and the local police agency from the jurisdiction where this event occurred.

Thus, the fist aspect of the situated structure finds P11 experiencing common physiologic reactions of hyperarousal. Hearing a gunshot during an interior search of a residence proved extremely alarming, albeit frightening, and signaled a potential life-

threatening event. Hearing the unexpected gunshot provided the stimulus that activated the neural stress response causing the release of adrenal hormones nor-epinephrine and adrenalin (Everly, 1990).

The critical incident also involved the required post-incident investigative protocols, and due to the involvement of two distinct law enforcement agencies, was conducted by both P11's supervisor(s) and the local police agency. P11 stated that he and his partner were taken to the police station and were accompanied by their Sheriff's Department superiors. P11 stated, "At the police station (with the sheriff's office supervisors present) we were questioned (taped statement), our guns seized as evidence and our hands checked for gunshot residue."

Also, the manner in which the police treated them made an impression on P11:"I know that the police we were doing what needed to be done, but it added to our stress level as we were somewhat made to feel like suspects." P11 and his partner never fired their weapons and were witnesses to a violent suicidal death involving a deadly firearm. The shock and the effects of hyperarousal notwithstanding, what appears noteworthy was the treatment they received which, at worst, could be described as insensitive, and at best, impersonal and bureaucratic.

A second aspect of the structure concerns P11's experience of being questioned by the local police as if he and his partner were somehow culpable in the death of the individual. Thus, the aftermath of the actual event proved stressful, however, the stress was mitigated by the presence of their immediate supervisors who were on-hand to assist and support P11 and his partner while being questioned by the local police. P11 made the following comment reflecting the importance of administrative/supervisorial social

support: "What helped at the time were the sheriff's office supervisors continuing to try to help us (seeing if we needed any counseling and even getting us replacement guns)".

Third, P11 described some of the distress he experienced in the aftermath of the incident, which is considered common to individuals exposed to traumatic events.

P11 described his experiences:

> The only physical or psychological effects I experienced after the incident was for awhile (a couple of weeks) wasdwelling on the incident (trying to see if there was anything else we could have done differently that could have prevented the outcome), and a few nightmares.

The re-experiencing symptoms, for P11, came in the form of traumatic nightmares, which proved acute and remitting. However, there is evidence that P11 engaged in a strategy of problem-focused coping through the process of cognitively working through his thoughts, emotions, images, and perceptions of the lived experience and concluding there was little he and his partner could have done to affect a different outcome.

P11 responded to the central research question by describing how he coped with the distressing aspects and effects of his CI exposure: "What helped me cope with the situation was talking it out with a few friends. But the major help for me was being able to talk with my wife. She listened to me after the nightmares and put up with me talking about the incident over and over." P11 availed himself of social support by confiding in his wife and friends. P11 engaged in a strategy of emotion-focused coping. By adaptively talking about the event, "over and over", P11 was able to process and ventilate the emotional material seeking expression. By distancing himself from the emotional material as necessary, by flexibly transitioning to problem-focused coping, P11 was able to integrate his emotions

with his cognitive interpretations of the event. The flexible and adaptive strategies and responses, cognitively, emotionally, and behaviorally, served to attenuate the psycho-physiological stress response as he coped and recovered from the traumatic experience.

P11's coping strategy and responses allowed him to process and work through his thoughts and emotions related to the trauma he experienced from the CI. The analysis of the data suggests that P11 ruminated about what he could have done to prevent the suicide. However, P11, through approach coping, was able to process his thoughts and emotions surrounding the incident and came to the conclusion that he and his partner could not have prevented the suicide. This was accomplished in large part due to a problem-focused strategy of coping. This strategy served to foster further cognitive processing of the nature of the CI and more specifically to P11's role and response to the event.

The descriptive evidence suggests that P11's coping experiences highlight the importance of adopting the flexible utilization of both strategies: problem-focused and emotion-focused coping. Through optimizing both coping strategies, P11 arrived at a positive cognitive re-appraisal of the CI. P11 also demonstrated that he possessed a disposition that was optimistic. He maintained a positive outlook and was able to access and take advantage of the social supports at his disposal (i.e., his spouse, his supervisor(s).

In conclusion, the situated structure generated from the analysis and synthesis of the descriptive data led to the determination that P11 was able to adaptively cope with the traumatic affects of the CI. P11 was successful in his coping experiences primarily because of his ability to attain a positive cognitive re-appraisal of the overall CI experience, his ability to express emotions, and the availability of combined sources of social support from his spouse and his agency.

P-12 Situated Structure

White Male Officer

(Officer Involved Shooting/Suicide by Cop)

Transformed Meaning Units/Themes:

1.   Abstinence from alcohol use/abuse

2.   Suicide by Cop incident

3.   Exercise

4.   Religiosity

5.   Peer support

6.   Psychological services: self-referred

7.   Lack of agency social support

8.   Re-experiencing symptoms (e.g., intrusive recollections)

9.   Direct life-threat to participant

10.   Hardiness

11.   Positive cognitive re-appraisal

12.   Post-CI stressors from administration generated internal affairs inquiries/punitive

         treatment

13.   Physiological distress

14.   Optimism

15.   Psychological distress

16.   Distrust in the agency

17.   Emotional expression

18.   Fear

19.   Anger (directed at his agency due to punitive treatment/lack of support)

20.   Survival

Coping strategies:

1.   Problem-focused coping: P12 elected to examine his actions regarding the use of deadly force and was able to reconcile his decision based on the circumstances. P12 positively re-appraised his performance with regard to the use of force as being both justified and tactically sound. This was re-enforced by his peers, supervisors, and the post-shooting investigation conducted by the department and the grand jury investigation.

2.   Emotion-focused coping: P12 availed himself of support by voluntarily seeking the services of a mental health professional to discuss his feelings and discharge his emotions in a confidential setting. Also, P12 chose to freely talk about the incident with his co-workers.

Individual coping response(s):

1.   Emotional expression

2.   Exercise

3.   Religiosity

4.   Social support (spouse, brother)

5.   Positive cognitive re-appraisal

6.   Psychological services: self-referred

7.	Substance abuse (alcohol)

8.	Hyperarousal

9.	Optimism

10.	Hardiness

Meaning(s) derived from lived experience:

P12's reaction to the traumatic incident and his means of coping was to reach out to others, namely his spouse, friends, and co-workers. P12 freely talked about the incident, which occurred in 2001, to other officers who were, and still are, curious about his experience of being involved in a version of civilian combat. P12, in a sense, takes pride in how he performed at the scene of the incident, and views himself as a mentor to younger, less experienced officers.

The most difficult aspect of P12's coping phenomenon came from the administrators of his department. According to P12, key members of the command staff chose to believe that he was not coping well in the weeks and months following the CI, and viewed him as a "problem drinker." The pathological stigma created by a misinformed and punitive administration negatively colored his experience and caused P12 to believe that his own command staff perceived him as "damaged goods." In the succeeding seven-plus years since the CI, P12 came to realize that this false perception held by the administration had crystallized, and despite the consternation and frustration, both personally and professionally, P12 sustained himself with the knowledge that he had survived a deadly encounter, and could be of service to younger, less experienced officers.

The following quotation from P12's descriptive protocol provides additional details as to his state of mind and the meaning he derived from his lived experience:

> It has been seven years since the incident. I think about it once or twice a week; sometimes more, but most times less than that. I am pretty happy professionally and very happy personally. Stopping drinking was probably the best decision I ever made. However, many of the command staff members are still here. I think they still view me as damaged goods, and it bothers me that they think I didn't handle the shooting well. In my mind, I handled it very well, and the officers there that night also think that. I can tell by the way they treat me, and freely ask me questions about the shooting all the time. I have always had an open question and answer policy about the incident, and many officers have taken advantage of that.

However, the anger and frustration P12 felt, and still feels, is clearly evident. The events and circumstances P12 was exposed to in the aftermath of the CI no doubt complicated his recovery and abilities to cope with the trauma.

Situated structure:

The police were attempting to locate an armed male suspect, who a short time earlier, had attempted to kill his significant other. Along with other officers, P12 responded to the residence of the suspect to make the arrest, but the suspect was not present. The victim was at a local hospital and received a telephone call from the suspect, who informed the victim that he had a loaded gun and would kill himself if she called the police.

P12 and other officers were stationed around the residence, a large apartment complex, anticipating the suspect's return home. It was nighttime, so vision was limited.

The suspect arrived at the complex and was walking to where P12 had positioned himself. Another officer, upon seeing this individual fitting the suspect's description, ordered him to stop walking. The suspect ignored the command and continued in the direction of P12. P12, with weapon drawn, confronted the suspect and ordered him, stating, "Police, don't move." The suspect's verbal response, according to P12's statement was, "He looked into my eyes and told me 'I'm not going to jail.' " P12 stated that as the suspect verbally responded, he observed a gun in the suspect's right hand; and the suspect's gun hand was moving upwards signifying a deadly force scenario.

The following account is the description of the action P12 took in response:

> I remember telling myself don't look at the gun or you
> will shoot the gun and miss him. I started firing my
> weapon at his chest area and saw my first of 6 rounds
> strike his right chest area. I remember the lieutenant
> start shooting soon after I started.

After first aid was administered to the suspect, a supervising officer pulled P12 aside, and told him that the department protocol in these matters required that a "buddy officer" would be assigned to assist and accompany him during the ensuing hours of interviews and interrogations. P12 stated that the "buddy officer" was "…outstanding. He kept me calm and kept telling me I had done a great job and had survived a tough thing."

P12 and the buddy officer were taken to a local hotel room to wait for investigators to interview him. At this point in the process, P12 felt very much supported by his co-workers and immediate supervisors. He was allowed to change out of his uniform, after photos of him in uniform were taken, and he was given a replacement firearm after the weapon used in the shooting was secured as evidence. P12 was provided an attorney to consult with him and be present when he was interviewed by investigators.

P12 was placed on paid administrative leave and sent home. The next several days, post incident, he was barraged with phone calls from co-workers and family. P12 answered all of the calls and this proved stressful and exhausting. On this note, P12 stated, "…every time I spoke I would get keyed up and nervous. I was exhausting myself thinking about it, running the thing through my head over and over again wondering if what I had done was the last and only option, which it was." It is apparent that the repeated phone calls P12 received exacerbated the emotional distress he was already experiencing from the apparent intrusive thoughts and recollections commonly reported by individuals exposed to a deadly incident.

P12 felt secure in the manner of his tactical performance at the scene. P12 made the following appraisal of his actions at the scene, and provided a brief glimpse of guilt about his emotional reaction at taking another life:

P12 stated:

> One of the things I felt bad about, and to this day still
> bad about, I felt very good, almost euphoric about how
> I had performed, I responded how I was trained to and
> shot very well in the process. The suspect was killed
> almost instantly, yet I felt no remorse.

In an effort to deal with the seemingly conflicting emotions represented above, P12 sought the assistance of a mental health professional. This fact is evidence of an emotion-focused coping strategy and proved that P12 desired to directly deal with the distressing emotions he was experiencing. P12 decided to meet with the psychologist voluntarily about two weeks post-incident. P12 provided the following statement on this facet of his experience of coping with the CI: "Two weeks or so later, I spoke to a police psychologist

about my feelings. He informed me they were normal, and that I should feel food about what happened, yet sad at the same time. He was right on the money."

P12 added that he was on administrative leave for a total of six weeks. P12 indicated that he was very pleased to be back to work. It seems that the time spent at home contributed to his excessive thoughts and recollections of the event. Evidence of the lengthy time away from work, especially absent any pathology or disability on the part of the officer, seems counterproductive in this case. P12 stated, concerning his return to work, "It was nice to be back to work and not sitting at home thinking about the incident."

P12 stated that he was a heavy drinker before the CI, and his usage was about equal post-incident. To preface this key point, P12 described in his protocol that he was adopted at birth, and shortly before the CI he finally was able to locate his biological mother after several years of searching. In so doing, he was informed by his biological mother that both of his maternal grandparents had died of complications from alcoholism.

Thus, having survived a deadly encounter in the CI, P12 determined the need to abstain from alcohol eight months later. By his own account, P12 has remained abstinent since 2001. P12 shared his analysis of his reasons for quitting alcohol. Moreover, what is most telling was his decision to quit proved eventful and provides a significant outcome in structure of the situated experience. P12 provided the following details: "I evaluated when and how much I had been drinking, both prior to and after the shooting. I decided it was too much. I did not drink any more after the shooting than I did before…and did not want it to get worse considering my new found family history."

P12 made his decision public around his department. Also, P12 stated that he received a lot of support for his decision to quit drinking from his co-workers. P12's

decision was to quit drinking. However, his decision to quit drinking alcohol had a reverse effect in the minds of the administrators. P12 alluded to the fact that the administrators were no doubt informed of his decision from his peers who he confided in. This phenomenon illustrates the tight-knit, insular nature of this occupation and how highly personal information and trust can be misplaced and misinterpreted.

On this note, P12 described how the administrators drew erroneous conclusions about his decision to quit alcohol:

> They assumed it was because of the shooting and that I was not handling the shooting very well. I actually had a deputy chief tell me he had heard that I hit the bottle real hard after the shooting and wasn't doing well as he put it.

P12 stated that for the next year he was continually being asked how he was doing by high-ranking officers. P12 became resigned to the fact that even if he were to confront or dispute the false assumptions by explaining the true reasons, the administrators would interpret his actions as defensive.

P12 was punitively disciplined in the year following the incident for making too many cell phone calls on a company cell phone while on-duty. No other officer has ever been disciplined, according to P12, for this same violation of cell phone use policy. As a police canine handler, his police dog was taken from him as a result and he was transferred to another division.

According to P12, the administrators at his agency labeled him as an alcoholic who was having difficulty coping with a traumatic incident. The department command staff seemed intent upon characterizing P12's behavior and response to the CI as pathological despite evidence to the contrary. The analysis of the data suggest that P12 took affirmative

steps to cope with the trauma stress and co-occurring substance use problem by voluntarily seeing a psychologist and abstaining from alcohol.

The mind-set of the police administrators appears to be primarily focused on civil liabilities once it came to their attention that P12 decided to abstain from alcohol use. According to the data, the administrators assumed that this decision on the part of P12 was a sign or signal of his inability to cope with the CI and that his drinking was therefore out of control. The following statement by P12 captures his experiences of what was being asked of him by the administrators after the internal affairs investigation into his alleged cell phone use policy violation:

> I was given a paper to sign…requesting I go to a police psychologist and talk with him…if I declined to go at their suggestion; I was to sign the paper saying that I had declined their efforts to help me.

It would seem logical, that if P12 were experiencing performance difficulties in his ability to discharge his duties, numerous citizen's complaints, safety violations, experiencing conflicts with staff and supervisors, etc., that a referral to a psychologist for a fitness for duty evaluation would have been mandatory. There was no evidence to suggest that P12's performance at work was impacted in terms of his ability to perform his duties.

P12 stated that the overall effects of the incident proved positive. He feels much better physically from his abstinence from alcohol. P12 added, "I have become physically more active over the last 7 years and have been taking better care of my body. I'm in very good shape and now want to stay that way, especially for my 4 children."

Also, the experience of surviving an officer involved shooting incident had a bearing on his spiritual life, which is an important aspect of P12's life. P12 made the

following comment, considered integral to the structure of his coping experience: "My pastor gave me several scriptures after the shooting that talk about war and the protection of citizens. I feel deep down that God understands what I had to do and that I had no choice." Through his religious beliefs and disposition, P12 remained optimistic about his future, religious and otherwise, finding strength through his faith.

The experience confirmed for P12 that he performed his duty and made the correct decision to use deadly force. P12 believed that he coped with the overall stress of the incident, (i.e., taking a human life, post-shooting review boards, traumatic stress, etc.) in an adaptive, successful manner. P12 was confident in his tactical performance at the scene, and concluded that he acted appropriately. There is empirical evidence that P12 made a positive cognitive re-appraisal of the incident:

> Many of the command staff members are still here. I think they still think of me as damaged goods, and it bothers me that they think I didn't handle the shooting well. In my mind, I handled it very well, and the officers there that night also think that.

Also, P12 believed that he was able to successfully cope with the traumatic stress associated with the incident. P12 made adaptive choices evidenced by his coping strategies and responses: freely sought social support, voluntarily abstained from drinking alcohol, increased exercise, etc. However, according to P12, key administrators in his department did not share this viewpoint regarding the latter point. P12 has spent the ensuing years trying to shed an unspoken pathological stigma created and assigned to him by his own command staff. Essentially, the aftermath of having been exposed to the traumatic effects of what can be termed civilian combat was overshadowed and complicated by the actions of the department.

In conclusion, P12 found meaning by regaining control and working through the aspects of the traumatic experience. This is evidence of a hardy individual. In many respects, P12's experience led to a healthier lifestyle. Flannery's (1987) writings on adaptive coping responses in the face of trauma are relevant based on the experiences cited by P12. Flannery was concerned with understanding the characteristic coping responses of traumatized individuals who experienced positive outcomes. According to Flannery (1987), a primary characteristic of individuals who have been exposed to traumatic stress is "...the feeling of helplessness." (p. 218). Flannery reviewed the relevant literature on coping with traumatic stress and determined, "...research on individuals who adapt successfully with life stress has shown that these stress-resistant persons have a strong sense of connection between their own actions, their feeling states, and their capacities to influence the course of their lives" (1987, p. 218).

P-13: Situated Structure

White Female Officer

(Train versus pedestrian death)

Transformed Meaning Units/Themes:

1.   Psychological/emotional distress

2.   Grief

3.   Sadness

4.   Loss: of innocence

5.   Distrust in agency

6.   Avoidance coping

7.   Lack of agency social support

8.   Exercise/sports to reduce stress

9.   Physiological distress

10.   Re-experiencing symptoms (intrusive recollections, nightmares, etc.)

11.   Anxiety

12.   Negative cognitive re-appraisal

13.   Peritraumatic dissociation

14.   Limited coping skills

15.   Suppressed emotions

16.   Self-doubt

17.   Worldview

18.   Substance abuse (alcohol)

19.   Lack of identified use of social support

Coping strategy:

1.   Emotion-focused coping was employed by P13 with an emphasis on avoidance
       coping. This coping strategy enabled her to detach both cognitively and
       behaviorally from the emotional and psychological distress of the CI. Anchel,
       (2000) noted that avoidance coping, depending upon the individual and
       circumstances, is considered as both an adaptive and/or maladaptive method of
       coping depending on many individual, circumstantial, and conceptual factors.

Individual coping responses:

1.   Exercise

2.   Avoidance as a response to reduce and/or combat against re-experiencing

symptoms (e.g., intrusive recollections, images). Consistent avoidance of feelings

and thoughts associated with the event lead to detachment from social support as a

means of avoiding cognitions, emotions, and individuals connected with the

traumatic event (Freidman, 2001).

3.   Suppression of emotion

4.   Negative cognitive re-appraisal

5.   Peritraumatic dissociation

6.   Limited coping skills

7.   Hyperarousal

8.   Fight-freeze-flight response (freeze)

9.   Avoidance coping

Meaning(s) derived from lived experience:

The shock of being exposed to the gruesome scene of a collision involving a

pedestrian and a train, as a new officer, provided a harsh initiation of the stark realities of

the occupation she chose. P13 experienced intense psychological distress, and the

phenomenon of coping with the CI caused her to question her core assumptions and beliefs

surrounding and related to loss, vulnerability, trust, self-concept, and worldview.

There was nothing in her personal background that prepared her for what she

observed. Also, there was no training provided by her department to prepare or inform her

of the more deadly and shocking aspects that an officer may have to experience in his or

her career: law enforcement officers regularly, as first responders, must respond to a

variety of dangerous and deadly incidents including, but not limited to, accidents involving

downed aircraft, vehicular fatalities, destruction from natural disasters, terroristic acts, and

general human suffering from a host of causes.

Given the specific circumstances of the CI in question, P13 described her

observations of the victim's body-part(s) and her initial thoughts:

> Up to this point, I was really not thinking of the horrific
> scene I was about to see. I was thinking that I was about
> to perform some life saving measure and that I was
> going to possibly find a body to work on. I came upon
> the collision scene, still by myself and located the
> deceased body. I probably should not use the term
> body, and that is where my critical incident really began.

Moreover, P13 provided additional descriptive data to provide insight into the

meaning she ascribed to her traumatic lived experience: "Innocence left that day. My

soul became hardened. It's been hardening every day since that incident."

The above quotation suggests that P13 experienced more than the mere loss of

innocence. According to Brown et al. (1999) a critical incident can challenge one's core

beliefs surrounding their self-concept and worldview. In this instance, P13's assumptions

related to safety, vulnerability, and security were impacted by her exposure to the CI.

The analysis of the descriptive data, suggest that P13 had a negative cognitive re-

appraisal of CI, due to the inclusion of dynamic variables given her relative inexperience as

an officer, her upbringing, and personality. Consequently, P13 adopted a coping strategy

designed to defend against the painful images and feelings she experienced on the day in

question and in the months and years that followed.

Situated structure:

P13 shared her most distressing critical incident and based on her detailed descriptions, several predominant themes became apparent: the shock and disbelief she experienced due to a lack of training, experience and preparation for exposure to gruesome accident scenes; the psychological and emotional distress she endured; her feelings of isolation complicated by the affects of the police subculture;her need to feel accepted by her peers; her loss of innocence, and her attempts to cope through reliance on sports and exercise. The aforementioned themes form the framework for the structure of P13's experience.

P13, at the time of the incident, was fresh out of the field-training program and was working as a solo patrol officer. P13 was dispatched to respond to a reported collision involving a train versus a pedestrian. P13 stated that she had been to only one dead body call, which was an uneventful natural death of an elderly subject. However, by comparison, the remains of the deceased, due to the massive physical trauma sustained to the body from the impact with the train, was shocking to P13's consciousness. Simply stated, there was nothing in P13's background, experience, or training that prepared her for what she was exposed to at the scene.

P13's CI involved the actual death of a person, and her response was to experience shock and horror upon exposure to the trauma (American Psychiatric Association, 2001). Moreover, P13 admittedly experienced intense psychological distress in the aftermath of the CI. It is important to examine the two preceding statements in detail for two reason: first, to gain perspective of the essential meaning of

P13's lived experience; and second, to determine whether or not the data is relevant to the phenomenon being investigated herein and informs on the topic of coping with traumatic CI's that routinely occur in the setting of law enforcement.

First, to gain insight and perspective of P13's experience, there is evidence to suggest that P13 had no previous exposure(s) to instances involving gruesome death, dismemberment, etc. in her personal or professional life. Despite the months of training at the basic police academy, and the months spent in the field-training program under the direct supervision of a veteran officer, nothing prepared P13 for what she had to see and do at the scene of this trauma.

P13's descriptions depict what can be termed as an assault on one's senses as she described the graphic details at the scene and how it affected her:

> I initially located the head. It appeared to be a male subject, but itwas really impossible to be sure. This is the part that is etched intomy mind. The vision is burned into my brain, which pops into myhead from time to time. This is probably due to the fact this was myfirst observation of deceased person that the body was not laying ina peaceful state of rest. I had never seen anything like this in my life. I stopped and basically froze and stared at the head… I did not believe the scene was real. I felt saddened, sick and pictured the subject's family members and how they will feel when they were notified.No one should ever have to see this horrific site. I did. Alone.A rookie officer.

The above descriptive account reflects the origins of the psychological distress P13 experienced from the exposure to the CI. P13 referenced both her feelings of isolation and her status as a new officer faced with trying to both cope with the trauma, and the need to fit in and be accepted by her peers. In the protocol submitted, P13

outlined her perceptions of how the other senior male officers behaved and reacted to the gruesome scene: "To the seasoned officers on scene, this appeared to be just another day on the books for them. All the other male officers and supervisors appeared to be fine and proceeded as if let's get this cleaned up and on to the next call." Of course, P13 had no way of knowing the actual thoughts and feelings of the other officers present at the scene. However, for a new officer, the behaviors she observed no doubt made an impression and reinforced the notion of how a seasoned officer should act and behave when exposed to traumatic events especially involving a gruesome death.

Next, the relevant literature has addressed aspects of the police subculture with its emphasis on the suppression of affect and the premium placed on the suppression of emotional expression (Brown et al., 1999). Also, P13's feelings of isolation were compounded by the absence of social support provided by her agency. Agency social support typically includes evidenced based best practices typically provided in many progressive law enforcement agencies in the United States that include crisis intervention, peer support, psychological debriefings, consultation with a mental health professional, grief counseling, etc. P13 did not receive or request any psychological assistance following her critical incident.

In order to illustrate the essential psychological aspects of P13's structural experience, the following quote provides insight into her state of mind and her efforts to cope with the trauma. The context is set in the immediate aftermath of her exposure, and speaks to her state of mind: "The call was cleared. I drove away, speaking of this never again with anyone for a long time. I believed I shared the incident to my significant other

and just left it at it was a horrible sight." Here the results are indicative of avoidance coping and numbing.

Also, P13's statements reflected the strong influence the police subculture can have, especially on new and inexperienced officers. The unwritten and implicit demands of the police subculture serve to perpetuate images of strength, fortitude, and independence. There is little in the way of encouragement and support for stressed or traumatized officers to openly express their emotions and disclose their need for assistance or support. The amount of primitive denial that takes place in law enforcement is evident on many levels: in the subculture, in the organizational structure, and in the individual officers.

Moreover, the police subculture and police organizations both place a premium on officer safety and the prevention of physical injury (Gilmartin, 2002). However, as evidenced by the data drawn from her descriptive protocol, P13 was afraid to ask for assistance and support from her fellow officers and from the organization when it came to emotional support.

P13 specifically addressed a key point relative to the phenomenon under investigation in this study, thereby providing an insightful analysis of how she coped in the aftermath of the event:

> Coping: I believe because I was so new and trying to
> establishmy reputation around the department, I did not
> speak with anyone nor did I really know that it was
> "OK" to speak aboutit to other officers and/or friends.

An important transformed meaning unit emerged from the analysis/synthesis process and is considered to be an essential piece in the situated structure. P13 wanted to

win the approval of the older officers and had an intense need, as most new officers have,

to both fit in and be viewed by her peers as an effective and capable solo beat officer.

Unfortunately, not satisfying this need, and failing to reach out for assistance and support,

proved costly. P13's decision to not reach out for assistance and support from her

employer seemed to contribute to the isolation and difficulties she experienced in coping

with the traumatic effects of the CI.

The following statement is offered as empirical evidence of the embodiment of

fear and distrust P13 held toward her agency, which likely prevented P13 from seeking

assistance in the workplace. This missed opportunity for support from the agency

seemed to engender further avoidance behaviors and unwillingness on the part of P13 to

seek social support outside of the workplace as well.

P13 wrote,

> I believe because I was so new and trying to establish
> myreputation around the department, I did not speak
> withanyone nor did I really know it was "OK" to
> speakabout it to other officers and friends. I felt at the
> time that I did not want the department to think I was
> weak or could not handle the job. I did not want friends
> or family members to bear the burden of my career that
> I signed up for. I did not want them to have the same
> awful memories or thoughts that I had to live with.

The preceding quotation demonstrates the complex interplay of key dynamics and

circumstances that influenced and affected P13's abilities to cope with the CI. The

descriptive data suggests that several factors were present that contributed to P13's

distress and difficulties. The factors included the demands of the police subculture, the

naiveté and inexperience of P13, the lack of adequate training, the distrust P13

experienced toward her agency, and a lack of social support that could have been provided by the agency.

Also, P13's strategy of emotion-focused coping through avoidance is clearly evident. A strategy with heavy reliance on maladaptive coping defenses, inclusive of suppression of emotion and avoidance, proved ineffectual in the resolution of psychological sequelae.

P13 stated that distressing symptoms have not remitted to date, and evidence of this fact is captured in the following statement concerning her post-incident experiences: "I had nightmares with replaying scenes in my mind night after night. Year after year I still to this day see vividly the sights and sounds." This statement is indicative of symptoms associated with anxiety disorders.

Moreover, P13 continues to struggle, to date, with the affects of the original trauma. P13 provides additional data and thereby sheds light on what the phenomenon of coping was like for a female officer in her position:

> I did what everyone does: I suppressed the pain, grief, sadnessdeep inside my soul. I live with that pain and pains that I continue to suppress because of the nature of the job. I believe, and I amnot sure if it's just me or maybe because I am a female officer, butI believe I will continue to forever live with the psychological andemotional effects of this job. When applying for this job, there wasno way I could ever imagine the effects that would actually playand the toll it takes on my mind, body and soul every day.

The salient features of how P13 chose to respond to the stress and trauma of the CI were evident in her heavy reliance on the following coping responses: peritraumatic dissociation (marked by derealization, numbing, and depersonalization), avoidance

coping. P13, not unlike other research participants in this study, commented on their not

having adequate knowledge or requisite skills for coping with CI stress and trauma. In

other words, they were unaware of adaptive coping methods and stress reduction skills

and techniques.

P13, likewise, made the following comment on her specific coping responses:

> I cannot provide much more on what I did to cope
> because I did not have the skills at the time. More and
> more, I amlearning useful skills and making them work
> for me. I makeit a point in my life to work out as much
> as I can. I loveindividual outdoor sports that I can
> enjoy the beauty ofnature, and the innocence of
> pureness again.

The essential psychological structure of P13's experience is rooted in her efforts

to cope with the trauma by suppressing painful emotions and distressing aspects of the

experience in order to continue to function and be accepted by co-workers. According to

P13, the demands of the job have adversely affected her "mind, body, and soul."

The preceding quotation is consistent with the empirical literature on stress and

coping: trauma has critical implications and affects one on biological, psychological,

social, and spiritual levels. P13's ability to cope with the trauma was compounded due to

a combination of factors. P13 learned from following field training and indoctrination

period that it was necessary to adopt a persona and conform to a role implicitly

communicated and perpetuated by her agency's subculture. The police subculture, as it

were, implicitly holds dear the following attributes, values and traits: mental strength,

denial of affect, bravado, competition, and courage. As a new officer at the time, P13

wanted to fit in and not succumb to gender stereotypes, which to date, are still projected

on female officers. Consequently, P13 was fearful in reaching out for assistance and support. P13 had to conform to the unwritten code of conduct by suppressing her natural desire to express her feelings. Moreover, she had to struggle with the stress of gender stereotypes as a female officer. P13 understands that she must live with the memories and emotional debt that she readily admits is now chronic due to recurring and intrusive distressing recollections of the CI.

P-14: Situated Structure

White Male Officer

(Child Suicide)

Transformed Meaning Units/Themes:

1. Re-experiencing symptoms (recurrent and intrusive distressing recollections of the incident)

2. Religiosity

3. Grief

4. Avoidance

5. Lack of agency social support

6. Evidence of stress related medical and psychiatric disorders: heart disease and clinical depression

7. Sadness

8. Loss of innocence

9.   Anxiety

10.   Negative cognitive re-appraisal

11.   Peritraumatic dissociation

12.   Limited coping skills

13.   Sublimation

14.   Distrust in agency

15.   Suppressed emotions

16.   Failed to utilize available social support

Coping strategy:

1.   Emotion-focused coping reflects evidence of cognitive and affective avoidance as

      a means to avoid the intense and painful thoughts and feelings associated with the

      CI.

Individual coping responses:

1.   Avoidance coping to escape painful and distressing thoughts and feelings

      associated with the traumatic event (Anchel, 2000).

2.   Suppression of emotion

3.   Altruism/sublimation

4.   Negative cognitive re-appraisal

5.   Religiosity

6.   Peritraumatic dissociation

7.   Limited coping skills

Meaning(s) derived from lived experience:

P14, in his second year of service as a peace officer, was exposed to a critical incident involving suicide. P14 discovered the victim, a boy of approximately twelve years, found hanging in a motel room. P14, admittedly, has been to countless critical incidents in the thirty plus years as a police officer, but determined this CI to be his most distressing experience. In many respects, this CI early in his career proved to be a defining moment for him. The experience affected him on several levels: physically, psychologically, and spiritually.

P14, in retrospect, came to understand the manner in which he coped with this CI, (e.g., through his denial and suppression of his grief, emotional distress, and traumatic memories evoked by the experience) set the stage for his coping strategies and behaviors for dealing with stress and trauma for the remainder of his career. Moreover, P14 described the harmful consequences and negative outcome(s) he realized that can be traced to trauma of this CI: "As a result of tension, stress and depression, I developed heart disease."

Also, P14 provided the following description, which serves to demonstrate the aversion officers have in reaching out to their department or co-workers for emotional support:

> Looking back on this incident I can honestly say that it would have been better had I sought out friends on the police department to tell the story to. At the time this happened I felt that it would have been seen as a sign of weakness by my peers and supervisors. Unfortunately that is still an attitude that exists in the ranks and among some of the command structure in many agencies.

Consequently, due to his fear and distrust of his agency, P14 never spoke to anyone in the department about the incident and missed opportunities to express his feelings and gain the support he needed as a new officer. These results suggest evidence of avoidance coping and suppressed emotional response(s).

Nevertheless, the positive outcomes associated with this CI were derived from the meanings P14 attached to the experience. For example, P14 articulated that he finally came to learn the importance of sharing his thoughts and feelings with his family and friends. Also, as will be discussed in the next section, P14 understands the negative influences the police subculture has on traumatized officers and how it affected him at the time of the CI.

Situated structure:

P14 was a new officer operating in a solo capacity when he responded to the CI. P14 was dispatched to a child welfare check at a small motel in response to an emergency call received from the motel's manager. The motel manager was aware that a child resided in one of the motel rooms with his mother. The manager became concerned due to seeing the boy constantly alone and unsupervised. This created concerns and suspicions in the mind of the manager relative to child neglect. The fact that P14 was operating alone, and upon arrival, met with the manager, who escorted P14 to the motel room in question and P14 was able to gain entry.

P14 described what he observed:

> I opened the door and found that a 12 year old boy had
> killedhimself. In the bathroom, the sink was open with

> exposed pipesunderneath. The boy hung his belt
> around the pipe and then aroundhis neck…I found no
> note.

P14 was clearly impacted by what he saw. P14, not unlike P13, was a relatively

new officer with limited experience at the time of the CI. Parenthetically, it has been

theorized, (Sewell, 1993), that senior officers may be more adept in their abilities to cope

with incidents involving acute trauma because their psychological defenses and abilities

to detach emotionally are more sophisticated and developed than in their junior

counterparts.

Regardless of his age and experience, what is important is the psychological

structure of P14's experience, especially related to how he coped with the traumatic

effects of the CI.

P14 described some of the psychological aspects of his exposure and how the

experience has affected him:

> Since that night, I have not had one day of my life
> where a thoughtof that boy has not entered my mind. I
> would say he has been withme my entire life. Mostly
> my thoughts of the boy and his suicide are not intrusive
> but I think that if there is a heaven, some day he will
> walkup to me and introduce himself as the boy that I
> have been praying for all these years.

There is evidence that P14 had to contend with re-experiencing symptoms, most

notable being the intrusive thoughts and memories as indicated in the above description.

Also, there is evidence, in the referenced quotation of reliance on religiosity as a coping

response.

P14 added that on one occasion he experienced the affects of what he termed as, "becoming emotional" at least two years subsequent to his CI. The "emotional" experience, it appears, finally surfaced and proved instrumental in P14's decisions to invest in an emotion-focused coping strategy.

It is important to note, his maladaptive reliance on avoidance and denial of affect as noted in the following statement provided by P14:

> There was only one time that I recall becoming emotional overthis event. It was several years that had passed and I had been married by then with children that I loved and who loved daddy also. We were a happy young family. We had a Thanksgivingdinner at my parent's home…After dinner I was at the sinkgetting some water. A thought of my young friend came tome. I recall starting to weep and get very emotional at thethought that this young child had probably not enjoyed a dayof his life, and certainly at his death, he died alone, in a coldmotel room. I knew that I did not want to bother the other family members and I felt they would not understand. I did notwant to share this story even with my wife so I quickly controlledmy emotions and became "normal" again.

Despite the availability of social support, (e.g., wife and family), P14 stated that he chose to keep his thoughts and feelings about the CI private. P14 internalized his emotions and this was plainly evident in the following statement:

P14 wrote:

> I have been asked to detail how I have handled this situation andhow I have dealt with this and other issues. I never once sharedthis story with anyone on the police department, no one in counseling,therapeutic, or religious setting, and no one in my family.

Absent the "emotional" experience described above, P14 made the following comment: "There have been no episodes of emotion attached to the thoughts of my young friend." One can conclude from the descriptive evidence provided, P14 continued to experience intrusive thoughts for years, however employed various psychological defenses to defend against the anxiety produced by his distressing emotions. From a psychological perspective, the trauma of the CI produced intense psychological and emotional distress. There is descriptive evidence that P14 experienced the following psychological and emotional processes captured in the protocol statements: anxiety, avoidance, denial, rationalization, unresolved guilt, sadness, and grief.

The actual CI and the phenomenon of coping with the experience produced several key outcomes, which became apparent following the phenomenological analysis of the data. Three distinct elements became evident that fundamentally shape the structure of P14's experience. First, P14, as a police officer, was committed to working cases and investigating crimes against children and related investigations based on the following statement: "I did become active in the Juvenile Justice system as a police command officer and I did become involved in a variety of child abuse, abduction, and family custody investigations…"

Second, P14 came to understand the importance of communicating his thoughts and feelings following traumatic incidents. In reviewing how he coped with the trauma, P14 stated that he would not have isolated himself emotionally and would have taken better advantage of social supports. Further, P14, based on his statements, has become aware of some of the dynamics that caused his avoidance and distancing behaviors.

P14 made specific reference to the police subculture's maladaptive reliance on

emotional silence with commentary reflecting a lack of evolution in this regard:

> Looking back on this incident, I can honestly say that it
> would havebeen better had I sought out friends on the
> police department to tellthe story to. At the time this
> happened I felt that it would have beenseen as a sign of
> weakness by my peers and supervisor.
> Unfortunately,that is still an attitude that exists in the
> ranks and among some of thecommand structure in
> many agencies.

Finally, P14 personalized his experiences by writing about the affects his CI

experience extolled on both his physical health and his actions and behaviors through the

ensuing years to date.

P14 shared the following descriptive data that constitutes yet another

psychological constituent to the situated structure:

> Through the years, I have known friends, fellow
> officers who have committed suicide. I have never
> been suicidal however I have fought depression
> throughout my life, especially the last 10 years. As a
> result of tension stress and depression I developed heart
> disease…Fighting depression and negative thoughts is a
> constant battle but I think I amwinning the fight in a
> positive way. I have fairly strong religious beliefs,hope
> perhaps. Someday I hope to meet my friend.

As previously noted, P14 decided to specialize in cases involving juveniles; and

outside of the workplace, devoted his off-duty time to the cause of working to prevent

suicides in his community. After becoming trained and certified, P14 stated that his

interests included "…volunteering with the Suicide Crisis Hotline and a community

volunteer group." Therefore, the critical incident P14 was exposed to so early in his

career was a significant event insofar as the impact and defining nature it had on aspects of his personal and professional life.

P-15: Situated Structure

White Male Officer

(Officer Involved Shooting)

Transformed Meaning Units/Themes:

1.   Direct life threat to participant

2.   Anger

3.   Feelings of persecution and betrayal from his department

4.   Lack of agency social support

5.   Seeking social support from spouse and family

6.   Altruism

7.   Post-CI stressors from negative treatment from an unsupportive agency caused additional psychological/emotional distress for the participant, (e.g., post-CI stressors contributed to his anxiety, anger, and rage); and contributed to a dysphoric state of mind.

8.   Psychological and emotional distress

9.   Distrust in the agency

10.   Hardiness

11.   Physiological distress (hyperarousal)

12. Optimism

13. Emotional expression

14. Fear

15. Positive cognitive re-appraisal

16. Punitive treatment from agency

Coping strategies:

1. P15 relied on a problem-focused coping strategy. P15 was determined to overcome and cope with the negative effects of his experience by taking initiative and engaging in a quest to educate himself on the subject of officer-involved shootings and traumatic stress. Problem-focused coping, as a strategy, proved effective for P15. Parenthetically, many peace officers, according to the relevant literature on police coping, exhibiting Type A behaviors are thus prone to use active coping behaviors consistent with a problem-focused strategy (Burke, 1998).

2. P15 demonstrated flexibility and adaptability by also utilizing a strategy of emotion-focused coping. The evidence suggests that P15 effectively complemented his problem-focused strategy by resorting, as necessary, to an emotion-focused strategy as a means to effectively cope with the feelings of hurt, anger, resentment, and betrayal he experienced and projected on his police agency. Larsson, Kempe, and Starrin (1988) address the adaptive application of both strategies:

> Previously found tendencies of increased use of
> problem-focused copingin work settings were further

emphasized in acute, stressful work situations. The emotion-focused forms of coping used were also clearlyrelated to effective problem-solving…For police officers, the provocativenature of their encounters fosters strong efforts to regulate hostile feelingsin order to control the situation (p. 271).

Individual coping responses:

1. Social support (spouse)

2. Altruism/sublimation

3. Positive cognitive re-appraisal

4. Expression of emotions

5. Hyperarousal

6. Hardiness

7. Optimism

Meaning(s) derived from lived experience:

P15 had to employ the use of deadly force when confronted by a man with a knife. The trauma of having to shoot another human being was acutely stressful and intense. The analysis of the data confirmed that, for this participant, the experience of coping with the traumatic stress of the actual CI was significantly unremarkable in terms of any serious psycho-physiological distress, impairment, or symptomatology. Conversely, there is evidence to suggest that post-incident stressors arising from departmental criticisms, indifference, and the pronounced lack of support by the police administration proved extremely distressing and difficult for P15 and his spouse.

The post-CI stressors seemingly overshadowed the stressors associated with the traumatic stress of the actual CI. The events and experiences subsequent to the CI produced considerable psychological distress for P15 manifested by anxiety, fear, guilt, anger, and related psychosocial difficulties. The CI experience was captured in the following descriptive statement provided by this participant: "This event changed my life and the way I do my job forever."

Also, following his exposure to the CI, P15 experienced intense feelings of hurt, betrayal, and anger from his perceived mistreatment and from the lack of support he received from his agency's administrators. P15 was determined to overcome his negative emotions, to justify his actions at the time of the CI, and to restore his dignity and self-respect. Accordingly, P15's cognitive appraisals of the situation and circumstances had a bearing on how he coped with the stressors and trauma associated with the entire CI experience.

Ultimately P15 chose to resign from his police department, and start over by accepting employment at another local law enforcement agency. P15's determination to overcome the negative affects of his CI experience allowed him to thrive and eventually promote to the rank of sergeant. Moreover, given the circumstances and the meaning P15 derived from his CI experiences, he intently followed a course committed to the cause of training and preparing other members of his department to survive combat situations.

Interestingly, P15 did not limit his efforts merely to the subject of physical survival in combat situations. P15 became immersed in gaining knowledge on matters pertaining to the emotional aspects of coping and recovering from exposures to traumatic incidents.

P15 went on to become the coordinator of his new department's training unit, as evidenced by the following statement P15 furnished in his protocol:

> I now run my agency's training division and push every officerto succeed. The range program is one of the most progressivein the state, and we pride ourselves on quality courses of fireand training. I strive on a daily basis to ensure that every officeris treated appropriately immediately after an incident and forthe remainder of their careers. I have started a critical incidentdebrief program and ensure that appropriate debriefs take place in a timely manner.

P15 stated that to this day, there is still residual anger and bitterness about the way he was treated by his former chief of police and the department as a whole. However, the evidence suggested that P15 has been able to move forward in his professional life and has gained intellectual understanding of the experience and has attempted to apply what he learned on both personal and professional levels.

Situated structure:

At the time of the CI, P15 was a young officer with only two years of experience. He was very much enamored with his chosen field. P15 viewed himself as competent and totally committed to his job. His police agency was relatively small. Shortly after midnight one evening, he was dispatched to a report of a verbal disturbance at an apartment building. Two other officers arrived at the scene of what appeared to be a loud party in an upstairs apartment.

Further investigation at the scene revealed to P15 and the other officers that a physical fight had taken place between occupants inside the apartment. The occupants were uncooperative and did not want the police to go inside. Once inside, an intoxicated

male subject, who had obvious injuries to his face, became verbally belligerent and hostile toward the three officers.

P15 described the scene and the precipitating events:

> Verbal arguments started and the male from the bathroom becamecombative with my partner. My partner extricated the male fromthe group and went to the ground with him…I saw the male comeout from under my partner and yell, "fuck these cops." I observed the male get into a kitchen drawer…and raise a large meat cleaverover his head…the group parted and he ran towards me with thecleaver. I went to a rock and fire position and used my weak handto protect my face. I fired one round from the hip and observedthe subject go backwards.

The first aspect of the structure deals with the fact that P15 was confronted with a life-threatening situation and his reaction was to defend himself by employing the use of deadly force. Interestingly, P15 provided little detail on the stressors associated with his actual experience of being involved in an officer involved shooting and how it affected him.

Conversely, P15 chose to provide considerable details regarding his thoughts and feelings related to the stressors and circumstances that he was exposed to in the hours, days, and weeks subsequent to the CI. P15 cited, with impunity, his difficulties, his concerns, and his perceptions of a punitive and unsupportive police agency, of which he was a member, and the stressors related specifically to what he was exposed to in the aftermath of the CI.

P15 outlined the salient features of the psychological and emotional distress he endured immediately following the CI:

> Some of the issues at the scene had to do with
> supervisors that hadno clue what to do during and after
> a critical incident. My firearmwas taken and I was left
> with nothing while remaining at the scene.This was
> followed by a supervisor that ordered me to give him
> astatement so they could figure out how to investigate
> the incident.Both of these issues started a downward
> trend.

Second, P15 reported a general distaste for the manner in which key individuals were reacting and treating him immediately following the CI. The supervisors and/or managers were seemingly only concerned with the legal ramifications of the incident. P15 was sent home and placed on administrative leave and would be scheduled to see a psychologist. While at home, P15 was exposed to media coverage, and related the following: "I watched news interviews with the local media on TV. My acting chief at the time had less than adequate things to say about the incident."

In addition to having to cope with the stressors associated with the traumatic life-threatening experience, P15 had to deal with two serious concerns: one, the legal ramifications that face anyone involved in an officer-involved shooting (i.e., being interrogated, securing legal counsel, post-shooting review boards, media attention, civil law suits, etc.); and two, an unsupportive, critical, and disorganized environment fostered by his own police agency. Therefore, the post-CI experiences that he was exposed to lead one to infer that P15 had to cope with considerable stress and uncertainty in the aftermath of the CI.

For example, to highlight P15's post-CI experiences and corresponding difficulties, in the week following the incident the department scheduled a meeting, which P15 assumed was a stress debriefing of the CI. A stress debriefing, or

psychological debriefing (PD), is considered a best practice and is commonly used in police and related emergency services following critical incidents. A PD is a psycho-educational session designed for only those officers who were directly exposed to the CI. The PD allows those in attendance to hear the perspectives from the other officers involved, and to receive printed materials, contact information, and support from the individuals facilitating the debriefing, should more support or interventions become necessary. A PD has two fundamental objectives: one, to normalize the experience(s) of those officers exposed to the trauma; and two, to educate the officers involved in the CI about common physiological and psychological responses to trauma.

To his astonishment, P15 stated that he attended an inter-departmental meeting designed by the administration as an "open forum" event in which all department personnel were required to attend, both sworn officers and civilians alike. This meeting was not in fact a psychological debriefing, but in actuality was a meeting designed and conceived by the department administrators as a means to examine and critique the actions of P15 in the CI. P15 was deeply hurt by having to hear some of the comments made by individuals who were not even at the scene or involved in the CI.

P15 felt completely vulnerable, angry, and isolated after the meeting. This event served to crystallize some of the key psychological constituents of his situated experience, as noted in the following description P15 furnished in his protocol:

> Within a week a debrief of the incident was scheduled.
> Unknowingly, I showed up to the entire agency sitting
> ina room. This included every secretary, volunteer, and
> personwith any affiliation with the department. They
> proceededto let everyone in the room ask questions, and
> make statements about the incident. I found this to be
> extremelyunprofessional and it sent me into a very
> angry state ofmind…I was advised that no recognition

would be madeconcerning the incident. It was stated
that since the agencyhad no awards procedure that they
would not officiallyrecognize the incident as ever
having occurred.

The events that followed continued to deepen the underlying psychic pain and

hurt that P15 felt and yet was unable to express or understand. The pain and hurt

manifested by his intense anger and bitterness as was clearly evident in the data.

Moreover, his emotional distress was compounded by what P15 interpreted as a dire and

dangerous predicament that he was confronted with: working for an unsupportive and

punitive department while perfuming duties that inherently placed him at-risk given the

unpredictable and sometimes violent nature of law enforcement work.

P15 elaborated further:

I never lost a night of sleep because of the shooting. I
lost alot of sleep over the way I was treated. I knew my
safety was in jeopardy and wasn't willing to leave my
family in the cold.I sought information and training
concerning officer involved shootings and the
appropriate methods to deal with the officer. I was able
to translate the information to my situation and began
tosolve my own problems. Eventually, I realized that
my angercame from the way I was treated after the
incident.

The third component of the psychological structure directly concerns the actual

phenomenon under examination, coping with the stress and trauma generated by the CI.

Ostensibly, P15 was overwhelmed with negative emotions and was at a metaphorical

crossroads in his personal and professional life: to become consumed by anger and

bitterness and remain at an agency that he has lost trust and confidence in; or attempt to

cope adaptively, resign his position, and grow professionally and personally. P15 chose

the latter. P15 transferred to another law enforcement agency, and embarked on a quest to gain knowledge, education, and training to regain his professional stature and renew his self-respect. P15 eventually attained the rank of sergeant in his new agency. Essentially, P15 became motivated to overcome the negative aspects of his experiences and prove to his old agency, and moreover, to himself, that he was a successful officer and a survivor not a victim.

The foregoing descriptive data suggests evidence of the presence of a personal trait, namely hardiness, which has been observed in the data, submitted by other participants in this study, (reference made to P1, P3, P6, etc.). The phenomenological analysis of this participant's raw data suggests that P15 possessed this dispositional quality (Anshel, 2000). The hallmark characteristics of a hardy individual, according to Anshel, are the following traits: "commitment, perceived control, and challenge" (2000, p. 394).

P15 demonstrated the characteristics noted: first, the challenging and stressful circumstances he had to contend with were apparent in the data, along with the personal commitment extolled to overcome the stress and trauma of the entire CI; second, the evidence suggests that to overcome the negative treatment he received combined with his attempts to constructively control and deal with the anger and bitterness he felt was evidence of the denoted characteristic of control; and finally, P15 met the challenge of having to cope with both the trauma of the CI and the personally trying experiences he was confronted with in the post-CI stressors by relying on his social supports and his cognitive positive re-appraisal that allowed him to cope adaptively with the stress and trauma of the situation. Thus, evidence of hardiness was present in P15's character and

personality. The results of the data analysis suggest that P15, with the added social support provided by his spouse, was able to re-gain emotional control, to re-capture his professional identify and his self-image.

Structural Description

In the previous section, fifteen descriptions of situated structures were presented. The next and final step in phenomenological research is the presentation of the general structure. The general structure emerged from the analysis and serves to describe the essential psychological aspects of the phenomenon being studied.

For edification purposes, it is important to note that a methodological distinction exits between situated structures and the general structure. Situated structures emerged from the analysis/synthesis of the transformed meaning units that were generated from the raw descriptive data contained in the 15 research protocols. Thus, each situated structure presents a specific, coherent statement of the essential aspects of each research participant's lived experience as it relates to the phenomenon of coping with their respective critical incident (Giorgi, 1985).

Conversely, the general structure is less specific than a situated structure. The description of a general structure is not meant to serve as a copy of a specific participant's original experience. The general structure represents a coherent statement of the general meaning and psychological understanding of the phenomenon, and was derived from the analysis/synthesis of the 15 situated structures (Giorgi, 1985). The general structure serves as a coherent description of the phenomenon, and in

phenomenological research, the presentation of structures represents the results that emerged from the data analysis (Giorgi, 1985).

However, prior to the presentation of the general structure, it is important to present the results that emerged from the data analysis as they relate to the question of what happened to participants when they were exposed to critical incidents. In phenomenological research, this is referred to as the textural description. The textural description is generated from the data analysis and represents what happened, relative to the phenomenon being studied, and is based on the lived experiences of the participants (Creswell, 1998).

The complete list of transformed meaning units/themes and their frequencies (n=15) are shown in Table 1. It is important to note that from the total number of 44 transformed meaning units and themes generated, 16 themes emerged from the final analysis and synthesis of the data that are considered as the essential characteristics which serve to describe what generally occurred to the participants when they were exposed to critical incidents. The results in this regard serve as a textural description of what happens to officers when they are exposed to critical incidents:

<div align="center">Textural Description</div>

1. The peace officers participating in this study all experienced varying degrees of *psychological distressand emotional distress* from their exposures to critical incidents.

2. Officers experienced *a lack of social supports fromtheir respective law enforcement agencies* to assist/support them in their efforts to cope with a CI.

3. Officers experienced *physiological distress*, e.g., hyperarousal, hypervigilance, etc.). Physiological distress was in evidence before, during, and in the aftermath of their exposure to a CI.

4. Officers exposed to CIs have to contend with *re-experiencing symptoms* associated with traumatic stress that included such symptoms as nightmares, psychological distress, flashbacks, and intrusive thoughts and recollections).

5. Subsequent to a CI, officers generally reported becoming *distrustful of their respective law enforcement agency*.

6. Officers experienced *anxiety* from their exposure to a CI.

7. Officers generally experienced *anger* following their exposure to a CI

8. *Fear* was a generally experienced by officers at the time of the CI.

9. CIs generally place officers at-risk in *direct life-threatening* circumstances and situations.

10. Officers generally *seek social support* from various sources following a CI, (e.g., one's spouse or significant other, family members, and close friends) in their efforts to cope with a CI.

11. Officers generally must contend with *post-critical incident stressors*; examples of post-CI stressors include shooting review boards, internally generated internal affairs investigations, media scrutiny, punitive disciplinary measures, etc.

12. Officers generally are capable of *emotional expression* in the aftermath of a CI.

13. *Optimism*is a dispositional quality generally observed in officers following a CI.

14. Officers generally arrive at a *positive cognitive re-appraisal* of their CI experience.

15. Officers generally experience *grief* in the aftermath of a CI.

16. Officers generally demonstrated the dispositional factor of *hardiness.*

Table 1

Themes	P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9	P-10	P-11	P-12	P-13	P-14	P-15
Agency provided social support						X				X	X				
Anger			X	X	X		X	X	X	X	X	X			X
Anxiety	X	X	X	X	X	X	X		X	X			X	X	
Avoidance coping			X		X		X	X					X	X	
Compassion	X	X	X					X							
Control			X		X										
C I involving direct life threat to participant		X	X		X	X	X			X	X	X			X
Distrust in one's law enforcement agency	X			X	X			X	X			X	X	X	X
Emotional expression	X	X		X		X			X	X	X	X			X
Exercise					X	X							X	X	
Fear		X	X		X	X	X			X	X	X			
Feelings of helplessness			X					X	X						
Grief	X	X		X		X		X	X				X	X	
Hardiness	X		X			X			X	X	X	X			X
Injustice				X											
Isolation					X								X		
Lack of agency social support		X	X	X	X		X	X	X			X	X	X	X
Limited coping skills			X		X		X	X					X	X	
Loss	X		X										X	X	
Negative cognitive re-appraisal				X	X		X	X					X	X	
Physiological distress	X	X	X		X	X	X		X	X	X	X	X		X
Positive cognitive re-appraisal	X	X	X			X			X	X	X	X			X
Post-CI stressors (e.g., investigations, shooting review boards, etc.)		X			X		X	X	X		X	X			X
Psychological and emotional distress	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Punitive treatment by the department aimed at the participant								X				X			X
Re-experiencing symptoms (intrusive recollections, nightmares, etc.)			X	X		X	X	X	X		X	X	X	X	
Religiosity				X				X				X		X	
Sadness	X	X		X				X	X				X	X	
Seeking social support (significant others, family, mental health professionals, etc.)	X	X		X		X			X	X	X	X			X
Self Doubt and Self-criticism			X		X		X					X			
Social support provided by agency						X				X	X				
Altruism / Sublimation						X								X	X
Substance abuse (alcohol)						X						X	X		
Suicide by Cop incident												X			
Suppression of emotion			X		X		X	X					X	X	
Unpredictability			X	X											
Vulnerability			X	X											
Worldview			X										X		
Optimism	X	X	X			X			X	X	X	X			X
Psychological services: agency referred						X					X				
Psychological services: self-referred		X							X	X		X			
Peritraumatic dissociation				X		X							X	X	X
	13	15	21	17	17	19	14	17	17	14	14	21	19	15	14

Peace officers, when exposed to a duty-related traumatic critical incident, are affected on many levels. The inherent stressors associated with these events, in many instances, can lead to distress and impairment in terms of one's physiological, psychological, emotional, and social well-being and levels of functioning.

Table 2 presents data that informs on the coping strategies employed by the officers participating in this study. The results suggest that 14 participants employed a strategy of emotion-focused coping; whereas 8 participants employed a strategy reliant on problem-focused coping. A notable finding revealed that 7 participants described the adaptive use of both emotion-focused and problem-focused coping, thereby demonstrating the interchangeable and flexible use of the two strategies.

Table 3 contains the essential psychological constituents that emerged from the data analysis, and specifically address the coping response variables related to the sample in question. The findings presented in Tables 2 and 3 suggest the salient psychological aspects related to how officers in this study coped with trauma associated with critical incidents.

Table 2

Coping Strategies	P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9	P-10	P-11	P-12	P-13	P-14	P-15
Emotion-focused coping strategy	x	x		x	x	x	x	x	x	x	x	x	x	x	
Problem-focused coping strategy	x		x			x				x	x	x			x
Flexible use of both strategies	x					x				x	x	x			

Finally, the results of the data analysis are presented in what is termed in phenomenological research as the general structure. In keeping with the descriptive nature of phenomenological research, the results of one's research culminate in the presentation of structure(s). Situated structures, presented in the previous section of this

chapter, were descriptions specific to the coping experiences of the individual participant.

The general structure emerged from the analysis of the data and represents the hard

evidence associated with the phenomenon under investigation, (i.e. the psychological

structure of coping with critical incidents). Giorgi and Giorgi (2003) succinctly stated the

relative importance and definitive nature the structure plays in describing the results of

one's research: "…the structure is meant to convey what is truly psychologically essential

about a series of experiences of the same type. Again, the structure is not meant to be

universal but only general or typical…only those constituents or relationships that are

defining for the phenomenon would be included" (p. 258).

<div align="center">General Structure of Coping with Critical Incidents</div>

First, the officers that participated in this research study, following their

exposures to critical incidents, employed two primary coping strategies (emotion-focused

and problem-focused). Emotion-focused coping, as a strategy, was predominant;

however, it was noted that officers also employed problem-focused coping as a strategy;

and to a lesser extent, some officers made adaptive use of both strategies in their efforts

to cope with CI stress and trauma.

As shown in Table 1, officers, when exposed to CIs, experienced neuro-

physiological distress along with the effects associated with hyperarousal. It is important

to note, that hyperarousal is an evolutionary mechanism of coping that is generally

experienced by officers before, during, and in some cases in the aftermath of the CI.

Levine (1997) described the salient features of this physiological phenomenon, stating

that hyperarousal "…is primarily an indication that the body is summoning its energetic

resources to mobilize against a potential threat" (p. 133). Along these same lines one finds evidence that officers are confronted with threats to both their physical and emotional survival based on the dangerousness and traumatic nature of CIs. The physiological complexities associated with the human stress response include the biology related to one's survival instincts.

Second, the descriptive evidence of officers in the present study substantiates the existence of a phenomenon considered analogous to the innate instinctual response commonly referred to as the fight or flight response (Friedman, 2001). The phenomenon has been updated by researchers to include the freeze response as part and parcel of the original fight or flight response as seen in both animal and human behavior related to deadly threats and survival situations and circumstance (Levine, 1997). Thus, the fight-freeze-flight reaction is regarded as an essential psycho-physiological coping, albeit instinctual, response seen in officers when they are exposed to critical incidents; and is presented herein as a viable coping response variable.

Third, an important coping response that emerged from the data analysis concerned processes related to cognitive appraisal and re-appraisal (Lazurus, 1999). How officers assess a critical incident both at its inception, and the secondary cognitive re-appraisal(s) attached to the experience in the aftermath is critical. The relevant literature on coping research supports the contention that the cognitive appraisal process and one's secondary or re-appraisal of a stressful or traumatic event can have a direct bearing and affect on one's emotional and coping processes (Anshel, 2000; Lazarus, 1999). Anshel (2000) commented on this very point, stating, "Cognitive appraisals

strongly influence the stressor's perceived intensity, the extent to which the stressor is viewed as important, and the choice of coping strategy…" (p. 383).

Next, there was evidence suggesting that in the aftermath of a CI, many officers were able to cognitively reframe their thoughts and perceptions of their traumatic event. Moreover, the re-appraisal process suggested that officers were generally able to attach positive meaning(s) to their experience. Table 1 indicates that 9 participants (n=15) experienced positive cognitive re-appraisals of their lived CI experiences.

Fourth, the results, indicated in Table 1, suggest that all of the participants in the sample (n=15) experienced psychological and emotional distress as a direct result of being exposed to a critical incident. Accordingly, officers employed the use of social support and the use of emotional expression, as coping response variables to cope with the psychological and emotional distress experienced as a result of CI exposure.

To avail themselves of social support, officers generally turned to their significant others, family members (e.g., parents, brothers and sisters, etc.), and/or close personal friends from inside and outside the occupation of law enforcement. Social support, as a coping response, afforded officers opportunities to derive necessary emotional nurturance, backing, and assistance from their trusted confidants.

As noted, officers exposed to CIs also relied on the use of emotional expression as coping response. The findings suggest that officers that were able to express their emotions, especially the negative emotions associated with the traumatic CI, were the same officers who utilized social support as a coping response. For edification, negative emotions commonly associated with traumatic incidents, according to Lazarus (1999), are typical of the following emotions: "…anger, guilt, shame, sadness, envy, jealousy, and

disgust" (p. 102). The relationship between social support and emotional expression is shown in Table 3.

Fifth, the data analysis shows that two additional coping response variables emerged. Both are considered of evidentiary value and are included as essential components of the general structure. The two variables in question, initially described in everyday language by the officers in their research protocols, were determined in the data analysis to represent the constructs of optimism and hardiness. Optimism and hardiness are dispositional factors considered by researchers to be essential to one's ability to adapt and cope with trauma (Anshel, 2000). The current findings suggest that officers in the study displaying optimism and heartiness utilized approach behaviors, (e.g., seeking social support, emotional expression, etc.) which are considered as adaptive coping responses (Anshel, 2000). Conversely, officers who did not possess optimism and hardiness demonstrated avoidance behaviors in the aftermath of critical incidents, (e.g., suppressed emotions, substance abuse, etc.), consistent with maladaptive coping responses.

Sixth, the following findings emerged from the analysis as essential features of the general structure. Participants in the study utilized the following coping responses in the aftermath of critical incidents: the suppression of emotions and negative cognitive re-appraisals. Also, there was evidence that some participants possessed limited coping skills. The aforementioned coping responses are considered as maladaptive and referenced in the coping literature as avoidance coping behaviors and responses to stress (Anshel, 2000; Lazarus, 1999).

Seventh, the following coping response variables emerged from the data analysis and warrant inclusion as essential features of the general structure: officers coped by resorting to exercise as a method of relieving stress; religiosity as a coping response (i.e., prayer, pastoral consult, etc.) was described by officers as a means to find peace, meaning, and hope in the aftermath of a CI; and self-referral for psychological services for trauma related treatment of psychiatric symptom relief, support, growth and insight; and peritraumatic dissociation as a coping response phenomenon described by officers at the time of the direct exposure to a CI. The coping response variables generally reflect adaptive coping responses as described by the officers in this study.

Finally, embedded in the general structural description of how the participants coped were the following coping responses: altruism/sublimation, multiple levels of social support, agency social support, and substance abuse.

The altruism/sublimation response was exemplified by behaviors and interests among officers that were closely aligned and consistent with the specific officers' own traumatic experiences, (i.e., P14 was exposed to a juvenile suicide and became a volunteer at a local suicide prevention hotline and P6 was involved in a fatal shooting of a suspect, became a peer support counselor in his department, etc.). There was evidence suggesting that participants attempted to cope and work through their traumatic experiences to resolve their anxiety and conflicts associated with their traumatic CI (Grant, 2000).

Next, multiple levels of social support was a coping response variable whereby officers took advantage of both their own personal social support system as well as any social support provided by their own law enforcement agency, (i.e., psychological

services (agency referred), confiding in one's co-workers, etc.), important as a consideration for traumatized officers who do not have available or healthy social support systems. The agency in such cases fills a void, and can be of assistance by providing support to trauma exposed officers through peer counseling, psychological services, psychological debriefing and related evidenced based programs found in this occupational field. However, agency provided social support was generally not made available to participants in this study, and the significance of this finding is addressed in considerable detail in chapter five.

Finally, substance abuse was in evidence, to a lesser degree, as shown in Table 3, and is considered a maladaptive coping response variable.

Table 3

Individual Coping Responses	P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9	P-10	P-11	P-12	P-13	P-14	P-15
Hyperarousal		X	X		X	X	X		X	X	X	X	X	X	
Positive cognitive re-appraisal	X	X	X			X			X	X	X	X			X
Social support	X	X		X		X			X	X	X	X			X
Emotional expression	X	X		X		X			X	X	X	X			X
Optimism	X	X	X			X			X	X	X	X			X
Hardiness	X	X	X			X			X	X	X	X			
Avoidance coping			X		X		X	X					X	X	
Negative cognitive re-appraisal				X	X		X	X					X	X	
Suppression of emotion			X		X		X	X					X	X	
Limited coping skills			X		X		X	X					X	X	
Exercise					X	X						X	X		
Religiosity				X				X						X	
Fight-Freeze-Flight survival response			X	X	X	X			X			X	X		X
Peritraumatic dissociation				X		X							X	X	
Psychological services: self-referred		X					X	X				X			
Altruism / Sublimation						X								X	X
Agency social support						X				X					
Substance abuse						X						X			
Psychological services: agency referred						X				X					
	5	7	8	6	7	13	5	6	8	8	6	10	8	8	6

CHAPTER FIVE

DISCUSSION

The discussion chapter is divided into five sections. The material covered in each section is as follows: section one includes a short summary of the first four chapters; section two is a discussion and interpretation of the findings; section three presents the overall conclusion(s) that directly relate to the study's central research question; section four examines the implications of the findings and limitations of the study; and the final section includes recommendations for future research.

Summary of the First Four Chapters

The first chapter serves as the introduction to the present study. The essential aspects of this chapter includes the introduction to the topic under study and background information, the stated purpose of the present study, the problem statement delineating the need/rationale for the present study, and the research question(s) formulated to guide the research.

First, by way of introduction, peace officers are first responders to a variety of emergencies typically generated by calls placed to 9-1-1 dispatch centers by the general public. The protection of life is the highest priority among the sworn duties and responsibilities of peace officers, and this general principle dictates the priorities of response to calls for service in most law enforcement agencies. In carrying out their duties, a constant reality remains clear: officers are at risk for exposure to traumatic

critical incidents (McCaslin, Rogers, Metzler, Best, Weiss, Fagan, Liberman, & Marmar, 2006).

The scope and nature of critical incidents include, but are not limited to, the following types of events: CIs may include natural disasters, (e.g., hurricanes, earthquakes, etc.); manmade disasters (e.g., terrorist acts, aircraft disasters, etc.); criminal offenses (e.g., officer involved shootings, homicides, etc.); and deadly accidents, (e.g., automobile accidents with multiple victims, deaths involving infants/children, etc.). For edification, the operational definition of a CI, established in chapter one, includes any event or circumstance causing the exposed officer(s) to experience any physical, psychological, emotional, social, and/or spiritual distress trauma or distress (Liberman, Best, Metzler, Fagan, Weiss, & Marmar, 2002). It is important to note, the relevant literature on police stress suggests that CIs involving a direct life threat to responding officers places them at risk for physiological, psychological, and emotional distress; and symptoms consistent with a diagnosis of PTSD (McCaslin et al., 2006).

Officers, whose careers can span up to thirty years of service, are routinely exposed to critical incidents. The high stress inherent to policing as an occupation, (i.e., bureaucratic stressors, shift work, etc.), is compounded by the likelihood of being exposed to critical incidents. Moreover, when compared to other research populations, (i.e., military veterans, violent crime victims, etc.), peace officers have been underutilized as a study population for coping and posttraumatic stress research.

Second, a primary aim of this research project was to increase scientific knowledge related to the topic of coping with traumatic CIs that occur in the field of law enforcement. The study's population was confined to sworn active-duty peace officers,

including municipal police officers, county sheriff deputies, and state highway patrol officers. The primary intent of the researcher is to examine the phenomenon of coping with duty related traumatic CIs.

Third, the problem statement associated with this research study declared that in order to achieve the stated aim and purpose cited above, it was necessary to gain more accurate knowledge of how officers coped with the traumatic stressors associated with critical incidents. An important aspect of the problem statement concerned the relative lack of qualitative research studies existing in the relevant literature that examined topics related to both law enforcement officers and coping with traumatic stress. This aspect will be addressed in more detail below.

Fourth, in keeping with the research methodology of choice, the phenomenological method of disciplined inquiry, a central research question was required to guide the researcher in the present study. The central research question posed was: how do peace officers cope with the stress and trauma associated with duty-related critical incidents? This question proved useful in enabling the researcher to arrive at a general description that specifically addressed the phenomenon under study.

Finally, this topic was chosen because the investigator, a retired peace officer of thirty years service, has experienced, and has been exposed to several traumatic CIs during the course of his career. This investigator assumes that the adverse effects generated from trauma associated with CIs is not unusual or atypical; and came to the conclusion that more can be done by researchers, by police agencies, and by mental health professionals to assist peace officers and their families in their abilities to cope in the aftermath of critical incidents.

The second chapter of the present study was devoted to a review of the relevant literature on the topic. An exhaustive review of the coping literature revealed few well designed qualitative studies specifically related to the question of how peace officers coped with traumatic CIs. Conversely, a wealth of research was published on topics related to PTSD, police occupational stress, and coping with traumatic stress. The following studies are included in this short review to outline both the adverse effects CIs can have on peace officers, and the relevant past research conducted on coping with critical incident stress and trauma.

First, empirical research on topics related to police stress, coping, and trauma were identified and reviewed to gain knowledge and perspective. The research conducted by McCaslin et al., (2006) demonstrated that when police officers were exposed to CIs involving a life or death survival, there was evidence suggesting elevated risks and symptomatic distress on psychological, somatic, and emotional levels in the exposed officers. The McCaslin et al., (2006) study was revelatory as the findings associated with this research strongly informed on the inherent dangers critical incidents in law enforcement pose to the approximately one million officers serving in the United States of America. Moreover, critical incidents involving direct life threatening situations,according to McCaslin et al., (2006), place officers at elevated risks for experiencing emotional distress, panic, physiological distress and peritraumatic symptoms of dissociation.

Marmar, Weiss, Metzler, and Delucchi, (1996) focused onboth critical incidents and emergency service workers. Marmar et al., (1996) used quantitative methods of inquiry to measure the adverse effects CIs have on a large study population that included

police officers, fire fighters, and emergency medical providers. The reported finding(s) cited in this study suggested that one's personal characteristics have an important role and can mitigate the adverse affects traumatic stress can exact on emergency service workers. Also, Marmar et al., (1996) found that the adaptive use of coping strategies and responses, combined with one's inherent dispositional qualities, (e.g., optimism, hardiness, etc.) proved significant in terms of a positive overall outcome when one is exposed to traumatic stress.

Second, it was necessary to conduct an exhaustive search on topics specifically related to coping research relative to police stress and trauma. A primary objective was to locate qualitative research studies designed to obtain data based on the lived experiences of the peace officers exposed to CIs. In this regard, there exists a paucity of research studies to date using qualitative research methods to investigate police officers relative to coping with traumatic stress from CIs. Again, the relevant literature is replete with quantitative inquiries on the topic in question, with the prevalence of past research having a bio-medical emphasis.

The research of Marmar, McCaslin, Metzler, Best, Weiss, Fagan, Liberman, Pole, Otte, Yehuda, Mohr, and Neylan, (2006), was importantbecause the study informed on the relationship between psychosocial factors and coping processes in the aftermath of traumatic stress. Marmar and colleagues investigated and measured the variables specific to PTSDaffecting law enforcement officers and related emergency services. The aforementioned study generated data specific to the present study's investigative topic of peace officers and coping with traumatic critical incidents.

Finally, chapter two included a review of studies that were considered by the researcher to be definitive works related to the four key constructs embedded in the present research project: the occupation of law enforcement, critical incidents, stress and trauma, and coping with trauma stress. The following select studies were reviewed and cited due to their relevance to the four constructs: studies related to both law enforcement as an occupation and the police officers as a subculture, (i.e., operational perspectives, administrative issues, etc.), gleaned from both the relevant literature and the researcher's first-hand experiences as a retired peace officer (Fay, 1998; Violanti & Patton, 1999); the nature and characteristics of CIs in law enforcement (Fay, 1998; Marmar et al., 1996; McCaslin et al., 2006); topics related to stress, particularly traumatic stress and the human stress response (Grant, 2000; Horrowitz, 1976; Seyle, 1976; van der Kolk, 1984); and coping as a construct (Anshel, 2000; Lazurus, 1999).

The third chapter addressed the research methodology associated with this study. The research design and methodology was consistent with the qualitative tradition of critical inquiry.The decision by the researcher to adopt a qualitative research methodology was predicated on the basis of the following key factors: qualitative methodology has been successfully applied to research in psychology, which is the researcher's academic discipline; the specific qualitative method chosen, phenomenology, has been successfully applied to psychological research based on the theories of researchers such as Amedeo Giorgi; the setting for the inquiry was naturalistic and this factor positively lends itself to qualitative methods; and the study's phenomenon, coping with critical incidents, required a detailed exploration to explain how officers coped based on their lived experiences of the phenomenon, which entailed collecting

detailed descriptive data best suited for qualitative research designs and methods. A summary of the study methodology follows:

Qualitative research methodology allows researchers to gain detail and depth on a particular subject or topic (Creswell, 1998). This very point has been substantiated in the literature and there has been specific reference made for future investigators to employ qualitative methods in coping and stress research. One example to support this position was noted by Larson, Kempe, and Starrin (1988), wherein the authors reinforced the importance of qualitative inquiries for traumatic stress research by citing a methodological need for, "…naturalistic stress research compared to laboratory studies" (p. 260).

Phenomenology was selected as the qualitative research method because it has proven to be an effective method for researching the lived experiences of individuals, which in the case of the proposed study are peace officers (Patton, 2002). Phenomenological research has many perspectives and can be adopted and applied to various academic disciplines, theoretical orientations, etc. (Creswell, 1998).

The specific approach to phenomenological research selected for this study was derived from the theories and methods espoused by Amedeo Giorgi (Giorgi, 1985; Giorgi & Giorgi, 2003). Giorgi's method was selected because it is designed to allow the investigator to gain a more detailed perspective of a phenomenon, which in this instance concerns how officers cope with critical incidents in law enforcement.

Next, it is important to summarize the research method and design of the present study. The researcher used purposive sampling to select officers as research participants. The sample size included 15 participants. The average sample size in phenomenological

studies is from 7 to 10 persons (Aquino-Russell, 2008). Recruitment was conducted with thoughtful attention to the recruitment of women and minority peace officers; however, there were no inclusion or exclusion criteria based on gender, race, or ethnicity.

Creswell (1998), in a definitive work on qualitative research methodology, provided insight on matters pertaining to procedures for sampling with specific reference to phenomenology as a qualitative method of research. Creswell made the following comments on this subject: "I find, however, a much more narrow range of sampling strategies for a *phenomenological study*. It is essential that all participants experience the phenomenon being studied" (1998, p. 118).

A central research question was formulated to guide the research. The following standardized, open-ended question/instruction was provided to each research participant: *Select the most distressing single critical incident that you were directly involved in or exposed to while on-duty as a peace officer. Next, describe in as much detail as possible what happened before, during, and in the hours, days, weeks and months following the critical incident; and most importantly, please describe how you coped with any physical, psychological, and/or emotional stress/distress associated with this incident.*

The researcher collected 15 written descriptions (i.e., research protocols) from the participants in response to the above question. The procedures used by the researcher to analyze the raw data were based on the descriptive phenomenological method established and set forth by Giorgi (1985) and Giorgi and Giorgi (2003).

The fourth chapter was devoted to the presentation of the results. The "results" chapter was divided into three sections. The first section was simply a definition of terms and constructs.The second section included the presentation of 15 situated structures, and

was quite detailed based on the amount of descriptive data that had to be analyzed and synthesized. Each of the 15 situated structures presented the essential psychological aspects of each participant's coping experience and the meaning of the experience of coping with a traumatic CI from the perspective of each participant.The final section of chapter four included the presentation of the general structure. The general structure emerged from the analysis and synthesis of the 15 situated structures. The general structure served to describe how officers who participated in this study generally coped with critical incident stress and trauma.

Discussion and Interpretation of the Data

The key findings generated from the phenomenological analysis will be explained and interpreted in the following order: first, noteworthy themes generated from the analysis that described the effects of traumatic stress the participants experienced from critical incidents are discussed; and second, the key findings specifically related to the coping strategies and responses of the participants are identified, interpreted, and placed in context with the existing literature. The findings specifically related to the coping experiences of the participants are considered central to the present study and will inform on the central research question originally formulated to guide this investigation.

The first key finding to emerge from the analysis of the results was that participants experienced, without exception, psychological and emotional distress from their exposures to critical incidents. Each participant in this study (n=15) described some form of psychological and emotional distress in his or her research protocols. Examples of the psychological and emotional distress experienced included varying degrees of

anxiety, panic, fear, anger, sadness, betrayal, abandonment, etc. This finding is consistent with the research conducted by Fay, Kamena, Benner, Buscho, and Nagle (2006). Also, Fay et al., (2006) further illuminated the outcomes related to CI exposures, "Symptoms immediately following a critical incident may include shock, nightmares, irritability, difficulty concentrating, emotional instability, and somatic complaints" (p. 161).

The evidence to support the above finding was based on participants' descriptions of fear, horror, and helplessness from their exposures to CIs. The descriptive data is empirically significant given that the three aforementioned responses match the diagnostic criterion, (A2), for a PTSD diagnosis as set forth in the *Diagnostic and Statistical Manual of Mental Disorders 4th ed., Text Revision* (American Psychiatric Association, 2000).

The second noteworthy finding to emerge from the analysis was that in addition to experiencing psychological and emotional distress, participants also described experiencing symptoms of physiological distress as a consequence of their exposures to CIs. The results suggest that participants, when exposed to life threatening critical incidents, experienced the effects normallyassociated with hyperarousal caused by the neurological activation of autonomic nervous system.

The above finding converged with evidence reported in the literature (Marmar et al., 1996; McCaslin et al, 2006). The results further suggest that bio-physiologic distress was precipitated by intense fear, the fight-freeze-flight response, hyperarousal, and descriptions of panic experienced by the participants when exposed to life threatening CIs; and to a lesser extent peritraumatic dissociation.The results in this regard converged

with similar findings reported in the past literature on trauma stress. Andrews, Brewin, Stewart, Philpott, and Hejdenberg (2009) presented evidence of the critical relationship between the hyperarousal symptoms found in traumatized military personnel and the genesis of future symptoms of PTSD.

The first two findings suggest that exposure toCIsgenerally place officers at-risk for bio-physiological, psychological, emotional, and social distress. Among the most prevalent of themes to emerge from these data are related to intense fear and anxiety that participants experienced immediately prior to, during, and in the aftermath of their exposures to CIs.

Also, the analysis revealed that some participants, based on their descriptive accounts, appeared to lack basic knowledge and understanding of the dynamics and facets associated with the traumatic stress, stress management, and adaptive coping mechanisms. For example, P4, P5, P7, P9, P13, and P14 experienced varying levels of self-doubt, anger, fear, re-experiencing symptoms, and related biological and psychosocial distress following their exposures to CIs. The evidence suggested that with the onset of symptoms, accompanied by cognitive and emotional distress, (i.e., intrusive memories, negative cognitive reappraisals leading to feelings of intense fear, sadness, anger, fear, guilt, etc.), the aforementioned participants experienced some of the common biological and psycho-emotional by-products and consequences consistent with exposures to traumatic events. Unfortunately, the evidence also revealed these participants did not receive any form of social support from their respective agencies. The interpretation of the evidence in this instance brings to mind practices employed by the military to respond to soldiers experiencing combat-induced traumatic stress. These

participants could have benefited from integrated programs used by the military designed for prevention, intervention, and where appropriate, treatment for those individuals experiencing acute reactions indicative of traumatic stress (Friedman, 2001).

The implications are such that these participants, due to a lack of training, awareness, and social support, were at-risk and in need of psychological assistance and interventions. Many of these same participants described elements of shame, helplessness, and guilt because they did not understand normal bio-physiologic characteristics that correspond with the human stress response. McCaslin et al., (2006) found that peace officers, when exposed to life threatening critical incidents, are likely to experience psychological/emotional distress, dissociation, and were at-risk for chronic anxious arousal following exposures to traumatic events. This type of information, it is concluded, needs to be taught to law enforcement recruits at the basic training levels; and reinforced in advanced training courses.

The third finding was based on strong evidence indicating that traumatized participants generally were not afforded social support from their respective law enforcement agencies in the aftermath of critical incidents. The preceding statement does not represent the researcher's personal opinion(s), and requires a detailed explanation. Also, the general lack of agency provided social support to participants in the aftermath of CIs was an unanticipated finding. Moreover, this finding was not documented in the relevant literature to date. Therefore, the lack of agency social support is considered significant and is empirically supported by evidence presented in the situated structures of P2, P3, P4, P5, P7, P8, P9, P12, P13, P14, and P15 found in chapter four.

Interestingly, a small number of participants in the sample, P6, P10, and P11 described receiving adequate social support from their respective agencies in the aftermath of their CIs.The three participants stated that the social support that was provided from their agencies came in various forms, such as psychological debriefings, mandatory sessions with their agency's mental health professionals, contact from peer support personnel, and caring assistance from their immediate supervisors. Also, these three participants described that mandated sessions with mental health professionals provided by their agencies furthered their understanding the dynamics of traumatic stress, and being educated about what they might come to experience in the aftermath of trauma, (i.e., somatic distress, psychosocial stressors, etc.) served to normalize their experiences.

It was concluded that based on the traumatic affects associated with critical incidents, it appears that law enforcement agencies did not uniformly provide the participants with the requisite social support services required (i.e., grief counseling, psychological debriefings, etc.), in the aftermath of critical incidents. The lack of agency provided social support has serious implications on a variety of complex fronts that will be discussed in detail in the "general implications" section to follow.

The fourth notable finding to emerge form the results indicated that participants, in the aftermath of critical incidents, generally came to view their respective agencies with various levels of distrust and distain. Interestingly, this specific finding is considered adventitious given the evidence of the relationship between two findings: the participants who described distrust for their agencies were generally the same participants who described receiving a lack of agency provided social support. Participants that described feelings of distrust toward their agencies were as follows: P1, P4, P5, P8, P9,

P12, P13, P14, and P15. Additionally, P8 and P12 described being the recipients of punitive treatment from their respective agencies in the aftermath of their CI experiences.

The participants who reported feelings of distrust in their agencies generally described their inabilities to communicateand confide in their co-workers, supervisors, etc., for fear of being viewed as weak, pathological, etc. Given the subculture and organizational aspects discussed above, one can clearly grasp the complexities that are pervasive and serve to perpetuate the problems associated with why peace officers may still not receive adequate interventions in the aftermath of CIs.

It was hypothesized that the generaldistrust that many participants harbored toward their respective agencies was primarily an outcome of their feeling abandoned and betrayed by their own organizations in the aftermath of trauma. This conclusion was based on evidence gleaned from the data analysis of the following emotional and psychological constituents described by the participants: hurt, anger, resentment, frustration, fear, abandonment, humiliation, and betrayal by the participants in question.The following examples are presented to support this conclusion:

P1, after experiencing a CI involving the death of a young mother, was left with feelings of sadness and despair. P1 shared her thoughts as to why she did not seek support from her teammates or members of her agency: "They might take it as a sign of weakness or I would be put in the stereotypical girl role." This statement reflects both distrust and gender related overtones.

Another poignant example comes from P15's CI experience, and is presented to illustrate the genesis of his distrust in the agency. P15 had been in an officer involved shooting. P15 worked for a small town police department. The police chief decided to

have a debriefing of the shooting incident. P15 was under the impression that the debriefing was beingoffered to discuss the incident objectively for purposes related to stress reduction, referrals, etc.

P15 wrote:

> Within a week, a debrief of the incident was scheduled. I showed up to the entire agency sitting in a room. This included everysecretary, volunteer, and person with any affiliation with the department. They proceeded to let everyone in the room ask questions and make statements about the incident. I found thisto be extremely unprofessional and it sent me into an angrystate of mind…This began my angry stand-alone attitude.Eventually I left the agency in fear of another CI. I knewthat if another incident occurred I would be left out in the cold.

Finally, the results suggest that participants when exposed to CIs generally were confronted with a variety of post-CI stressors.This finding converged with the past literature(Regehr et al., 2003). The evidence suggests that post-critical incident stressors are a predictable outcome of CIs. Post-CI stressors included, but were not limited to, the following types of events and circumstances: internal affairs investigations, post-shooting review boards, grand jury and district attorney investigations, civil litigation(s), punitive disciplinary actions, and media scrutiny were experienced by over half of the participants in the present study.

The negativeeffects associated with post-CI stressors were not confined merely to the involved participants. Post-CI stressors, according to the data, had adverse affects on the families of the CI exposed participant(s), along with their law enforcement agencies, and by extension, the larger community. Additionally, there was descriptive evidence that post-CI stressors complicated one's attempts to recover from the trauma and stress

associated with the original critical incident(s); and generally compromised the natural coping abilities of the participants.

The finding in question was consistent with the research of Regehr et al., (2003) on several fronts.The research of Regehr et al., (2003), a study involving police officers, reported on the adverse affects associated with what is termed the "public inquiry" (p. 383). Public inquiries include the investigations and administrative processes that investigate or examine the actions of the officer(s) involved in critical incidents. Regehr et al., provided the following comments based on the results of their research:

> Stresses experienced in the inquiry process emanated from a numberof factors. One factor was the undermining of the officer's reputation,which was felt to overshadow all other career contributions and to place the opportunity of career advancement in peril. Another relatedto the prolonged period of time often involved in the review process,during which an officer might not know whether he would lose hisjob, be financially liable, or go to jail…The process of review notonly impacted the officers involved but also had significant effectson their family members…(2003, p. 394).

In conclusion, critical incidents should not be viewed as isolated events. CIs, as the results suggest, must be viewed in context with corresponding events and circumstances. Suffice it to say, the dynamics associated with critical incidents are complex, and serve to generate a continuum of stress for exposed offices.

Coping Strategies:

Next, the results specific to the coping strategies and responses of the participants are presented and explained. Also, where appropriate, the noteworthy findings are discussed in context with the relevant literature.

With respect to coping strategies, thereview of past literature revealed two primary coping strategies that weregenerally employed by law enforcement officers relative to critical incidents: emotion-focused and problem-focused coping.There was strong evidence herein that participants generally employed emotion-focused coping as their strategy of choice in the aftermath of CIs.

The employment of the emotion-focused coping strategy speaks to the traumatic nature of CIs. Given the evidence of biological, psychological, and social distress experienced by participants, one can comprehend the reason(s) for the widespread employment of this strategy in this study. The traumatic nature of critical incidents lends credence to the explanation that participants,due to their exposures, generally had an overwhelming need to avoid and escape the effects of peritraumatic reactions, (i.e. hyperarousal, panic, etc.) and the co-occurring aspects of emotional distress associated with CIs.

The results indicated that emotion-focused coping has both adaptive and maladaptive variations (approach and avoidance respectively). Adaptive aspects included the participants who made use of available social support, counseling, and spiritual guidance from a member of the clergy.

Conversely, maladaptive aspects of emotion-focused coping were reflected in the data among those participants relying solely on avoidance and escape as primary coping

behaviors.There was strong evidence of maladaptive aspects associated with emotion-focused coping as a strategy. Examples of maladaptive aspects were participants that engaged in long-term use and overreliance on coping responses such as avoidance, dissociation, etc.; there was evidence of elevated and enduring levels of emotional distress and symptoms consistent with traumatic stress and related psychiatric disorders (Marmar et al., 2006).

Moreover, participants that employed maladaptive aspects of emotion-focused coping were found to have negative cognitive appraisals of their CI experiences in the wake of critical incidents, suppressed emotional responses, minimal social support, elevated levels of emotional distress, and symptoms associated with traumatic stress. With regard to the latter, symptoms associated with traumatic stress, participants identified as having negative cognitive appraisals described the following: chronic hyperarousal, re-experiencing symptoms, persistent emotional distress, (i.e., anger, unresolved grief, etc.), and the psychophysiological effects of hypervigilance and fear-produced cognitive, affective, and behavioral responses that endured for months, and in some cases years after the CI.

It is important to note, avoidance coping, when used in the short-term by participants, was actually found to be an adaptive mechanism associated with the emotion-focused strategy. The explanation being, avoidance used adaptively was viewed as a necessary defense against overwhelming and acute stressors experienced at the time of exposure and shortly thereafter a traumatic CI. Thus, avoidance is construed as an adaptive strategy used to consolidate one's emotional and mental capacities in the wake of trauma (Anshel, 2000).

Participants employing the strategy of problem-focused coping described cognitions and behaviors consistent with approach rather than avoidance coping responses. The analysis of the results revealed evidence that participants employing problem-focused coping described the following outcomes associated with this strategy: participants demonstrated a reliance on active problem solving as a means of coping with CI stressors; participants made effective use of available resources to gain the necessary support needed to cope effectively with their traumatic experiences; participants were able to derive positive meaning(s) to their lived CI experiences.

Problem-focused coping was found to be an effective strategy that generally enabled participants to reframe their cognitive appraisals and perceptions of their traumatic experiences.The results suggest that seven participants (n=15) made adaptive use of problem-focused coping. It is important to note that each of the seven participants cited above described positive cognitive re-appraisals of their CI experiences.

Finally, there was evidence that led to the finding that participants effectively employed features associated with the two strategies discussed above: emotion-focused and problem-focused coping. Also, the results indicated that the adaptive employment of both coping strategieswas associated with lower reported levels of somatic, psychological, and emotional distress and symptomatology among the participants identified above. This finding converged with the conclusions cited in the research of Marmar et al., (2006): "It appears that police and some other first responders struggling with CI-related posttraumatic stress make greater use of a variety of coping strategies, including those traditionally regarded as adaptive…" (p. 12).

Coping Responses

The results specific to the coping responses of research participants will be addressed in this section. The findings discussed are considered to be of evidentiary value for one or more of the following reasons: one, identified coping response variables were associated with other key findings presented in the general structure; two, the finding(s) were unanticipated and thereby considered adventitious; and three, the finding(s) either converged or diverged with the results presented in past literature (Cone & Foster, 2004).

The first noteworthy coping response finding was the widespread use of social support among participants as their primary means of coping in the aftermath of traumatic stress. Social support, as a coping response, converged with similar findings reported in the relevant coping literature. Furthermore, social support has been cited in numerous studies as a mediating factor in coping with traumatic stress (Weiss et al., 1995; Patterson, 2003). Participants in this study described seeking social support primarily from their significant other(s), family members, (i.e., parents, siblings, etc.), and close personal friends, both inside and outside of the law enforcement profession.

Second, the results strongly suggest that in the aftermath of CIs, participants described the benefits associated with their being able to express their painful and distressing emotions. Also, participants generally were able to express their emotions when confiding with trusted individual(s) in their social support networks. This point converged with the relevant literature.

Third, the analysis and interpretation of the above findings revealed evidence of a positive relationship between the two coping response variables previously discussed:

social support and emotional expression. The relationship between these two coping variables was unanticipated. This finding was based on data from nine participants, P-1, P-2, P-4, P-6, P-9, P-10, P-11, P-12, and P-15, all of whom described primary reliance on both social support and emotional expression as primary coping responses. A tentative conclusion is offered to explain the interpretation of these results:

One's inclination to engage in approach behaviors is viewed by this researcher as an adaptive approach to coping with CI stress and trauma. The results indicated that participants generally confided and shared their thoughts and feelings when social support was readily available.

The absence of social support as a coping response was evident in the following participants: P3, P5, P7, P8, P13, and P14. These participants either did not have a social support network available or chose not to rely on available social support as a mean of coping.

Interestingly, participants identified as lacking social support were found to employ or otherwise rely on maladaptive coping responses and behaviors in their lived coping experiences. The situated structures for P3, P5, P7, P8, P13, and P14 found descriptive evidence to support this finding by virtue of the following coping responses noted in the data: avoidance behaviors, suppressed emotions, and a lack of agency provided social support.

This finding underscores the need for law enforcement organizations to apply due diligence by providing a modicum of care and social support for trauma-exposed officers. The care and social support, it is concluded, should be made operational by way of

mandated policies based on evidence-based practices. This is especially important given the maladaptive coping strategies and responses that were in evidence.

Fourth, there was evidence to support that one's cognitive reappraisals of their traumatic experiences was positively related to their ability to adaptively cope with critical incidents. This finding converged with the past literature on coping (Harvey-Lintz, 1997). Past research has produced evidence to suggest that one's cognitive appraisals of a traumatic event, both the initial appraisal(s) at the time of the CI and the reappraisals subsequent to the event, can have an affect, both positive and negative, on one's corresponding coping processes (Anshel, 2000; Lazarus, 1999).   Anshel (2000) commented on this very point, stating, "Cognitive appraisals strongly influence the stressor's perceived intensity, the extent to which the stressor is viewed as important, and the choice of coping strategy…" (p. 383). Also, Lazarus (1999) elaborated on the ramifications related to the cognitive reappraisal process: "When we reappraise a threat, we alter our emotions by constructing a new relational meaning of the stressful encounter Reappraising is an effective way to cope with a stressful situation, perhaps one of the most effective" (p. 116).

The participants in this study who described having positive cognitive reappraisals associated with their traumatic experiences were found to adopt and/or otherwise employ adaptive coping strategies and responses in the aftermath of their exposures to CIs. The following explanation is offered to establish the relevance of this finding:

The results indicated that a relationship existed among three key coping response variables: positive cognitive reappraisal(s) were positively related to both the seeking of

social support and emotional expression. These three coping response variables were evident in the situated structures of the following participants: P1, P2, P4, P6, P9, P10, P11, P12, and P15. Thus, based on the analysis and interpretation of the data, it was concluded that in the aftermath of traumatic CIs, participants who were able to arrive at a positive reappraisal of their CI experience(s) were also found to employ adaptive coping responses.

Conversely, the results suggested that negative cognitive reappraisals of their CI experiences were associated with maladaptive coping response behaviors. There was evidence in the situated structures of P4, P5, P7, P8, P13, and P14 that both documents and supports this point. One can review the situated structures for these six participants and find descriptive evidence of negative cognitive reappraisals, avoidance coping behaviors, suppressed emotions, limited coping skills, and a lack of agency provided social support.

Fifth, two additional significant coping response variables emerged from the data analysis. Optimism and hardiness are considered important dispositional factors, and are considered by researchers to be essential to one's ability to adapt and cope with trauma (Anshel, 2000).

The results suggest that participants who described evidence of optimism and/or hardiness in their research protocols, (P1, P2, P3, P6, P9, P10, P11, P12, and P15), were found to exhibit adaptive coping response behaviors (i.e., positive cognitive reappraisals, seeking social support, and emotional expression). Whereas participants who lacked descriptive evidence of optimism and/or hardiness, (P4, P5, P7, P8, P13, and P14), were

found to exhibit maladaptive coping response behaviors (i.e., negative cognitive reappraisals,lack of social support, and suppressed emotions.

Conclusions

The following eleven points reflect the salient conclusions that inform directly on the central research question. These conclusions, generated from the data analysis, explain what happened to the officers who participated in this study when they were exposed to critical incidents; and moreover, describes how the participants coped with the stress, trauma, and consequences associated with such events. The conclusions presented below also include theoretical, ideological, and experiential thoughts and opinions of the researcher, and are based on several sources: the data analysis, the empirical literature, and the personal experiences of the researcher as a retired peace officer.

1. Critical incidents generally caused participants to experience bio-physiological, psychological, emotional, and social distress and symptomatology associated with traumatic stress.

2. In the aftermath of CIs, participants generally had to experience and contend with post-CI stressors. Post-CI stressors included, but were not limited to, post-shooting inquiries, internal affairs investigations, disciplinary actions, grand jury hearings, and media scrutiny. Post-CI stressors create for trauma exposed officers the additional, and sometimes insurmountable, amounts of distress and burdens associated from the above referenced set of circumstances and events. For the participants in the present study, the process of attempting to cope with the trauma associated with their respective critical incident and with respect to the central

research question, it was concluded that post-CI stressors caused participants significant amounts of emotional distress, and generated feelings of anger, betrayal, guilt, and in some cases, hopelessness and despair. Participants, consumed with the demands imposed on them from the newfound stressors, seemingly compromised their abilities to cope with the trauma sustained from the original critical incident. Post-CI stressors have the functional equivalency of placing additional demands on officers, which compounded their stress load and taxed their natural coping abilities.

3. Participants generally utilized emotion-focused coping as a primary coping strategy. Based on the results, it was concluded that the participants that employed adaptive combinations of both emotion-focused and problem-focused strategies generally experienced positive coping outcomes (Lazarus, 1999).

4. Participants generally coped by seeking social support primarily through their significant other(s), close family members, and close friends.

5. Participants generally coped by expressing their distressing/negative emotions associated with CIs to individuals in their social support networks.

6. Participants generally formulated cognitive reappraisals of their lived CI experience(s). The cognitive appraisal process led participants to formulate either rpositive cognitive reappraisals or negative cognitive reappraisals of their lived CI experiences (Lazarus, 1999).

7. From the evidence, it was concluded that positive cognitive reappraisals were associated with adaptive coping strategies and responses. Participants able to reframe their cognitions and reach positive reappraisals of their CI experience(s)

were found to employ adaptive coping strategies and responses. Examples included the flexible employment of, problem-focused coping and emotion-focused strategies, seeking social support and the ability to express their emotions (Lazarus, 1999).

8. It was concluded that participants having or maintaining negative cognitive reappraisals of their CI experiences generally described maladaptive coping strategies and responses. These participants described the following maladaptive coping responses: avoidance coping, the failure to seek social support, suppressed emotions, and limited coping skills.

9. It was concluded that law enforcement agencies generally did not provide adequate social support to participants. Associated evidence revealed that participants who did not receive social support from their respective agencies came to view their agencies with distrust. The distrust these participants described manifested feelings synonymous with hurt, anger, betrayal, and resentment.

10. It was concluded that individual and group consultations with mental health professionals proved beneficial to participants in their efforts to adaptively cope with critical incident stress and trauma. Participants in this study who consulted with mental health professionals, whether by way of self-referral (P2, P8, P9, and P12), or from agency-referral (P6 and P10), attested to the positive benefits derived from their consultations. Consultations with licensed clinicians served to normalize the experiences for these participants, provided them with psycho-educational information, and aided their efforts to adaptively cope with critical

incidents. The following descriptions were drawn from the raw data to support

the above finding(s):

P6 declared:

> Immediately after the incident my department paid fora
> traumatic stress expert to brief me on what to expect
> from myself over the next week or so…I received
> information regarding sleep, exercise, anxiety,
> counseling, hydration, emotional outbursts, and other
> effects. This information was helpful in teaching me
> that I was a normal person going through abnormal
> experiences. Being able to anticipate the effects of
> stress and accept them was strength.

P10 stated:

> The next day all four of us were sent to our
> departmental psychologist, as is standard for critical
> incidents. We spoke individually with the psychologist
> and then as a group. The psychologist was able to ask
> the right questions, which got ustalking about how we
> felt at different times during the incident.This was very
> helpful in finding out what the other officers were
> thinking and how they were currently feeling.

P12 wrote:

> Two weeks or so later I spoke to a police psychologist
> aboutmy feelings. He informed me they were totally
> normal and that I should feel good about what had
> happened, yet sad at the same time. He was right on the
> money.

11. Although a general structure emerged from the results, the interpretation of the

results led to the inescapable conclusion that coping with traumatic stress is a

complex and individualistic process. There are many variables that account for

individual differences that affect coping outcomes. It was concluded that

important variables serve to influence and affect how officers might cope with trauma. These influencing variables include, but are not limited to, the following: the severity of the CI, history of previous trauma(s), evidence of previous or current psychopathology at the time of exposure to a CI, environmental resources, dispositional characteristics, intellect, cultural background, and agency social support.

General Implications

The implications associated with the results of this study are presented at this time. The focus of this research was on how officers cope with the stressors associated with traumatic critical incidents. The implications are addressed in the following order: first, implications that apply to peace officers in general, implications that reflect on law enforcement organizations, and implications that apply to theory are raised and discussed; second, the limitations of the study are presented; and finally, the recommendations for future research and practice are offered for consideration.

Given the strong likelihood that officers will be exposed to CIs during the course of their careers, a basic knowledge of the biologic and psychosocial bases of behavior, the human stress response, and a primer on healthy coping skills should be made available to all officers. As previously stated, the analysis revealed that several participants lacked a basic understanding related to autonomic responses associated with the central nervous system. Also, some participants did not understand that the intense fear and the effects of hyperarousal were in fact normal reactions that one is likely to experience in highly stressful and traumatic situations. The implication associated with

the outcome in this regard was that several participants misinterpreted their somatic and emotional reactions as emblematic of human weakness and/or cowardice on their part and were plagued with self-doubt, shame, and emotional distress. The intent in this instance would be to provide officers with information and knowledge of normal responses found to be associated with critical incidents.

The results clearly indicated that although there was an identifiable structure of how officers generally coped with traumatic critical incidents, the data also suggested that coping strategies, skills, and ensuing behaviors among the participants were varied and unique to the individual. Coping is a complex topic and how one copes with traumatic critical incidents truly encompasses a multitude of factors and influences (i.e., factors related to co-morbidity, previous trauma exposure, personality and dispositional factors, social support, etc.).

The complexities and variables associated with the construct of coping and the stressful nature of law enforcement are such that it seems logical that a basic course should be provided to officers informing them of adaptive coping strategies, skills, stress management practices, etc. This type of training would serve as a preventative step designed to provide officers with knowledge, understanding, and adaptive coping skills to combat the effects of traumatic stress, burnout, and to promote physical, mental, emotional and spiritual health.

It is recommended that the proposed training be offered in two distinct curricula. One training module should be designed for entry-level peace officers and would be offered at the basic academy level. Recruit officers are typically new to the occupation and have never been exposed to law enforcement related critical incidents. New officers

do not have the benefit of experience and are for the most part unaware of the realities they will have to confront on the street. Many recruits have never been exposed to individuals, especially children, who have been severely injured or killed from the likes of automobile accidents, violent crime, etc. The training should prepare officers for the risks and dangers associated with occupational stress, and provide them with knowledge and skills that promote health, resilience, and adaptive coping.

The recruit officer course of training is based on the supposition that entry-level officers need to be properly briefed and provided with knowledge and information to enhance their understanding of what a career in law enforcement actually entails. The practical imperative in this regard requires the instructors to be both trained and experienced in matters related to traumatology, but also to be credible instructors that can relate and successfully interact with their audience. The latter point is to be emphasized, since merely having academic credentials and clinical experience as a mental health practitioner is not enough.

Officers need to be trained by individuals who are knowledgeable about the police subculture, officer safety issues, and the unique stressors and challenges confronted by peace officers.

With these factors in mind, instructors teaching a basic course as outlined above, can prepare and inform officers by planting the conceptual and practical seeds synonymous with adaptive coping processes and health promotion, in a virtual manner. The training and foreknowledge will assist new officers on their long and hopefully safe journey along an occupational path fraught with many challenges, not the least of which being traumatic critical incidents.

The second model for training should be advanced and designed for in-service officers. The format for this level of training should include information on stress prevention, trauma support programs, and coping skills. The conceptual design for the advanced training on coping with stress and trauma should be based on practical strategies and skills that relate to the themes and findings presented above. The indicated format for this component of training should reflect a group process approach so that officers can share experiences and interact. The lived experiences of veteran officers need to be validated and addressed, and the curriculum must respond to the unique needs of the in-service officers.

In-service officers are many times forgotten by their agencies as the results suggest. Veteran officers typically have been exposed to multiple traumatic critical incidents. This researcher has extensive experience in law enforcement training. From previous experience in training and instructing classes to officers in crisis intervention training (CIT), a common refrain voiced by many officers to this researcher was: "What about us?" Officers are mandated to receive training to better prepare them to meet the needs and otherwise help and assist the public: course of instruction regularly includes training in first aid, cardio pulmonary resuscitation, CIT, cultural diversity, etc. These courses of training are indispensable and are obviously required for a variety of valid reasons. The observations of this officer, based on the results of this study, and first-hand knowledge from work in the field, is that officers rarely are exposed to training and information that could not only equip them to more effectively cope with stress, but also may serve to elevate life expectancy, reduce the high rates of suicide in law enforcement, etc. Given the stressful nature of this occupation, it is recommended that state

commissions on standards and training continue to develop and provide curricula that address the psycho-emotional and mental health needs of in-service officers.

The second implication to emerge concerned the organizational response to trauma-exposed personnel. The adverse affects associated with traumatic stress from critical incidents should be a major concern to law enforcement administrators, command staff, etc. The finding that law enforcement organizations in this study generally did not provide adequate trauma and social support cannot be minimized.

Many participants described the considerable amounts of distress they experienced as a result of their perceptions of being betrayed, abandoned, and in some instances, punished by their own organizations. Given the evidence, the implication is that law enforcement organizations have a duty to care for employees who are clearly at-risk for stress related disorders. Harpold and Feemster (2002), in their article published in the Federal Bureau of Investigation's professional journal, *FBI Law Enforcement Bulletin*, shared their concerns:

> Historically, the law enforcement profession has not acknowledgedthe negative stress related to being an officer. For example, lawenforcement academies throughout the United States rarely haveaddressed stress in police work. Notwithstanding unmistakablecries for help disclosed in internal reviews, academies have beenparticularly lax in suggesting appropriate methods for identifyingthis potentially debilitating disorder. In addition, until recently,many law enforcement agencies did not implement programs to assist officers struggling with stress-related issues (p. 2).

The costs associated with traumatic critical incidents, when viewed from several perspectives, can be quite substantial. There are human costs, economic costs, and socio-

political costs to name a few. Fay et al., highlighted a few of the costly affects and

outcomes associated with critical incidents:

> Traumatic events can cause reactions that affect jobs,
> relationships,and quality of life… Police officers
> reporting high levels of stress have three times greater
> health problems, three times greater levels of domestic
> violence, five times higher rates of alcoholism, and are
> ten times more likely to suffer from depression…(2006,
> p. 159).

Officers that participated in the current study generally returned to full duty status

in a matter of days following their exposures to critical incidents. As cited above, many

of the participants received no social support from their agencies. Upon returning to

duty, these officers were expected and required to make rapid assessments and

discretionary decisions in a variety of stressful circumstances. It is argued, that an officer

struggling to cope with trauma(s), in all probability, will have to respond to calls and

circumstances that inevitably include high profile and liability prone future CIs. Critical

incidents require maximum effort and peak performance in terms of one's capacity for

emotional and cognitive presence and stability to successfully resolve and survive many

of these events. This eventuality alone implies the potential liabilities that could arise if a

traumatized officer, who was not provided with at least a modicum of support in the

aftermath of a CI, exhibits poor judgment which could conceivable be linked to

unresolved trauma.

The implications embedded in this scenario apply not only to law enforcement

organizations alone, but also to higher levels of government, and to the greater

community. Thus, a law enforcement agency's failure to provide a standard or basic

level of care and support for personnel exposed to CIs raises further implications that

exceed the scope of this investigation, are nonetheless important considerations: legal

liabilities and consequences, (e.g., ruined careers, civil and criminal litigation, and loss of

image/trust from members of the community).

Theoretical Implications

Several theoretical implications were generated from the results and are presented

for consideration. The past literature on topics related to both posttraumatic stress

disorder (PTSD) and coping with traumatic stress is voluminous to say the least. As

previously indicated, the results of this study have converged with many of the findings

documented in the relevant literature (Andrews et al., 2009; Marmar et al., 2006; &

Weiss et al., 1995). The following points are presented as they relate to the conceptual

and theoretical implications that emerged from the interpretative analysis of the results.

First, past research on law enforcement stress and coping primarily focused on

clinical symptoms as predictors and causal factors responsible for clinical presentations

of PTSD (Grant, 2000). However, the theoretical position espoused by this and other

researchers is that PTSD and related clinical disorders arise due to the individual's

inability to cope with distress and symptoms associated with traumatic CIs and events.

The failure to cope is the salient determinant and causal factor that can lead to PTSD

symptoms, diagnoses, etc., and not the symptoms themselves, i.e., bio-physiologic

symptoms, psycho-emotional symptoms, etc. (Anshel, 2000; Colwell, 2005; Lazarus,

1999). The phenomenon of coping is viewed therefore as a pivotal process that

ostensibly either mediates or complicates symptoms associated with traumatic stress.

It is important to reiterate that most peace officers exposed to traumatic CIs recover from their CI experiences and do not develop stress related disorders. This point is supported in the literature by statistical evidence that suggests that the incidence of PTSD among trauma exposed individuals, both in the general population and in emergency services workers is fewer than 25 percent (Marmar et al., 2006). Thus, it is theorized that the majority of officers exposed to traumatic CIs are able to successfully cope with traumatic stress and recover. Thus, coping is regarded as both a key construct and predicator of traumatic stress related psychopathology and the implications speak to future research and practice in psychology (Lazarus, 1999).

A second theoretical implication is presented and speaks to factors that occur and impact officers in the aftermath of traumatic CIs. Officers exposed to traumatic incidents many times are affected by events and circumstances that are secondary to the primary stressors associated with a traumatic event. These secondary stressors are such that officers experience psychosocial distress and impairment. Hence, the amount of overall stress is compounded and leads one to experience additional problems, (e.g., somatic distress, psychological/emotional distress, behavioral problems at work, home, etc.).

The analysis of the data led to four key findings that converged with the literature and provided insights related to coping with traumatic CIs: the trauma associated with exposures to CIs (bio-physiological, psychological and emotional distress), post-CI stressors, the lack of agency provided social support, and descriptive evidence of distrust and contempt voiced by participants toward their respective agencies. The aforementioned variables imply that officers are at-risk for stress related disorders, job burnout, relational distress, substance abuse, and a host of other circumstances.

The natural coping abilities of officers can become taxed and overwhelmed due to the factors associated with these four variables. Officers that have limited coping skills and/or who lack necessary attributes such as social support, adaptive personality traits, i.e., resilience, optimism, etc., are at-risk and may be unable to adequately cope with the cumulative stressors precipitated by critical incidents. Under these circumstances, there was evidence to support that at-risk participants in this study employed maladaptive coping strategies and responses that included avoidance behaviors, maladaptive coping responses such as self-medication, and self destructive behaviors at work such as insubordination to superiors, and symptoms of physiological and psychological sequelae that endured and for some became chronic, e.g., intrusive symptoms, depression, etc.

The final theoretical implication concerns the law enforcement subculture influence and affect on how officers cope with trauma. Throughout the phenomenological analysis of the data, a persistent theme continually emerged that involved the role and influence of the law enforcement subculture and how the subculture informed on the issue related to coping with CIs. Further analysis and interpretation of the data led to the following theoretical conclusion: the subculture implicitly can influence officers to conform to prevailing attitudes and beliefs, which, the data suggested, in some cases proved detrimental to active and adaptive coping processes.

The subculture is a closed system that affects personnel on all levels. This includes administrators, who despite their positions of leadership and ability to affect and update policy, are effectually graduates and adherents of this same subculture. The net effect is that prevailing attitudes and beliefs are propagated by both the subculture and the organizational leaders.

Descriptive evidence herein indicated that the subculture implicitly operates at cross purposes by maintaining and fostering outdated and maladaptive attitudes that can prove especially significant to officers who have been exposed to traumatic stressors. A short list of prevailing attitudes and beliefs that continue to exist in the occupation include, but are not limited to, the following: officers should not communicate their emotions at work; officers should be strong, independent individuals who do not succumb to emotional and psychological distress; the need for psychological and emotional support can still be perceived as a weakness. Theoretically, the subculture is an associated factor that can affect how officers cope with trauma.

Limitations

There are several limitations associated with this study. The first limitation speaks to the researcher's occupational background. The researcher retired from local law enforcement after a thirty-year career working at police departments and a sheriff's department in Northern California. The researcher currently works as a contract investigator with the Federal Bureau of Investigation. Given this background, it is important to note that the researcher also was exposed to numerous traumatic critical incidents in his career. The experiences and biases connected with these facts and circumstances must be taken into consideration given the nature and scope of this critical inquiry.

The researcher, having been exposed to the phenomenon of coping with traumatic critical incidents, endeavored to bracket off his personal knowledge and experience regarding the phenomenon. Realistically, one can bracket aspects related to career

influences, personal biases, personal beliefs, etc., however, unconscious processes

notwithstanding, the function of bracketing alone cannot guarantee abject objectivity of

this researcher. Therein lays the first limitation.

The second limitation speaks to the limited number of research participants:

(n=15). Although fifteen is generally a sufficient number for a qualitative study of this

kind, the results obtained from this rather limited number of descriptions cannot be

generalized due to other research populations due to the size of this sample. However, in

keeping with the tradition of the phenomenological research method, the aim was to

obtain descriptive data that provided rich details and real life experiences about a

phenomenon that has not been adequately investigated in the past literature using

qualitative research methodology.

The third limitation pertains to questions regarding the validity of the written

descriptions submitted by participants of their lived experiences of coping with trauma

associated with CIs. Brunet et al., (2001) raised a point regarding the validity of self-

report measures, and similar limitation(s) apply to the present study. The validity of self-

report measures, according to Brunet et al., (2001) can be affected by several variables:

"Recall may decay with time or be biased by current symptoms levels" (Brunet et al.,

2001, p. 1484).

The same concerns and limitations apply to the present study as they pertain to the

accuracy of one's recollections, distortions that could be due to previously experienced

traumas, current level of functioning (mental state), etc. These limitations are

recognized, along with the possibilities that research participants may not have fully and

accurately described how they coped with their traumatic experiences. There are several

reasons for this eventuality that include the following factors: denial/minimization of symptoms, fear of a breach of confidentiality, and distress associated with re-processing traumatic material for the purpose of providing data to this researcher (Larsson et al., 1988). It should be noted that the participants were not screened or assessed insofar as determining the existence of previous exposures to traumatic events that may have occurred in their careers or in their personal histories.

The fourth limitation also concerned the methodological design of this study. How well participants could effectively communicate their response to the research question given variables that relate to language and written communication skills could affect validity. Officers are trained to write detailed and accurate reports, and sufficient details are required for documentation and prosecution. However, ambiguities reflecting language and usage can and do exist. Given that the written descriptions of the participants could possibly be ambiguous and/or confusing; the study was designed for this researcher to contact the participant(s) if the need for clarification was in order (Larsson et al., 1988).

Recommendations for Future Research

Finally, the implications as they apply to future research in psychology are discussed, and recommendations are presented for consideration. First, given the complexities, variables, and individual differences that account for how one copes with traumatic stressors, it is incumbent upon researchers to continue to explore and investigate factors such as resilience, optimism, and hardiness and how they bear on the issue as it pertains to officers. As the evidence suggested, participants who exhibited

these dispositional traits generally employed adaptive coping strategies and responses in the aftermath of their exposures to critical incidents.

It is recommended that prospective studies be undertaken to investigate factors related to trauma, coping, and dispositional traits using peace officers as research participants. Peace officers, by virtue of their duties and exposures to critical incidents, provide a viable research population for coping and trauma research. Most officers are high functioning individuals having endured extensive background checks, polygraph examinations, and psychological testing and evaluation. For the most part, officers are generally physically, mentally, and emotionally sound. However officers are at risk for stress related symtomatology and that fact alone supports the need for future research to address this population.

This leads to the second implication for future researchers to consider. The present study converged with the past literature on coping as it specifically applied to the empirical link that the evidence suggested exists between one's cognitive appraisals and subsequent coping outcomes (Anshel, 2000; Larsson et al., 1988; & Lazarus, 1999). The recommendation is for future researchers to study officers who possess personal characteristics that contribute and/or enhance adaptive coping variables such as positive cognitive reappraisals, seeking social support, etc.

Coping is a process that is inextricably linked to many complex factors and variables that account for how an individual copes with stress. With regard to this research project alone, any number of the key findings presented could be studied in relation to an assorted number of variables; using any number of research methodologies, etc.: how officers cope with CIs involving children as victims; post-CI stressors and

coping; individual characteristics that affect coping outcomes, are but a few considerations for future research.

The third implication speaks directly to the issue of research methodology. There were few studies noted in the literature on topics related to coping and trauma, especially in the context of the emergency services setting that were qualitative by design. It is important to study peace officers as a research population "in their natural setting" (Creswell, 1998, p. 17).

The results suggest that how officers cope with traumatic stress from CIs is a complex process that involves many dynamic variables, (i.e. dimensions of character and personality, previous trauma, current stressors at the time of trauma exposure, and mental health status). In the effort to gain scientific and detailed knowledge that can be applied to theory, practice, etc., descriptive research methods along with quantitative methods of inquiry are both in order.

A very important consideration is for researchers to triangulate the means by which data is collected and analyzed to ensure outcomes are reliable and valid. Lazarus (1999), provided the following insight that is considered as a salient take home point relative to research methodology; and should be considered by future investigators intent on conducting research on coping with traumatic stress in law enforcement: Lazarus (1999) stated,

> First, we should abandon our reluctance to think of the mind in subjective terms, which is the premise of the concept of appraisal… Second, we should stop defining research solely as a search for normative principles… Description is just as essential in science as causal analysis (pp. 282-283).

The fourth implication concerns research implications for organizational/industrial psychologists. The data clearly reflected the influence that organizations can have on their officers and related personnel, (i.e., public safety dispatchers, records clerks, etc.), all of whom are exposed to various types of stressors endemic to the occupation. The recommendation is for researchers in organization psychology to focus on this topic given the previously discussed findings associated with the lack of agency social support provided to participants, the avowed distrust participants held toward their respective agencies, etc.

Law enforcement organizations, peace officers, support staff, their family members, and the citizens they serve are reliant upon research psychologists, psychiatrists, etc., to study and evaluate current programs and practices that exist in the field of law enforcement that are aimed at providing officers with trauma support. The challenge is for researchers to study and eventually design programs that will focus on prevention, early detection, intervention, and treatment of traumatic stress and related disorders. Hopefully, research will enable psychologists to design evidence-informed training curriculums, interventions, and treatment protocols that will address some of the following issues:

1. Programs that serve to enhance one's knowledge and abilities to cope with trauma.

2. Risk and reliance factors that promote health and well being for officers.

3. Revised protocols and efficacious interventions such as updated models of psychological debriefing that are based on objective empirical evidence.

    4.   Evidenced based approaches applied to the treatment of PTSD for

emergency services and related fields, including the military.

Fifth, the current study produced evidence to suggest that the two primary coping

strategies, emotion-focused and problem-focused, when employed adaptively, flexibly,

and interchangeably by the participants, produced positive coping results and thereby

benefited the participants. Past research, based on evidence cited in the literature,

promoted the benefits associated with problem-focused coping over emotion-focused

coping, as the more adaptive of the two predominant coping strategies (LeBlanc et al.,

2008).

However, the implications generated from the results contradict the literature in

part. The strategy of emotion-focused coping was found to have both adaptive and

maladaptive features as a means of coping with traumatic stress. Also, emotion-focused

coping is not exclusively synonymous with avoidance behaviors and maladaptive coping

mechanisms (LeBlanc et al., 2008). Empirical research is necessary to refute or

substantiate this finding.

Participants that relied on emotion-focused coping as a strategy to regulate their

emotional distress demonstrated the adaptive aspects of emotion-focused coping. For

example, many participants employed the emotion-focused strategy to cope with acute

symptoms associated with traumatic stress (i.e., hyperarousal, intrusive thoughts, somatic

complaints, etc.). When participants' utilized adaptive features of emotion-focused

coping, such as avoidance, were naturally employed, the outcomes were viewed as

positive.

For example, participants, as the results suggest, were exposed to numerous stressors originating from both the precipitating CI and post-CI events and circumstances. Some participants needed to distance themselves from the stimuli associated with interviews, media, coworkers, etc. in order gain the necessary physical and psychological distance from these stressors. This practice was viewed as adaptive use of avoidance coping, and allowed for the natural coping mechanisms to deploy.

Thus, time and distance were considered as functional allies in this regard, and allowed participants to refuel, as it were, before actively seeking social support and expressing their emotions in confidence with trusted individuals on their own terms. It was theorized that the process just described is necessary for individuals to experience, especially in the first forty-eight to seventy-two hours following a traumatic event. The human reactions to trauma, (i.e., shock, intrusive thoughts, emotional distress, hyperarousal), in the hours subsequent to trauma exposure are normal. Participants need time and space to work through the distress/symptoms by relying on their natural coping processes.

The ability to flexibly employ a problem-focused strategy in conjunction with emotion-focused coping served participants extremely well in their abilities to adaptively cope with trauma related stressors associated with CIs. Future research is required to gain additional empirical evidence on the associated variables and factors such as psychosocial characteristics and bio-physiologic factors that predict or determine variance between the two strategies.

Implications for Future Practice

The implications and recommendations presented are based on the results of the data analysis, the current literature, current best practices, and the theories and speculations of the researcher. First, given what is known about the stressful nature of law enforcement, stress prevention programs, training and education, interventions, and treatment options must be implemented and updated to ensure a standard of care that reflects evidenced based practices. Currently, in law enforcement circles, on both national, state levels, and local levels, there are no standardized levels of care for the mental health needs of officers exposed to traumatic stress. However, there are recognized best practices used around the Nation, and for that matter internationally, that include such programs and options that include some of the following: psychological debriefings, peer support programs, psychological assistance offered through an array of sources, and treatment options the individual officer can pursue, (e.g., self-referral to clinicians, health insurance options, etc.).

The first implication pertaining to the practice speaks to the issue of preventing traumatic stress related disorders. The primary goal of prevention is to assist officers, especially those exposed to traumatic CIs, in their abilities to cope with traumatic stress, occupational stress, etc. The objectives related to this goal require the enlistment of psychologists and related mental health clinicians to train officers on aspects related to adaptive coping and stress prevention. Law enforcement administrators, police academy administrators and instructors, and forensic clinical psychologists employed by law enforcement should work together to design and implement curricula that instruct officers on how to recognize the symptoms of traumatic stress, basic ways to cope with stress,

and elements of crisis intervention. The course of training should be basic and relevant to the police subculture.

The second implication related to practice concerns the subject of interventions that can be offered to peace officers in the aftermath of exposure to traumatic CIs. Law enforcement organizations, and state commissions of peace officer standards and training (POST) must first develop the standards, guidelines, and individual department policies that outline the criteria for when, where, how, and by whom the interventions will be offered. Suffice it to say, the key facilitators/practitioners are psychologists, either directly employed or contractors, with law enforcement organizations.

Currently, law enforcement, the military, and the fire service, typically provide what is generically referred to as a psychological debriefing (PD) to their trauma exposed personnel. PDs, of which there are several models, are designed and intended to mitigate the adverse effects associated with traumatic stress and prevent the onset of psychiatric sequelae. The important implication here is that PD is considered to be a psycho-educational intervention and is not a therapeutic treatment (Fay et al., 2006).

Research literature to date has provided mixed and contradictory reviews relative to their utility, efficacy, etc. Moreover, randomized, controlled trials have offered no conclusive evidence that psychological debriefings currently offered either prevents or reduces PTSD (Devilly & Cotton, 2002). The results associated with the present study suggest that participants generally acknowledged the benefits they enjoyed from experiencing a PD. This researcher has first hand experience as both a recipient of psychological debriefings and as a facilitator who has had experience administering PDs to law enforcement personnel following CIs. The empirical evidence from this study

supports the anecdotal experiences of the researcher as to PD being fairly well received by trauma-exposed officers as an intervention. Nevertheless, the implications regarding the lack of empirical evidence as to the efficacies of PD as an intervention have yet to be firmly and convincingly established in the relevant literature.

The issues and questions related to PD are many. Given the scope of this study, the following points and recommendations are offered for consideration. First, many agencies offer in-house psychological debriefings that are facilitated only by lay personnel trained and certified in PD. It is recommended that a mental health professional co-lead sessions with lay personnel. The logic for having a law enforcement officer and a clinician present to co-lead a PD effectually promotes confidence among those in attendance, credibility, accuracy, clinical support, etc. Officers generally are skeptical and guarded especially when those outside of the profession are involved. Therein lays the need for a layperson from law enforcement to be present to co-facilitate a PD. A clinician also promotes credibility and can provide insight, knowledge, and follow-up support for those in attendance who might otherwise choose to contact this person.

Second, a PD should not emphasize or elicit the private thoughts and feelings from those in attendance. PD is not therapy, and to expect officers to share or ventilate their private thoughts and emotions, especially distressing and negative ones, can have deleterious effects on officers. There are primarily four reasons why PDs should not be designed to evoke or inquire directly into the cognitive and emotional domains of those in attendance: one, painful and distressing thoughts and emotions can actually re-traumatize officers; two, PDs are typically offered within 3 to 5 days subsequent to a CI, and officers

are still attempting to process their thoughts and emotions, thus their natural coping process should not be complicated or interfered with; three, the participants attending a PD must have their confidentiality safeguarded and eliciting private thoughts and emotions in a group setting could prove both psychologically, professionally, and legally harmful due to pending internal affairs investigations, post-shooting inquiries, innuendo, etc.

Finally, the emphasis should be on educating those in attendance on the signs and symptoms related to traumatic stress, adaptive coping measures, stress reduction techniques, and available resources. Also, subsequent to a PD, the facilitators should re-contact all in attendance by telephone, email, etc. at prescribed intervals to ensure that no one has seriously de-compensated from their traumatic experience(s).

The third implication speaks to the important practice of having trauma-exposed officers meet individually with a mental health professional in the aftermath of a CI. The results indicated that among the participants who were provided the opportunities to meet with a mental health professional, all of said participants described positive benefits derived from this practice.

It must be re-emphasized that a psychological debriefing alone, as a matter of protocol, is merely a psycho-educational intervention. However, a consultation with a licensed clinical psychologist, preferably one somewhat familiar with both law enforcement operations and the subculture, is considered highly desirable and efficacious based on the results of this study. Participants unequivocally described the benefits derived from their consultations with clinical psychologists. The hard data substantiated

that consultations facilitated participants in their ability to cognitively reframe the experiences associated with CIs, and reappraise their CI experiences in a positive light.

The fourth point specifically addresses implications related to treatment issues. First, clinicians, especially those operating in a forensic setting, are likely to see officers shortly after a CI as required by agency policy, i.e., conducting psychological debriefing, individual consultation with a trauma exposed officer(s). As previously stated, the data suggested that participants had positive experiences and did not object to such consultations. Moreover, participants cited the benefits associated with these consultations in the form of understanding their symptoms were normal, being able to express their concerns and ventilate emotions in a confidential setting, etc.

It is important to note that if law enforcement agencies do not mandate or otherwise require such interventions and consultations, the likelihood is that most law enforcement officers (LEOs) will not choose to take advantage or seek such opportunities of their own accord. The underlying reasons why officers will not voluntarily attend program interventions and consultations are multifaceted and include: negative connotations that continue to be advanced by the subculture that seeking assistance reflects weakness; personal insecurities that result from stigmas and lack of knowledge, and the adverse affects produced by traumatic stress that inhibits participation due to avoidance, guilt and shame, anger, and psychological defenses.

Clinicians should be aware of the practical issues and concerns relative to working with officers in a clinical setting. Miller (2000) addressed the issue of which clinicians are better suited to assist officers, those directly employed as department psychologist, or those who practice outside the realm of law enforcement as contractors.

Basically, Miller argued that it really does not make a difference to the individual officer as to whether the mental health clinician is employed within the agency or is an outside contractor. However, Miller vigorously maintained that if the clinician was working in the capacity of providing direct treatment, e.g., psychotherapy, medications, etc., then the primary responsibilities for the treating clinician are to safeguard the officer's confidentiality, to provide a safe and nurturing environment, and provide excellent psychotherapeutic/medical services (Miller, 2000).

Also, the issues relative to confidentiality and the scope of practice notwithstanding, there are several implications for mental health practitioners to consider and be aware of that directly apply to LEOs who present with clinical symptoms associated with PTSD and related disorders, e.g., generalized anxiety, panic attacks, affective disorders, etc. The results suggested that officers are likely to voluntarily seek assistance when physical and psychological distress impairs their ability to function on the job. In the effort to avoid a fitness for duty evaluation that seemingly might affect career status, officers are likely to seek consultations with mental health professionals.

Fifth, it is important for clinicians to consider the following implications that emerged from the analysis, the literature, and the personal experiences of the researcher. According to Aldwin (1994), trauma affects individuals on unconscious levels especially as it relates to one's psychological defenses. Officers regularly employ psychological defense mechanisms as a means to cope with stress. Of course, many of these defenses operate on an unconscious level. The primary defense employed by traumatized individuals, especially officers, is denial. Flannery (1987), who commented on treatment

applications for trauma victims made the following observations that are deemed relevant to officers:

> Flannery (1987) stated,Clinicians attempting to work directly on resolving thetrauma itself will primarily encounter these signs of numbing in the victim. Frequently these patients willalso use denial, intellectualization, and isolation as defenses,even when the therapist recognizes and probes the impactof the painful event (p. 217).

Prior to presenting recommendations for treatment, a few points are presented that apply to idiosyncratic features and characteristics that might provide insight for clinicians working with law enforcement officers as clients, patients, etc. Officers generally consider and portray themselves as action oriented individuals that are accustomed to being in control. They are very competitive by nature, and for the most part are intelligent, alert, and level headed. Officers, contrary to what the lay public might assume, are for the most part very sensitive individuals.

Sixth, the treatment of traumatic stress disorders can be a complex and timely proposition. When officers present with clinical symptoms associated with posttraumatic stress and/or comorbid disorders that may or may not be related to trauma, the treatment plan should be divided into three basic components regardless of the therapeutic orientation. The three components to treatment are based on the work of both Grant (2000) and Friedman (2001) and are as follows: component one, assessment, stabilization, and trust/alliance; component two, supportive therapy or "retrieval" therapy (Grant, 2000, p. 42); and three, "integration" (Friedman, 2001, p. 38).

The first component is deemed particularly critical as most officers, in the researcher's experience, are primarily concerned with symptom relief. However, if the

clinician does not provide a safe environment or does not connect with the officer by establishing the elements of a therapeutic alliance, the officer is very likely not going to return. Miller (2000) wrote on the point specifically and articulated that officers, due to the very nature of their work, are skeptics and have issues related to trust.

There are several key points that must be addressed and emphasized in this component of treatment. The clinician must thoroughly assess the client. The assessment, according to Grant, (2000), must be "Multilevel" (p. 28), and must be concerned with suicidal/homicidal ideation and intent, comorbid disorders, presenting problems and complaints, client's psychosocial history, medical history, medications, previous trauma experiences, substance use, personality traits, cognitive functioning, related life stressors, social support, and option for referral, i.e., is the client in need of medication, medical examination, etc. (Grant, 2000).

The primary goals in this first component phase are to assess and stabilize the client while building a therapeutic alliance. It is a process that when successful, results in the client being educated through understanding that many symptoms they might be experiencing are normal reactions to traumatic events (e.g., hyperarousal symptoms, re-experiencing symptoms, etc.).

Further, it is important to aid the client and assist them in their efforts to adaptively cope with the distress and symptoms they are experiencing. Given the results, coping becomes a central issue in the first component, and it will be important to assess the clients coping skills and related processes that were found to influence one's abilities to cope effectively with trauma, (i.e., cognitive appraisals, social support, dispositional characteristics, etc.).

The second component of treatment concerns the focus of the treatment. The two choices are to provide supportive therapy versus "retrieval work." Grant (2000) stated that stability must first occur prior to undertaking the latter. Supportive therapy is designed for clients that are not either capable or desirous of exploring the elements associated with the traumatic CI by re experiencing traumatic material in therapy. Clients not capable of "retrieval" work, according to Grant (2000) involve, "…individuals with unstable personality structures, a current lack of support and/or lengthy psychiatric histories" (p. 42).

There are advantages and disadvantages to both approaches, and several therapeutic approaches that can be applied to both strategies. Friedman (2001) stated that empirical evidence supports both retrieval and supportive approaches to the treatment of posttraumatic stress disorder. Friedman went on to state some of the merits associated with trauma support therapy:

> Friedman (2001) stated:Indeed, there is evidence that *supportive PTSD treatments* that deliberately avoid traumatic material to promote problem solvingand adaptive coping in a here-and-now context may not onlybe beneficial but may actually be the treatment of choice for some with PTSD (p. 38).

The third component to treatment involves "integration" (Friedman, 2001, p. 38). To reach integration requires the intensive work on the part of both the therapist and the client. The client has been stabilized and has, depending on the therapeutic focus in component two, either worked through the painful and distressing symptoms and memories associated with the trauma, or has actively coped and moved beyond the experiences. Now, the client is ready to graduate and integrate, as it were, their

experiences associated with the traumatic incident by focusing on present and the future aspects of their life, such as their occupational endeavors, their intimate relationships, etc. (Grant, 2000; Friedman, 2001).

The integration component may be the most difficult part of the therapeutic process for some officers. Many victims of trauma may elect to terminate treatment when their symptoms are relieved (Grant, 2000). The trust and therapeutic alliance, if successfully established in component one, will influence and produce positive outcomes in this phase of treatment. Friedman accurately and succinctly described the therapeutic benefits associated with clients who have successfully navigated through the integrative stage: "Having obtained such authority and control, clients are now ready to disconnect from their preoccupation with traumatic memories and to reconnect with family, friends, and society" (2001, p. 39).

Law enforcement agencies are beginning to understand the significant risks associated with traumatic stress. Stress in law enforcement is cumulative and it occurs on a continuum. Due to the multifaceted nature of stress, one can readily understand the differences that exist between occupational stressors generated by having to contend with irregular hours related to shift work, agency politics, promotional examinations, bureaucratic conflicts, etc., and traumatic stressors associated with such critical incidents as an officer involved shooting, infant and child deaths, and the suicide of a fellow officer.

The FBI has been a leader in the field by designing and implementing programs that address the problems associated with law enforcement stress in a strategic and integrated manner. It is not enough to merely have peer support, psychological

debriefing, and police psychologists on hand to provide consultations, etc. The FBI is committed to supporting its employees by strategically addressing issues related to coping with stress. Hence, employees in the FBI are afforded exemplary programs that trains and prepares personnel how to cope with stress prior to critical incidents (Sheehan, Everly. & Langlieb, 2004). The FBI, granted, is a large law enforcement agency with many resources. However, the results associated with this study indicated the need for a comprehensive approach that will assist and enable peace officers to better cope with traumatic stress.

Unfortunately, there continues to exist in law enforcement elevated rates of divorce, domestic violence, substance abuse, and suicide (Fay et al., 2006). The latter, suicide, is of particular concern to this researcher, to law enforcement administrators, and to law enforcement officers. Among the obvious causal factors that ostensibly are present in suicidal subjects, namely clinical depression, hopelessness, isolation, pain, and despair, one can also theorize that inadequate coping and traumatic stress are two contributing factors.

One could make the argument that single and multiple exposures to traumatic critical incidents place officers at risk for psychopathology such as PTSD and concomitant disorders such as clinical depression. Moreover, officers unable to successfully cope with traumatic stressors, post-CI stressors, and the corresponding bio-physiologic and psycho-emotional distress are at-risk for such distressing realities as relational difficulties, unresolved grief, depression, substance abuse, hopelessness, decompensation, and suicide.

The problem(s) associated with suicide in the ranks of law enforcement requires a strategic response that incorporates the following: prevention, early identification, evidence informed interventions, and treatment considerations. In the researcher's view, one the most effective and viable ways for law enforcement agencies to address issues related to suicide, traumatic stress, and coping, is through relevant and exemplary training.

Peace officers are very amenable to training. The hierarchical and paramilitary structure of law enforcement exacts an enormous amount of influence on officers, especially new recruits who are eager to learn and be accepted. Officers, from the outset of their careers, are expected to religiously adhere to their training, to follow orders, to conform to policies, and to conduct themselves accordingly, both on and off duty. It is clear that this type of indoctrination exerts considerable influence on one's mindset and behavior. As reflected in the data, officers can become so attuned and conditioned to organizational and subcultural precepts, mandates, etc., to the point that their position and role as an officer becomes the defining and singular dimension of their identify (Gilmartin, 2002).

Hence, training, it is theorized, can serve as the basis for preventing suicide in peace officers. Typically, when they are confronted with life and death situations, officers instinctively rely and conform to the highest level of training received. Therein lay the importance of developing exemplary curricula designed to educate officers on subjects related to common symptoms associated with affective disorders, stress management, adaptive coping practices, suicide assessment, and the resources for seeking social support.

Officers also are taught and expected to follow orders, follow procedures and to adhere to the rank and hierarchical structure of their organization. Officers, especially those that are young and inexperienced, can be highly influenced by their leaders, mentors, and senior members within their agencies. One can refer to evidence that supports the theory advanced above by referring to the situated structure for P6 discussed in chapter four of this study. P6 was basically unable to acknowledge/express the traumatic grief that he was experiencing from his critical incident. P6 stated that he was finally able to ventilate his emotions because, "I was given permission to cry" by a senior and respected veteran officer.

Law enforcement organizations can effectively respond to the problems associated with suicide by simply providing short blocks of training that will serve to inoculate their personnel by providing them with current and relevant training. When this is accomplished, administrators effectively will have taken positive steps to respond to problems associated with occupational stress, traumatic stress, and suicide. Also, a critical element is satisfied as it relates to the duty to care for employees. More importantly, prevention, through training, will save lives, and the organization's image, in the eyes of peace officers and the public, is improved.

Several points are presented that will increase the likelihood of achieving positive outcomes. First, training must be realistic, relevant, and to the point. Officers are not interested in esoteric theories, lengthy historical background, etc. Law enforcement officers, as one would expect, are action-oriented individuals that want realistic training that will enable them to function safely and more effectively in their work.

Second, it is essential that executive leadership in law enforcement organizations take the necessary steps to implement social support programs that promote the physical and mental health of their personnel. It is not enough to merely have social support programs, (e.g., peer support, psychological debriefing, crisis management units, and chaplaincy programs), if they are not professionally staffed and/or guided by mental health professionals, evidence informed, policy driven, and wholeheartedly supported and endorsed by executive leadership and the law enforcement unions/associations. The best administrators understand that the human factor, namely the women and men in their employ, represent the driving force of organizations, and due to the nature and demands of their job, personnel need maintenance programs just like the fleet of vehicles used by the agency.

Third, it is extremely important that the instructors selected to provide such training be extremely credible and familiar with the work and subculture of law enforcement. When instructors/presenters are credible, knowledgeable, and respected, then officers are more likely to incorporate the training into their professional and personal lives. Trainers need to be more than mere subject matter experts; ideally, instructors should either be experienced current or former law enforcement officers, and/or mental health professionals with previous experience in training and/or counseling peace officers. Far too many so-called experts and specialists are unsuccessful in their efforts to train officers because they are not familiar with law enforcement policies and practices, e.g., officer safety, tactics, etc., police psychology, and the subculture.

Finally, the present study generated results that have convinced the researcher of how essential it is for psychologists to continue to collaborate with law enforcement

organizations and their members. Psychologists have been providing a number of services to law enforcement for years that include the obvious: consultation, psychological debriefing, grief counseling, psychological testing, and fitness for duty evaluation. However, there are few psychologists that have been peace officers. Law enforcement, as an occupational field, should again look to the military, especially the United States Marine Corps. The Marines have, within their ranks, women and men who are psychologists, physicians, attorneys, etc. These professionals have immediate credibility within the ranks because they are identified as Marines first, and psychologists, attorneys, etc., second. Law enforcement, similar to the military, must endeavor to recruit professionals to serve in dual roles as well.

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APPENDICES

APPENDIX A

Descriptive Question Protocol

The following question will be submitted to each research participant so that she/he can respond with a descriptive narrative sent directly to the researcher as data to be collected, coded, and analyzed using the aforementioned method:

Please describe in as much detail as possible what happened before, during, and after a specific critical incident that occurred while on-duty? Please also describe what helped and didn't help to resolve this incident?

APPENDIX BLetter of Invitation and Introduction

The Prospective Study ofCritical Incident Stress and Trauma in Law

EnforcementParticipation is voluntary and confidential!

You are invited to participate in this study being conducted by a student who

attends Argosy University, San Francisco Bay Area Campus (SFBA). This study is

dissertation research that is required for a doctoral degree in counseling psychology. The

intent of this research study is to learn about the individual experiences and coping

strategies of peace officers who have been exposed to duty related traumatic critical

incidents.

The aim of this study is two-fold: to gain scientific knowledge of the coping

strategies and responses of actual peace officers who have lived though and experienced

the stress and trauma associated with critical incidents in the law enforcement setting;

and to assist law enforcement organizations and mental health professions to design and

implement evidence informed/based prevention program's, protocols and interventions

designed and suited to help officers, and their family members, to better cope and

function with traumatic stressors.

What this study will involve?

Step #1: Each participant will be asked to write or type a personal account of

what happened during and after a critical incident he/she encountered as a peace officer.

Each participant will need to describe in detail how the incident affected them and the experience of living and coping with the stress. The participant should include any steps taken by their agency to assist them and their experience(s) as it relates to this factor.Step #2: After the researcher reviews the descriptive accounts submitted in written or typed form by the participants, a short interview may be necessary with each participant for additional information, clarification, etc. If this is the case, the interview will be conducted for the convenience of the participant.

Issues Related to Confidentiality

Law enforcement work is critical and the women and men who wear the badge must be protected. Argosy University and this researcher are committed to safeguarding the privacy and confidentiality of the peace officers choosing to participate in this study. Argosy University's Institutional Review Board and this researcher have made every possible effort to protect the confidentiality of those peace officers that have volunteered to participate in this study.

Background on the Researcher

William Pickens, MA is a doctoral student in psychology at Argosy University, SFBA. He is retired peace officer from a Northern California law enforcement agency.

How to Sign Up?

If you are a peace officer and are interested in participating, please contact Will Pickens at: (650) 740-1074.Email him at **wpickens@charter.net**