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A Qualitative Analysis of the Effects of Crisis Intervention Team Training among Rural Law Enforcement Personnel

by

Laura J. Fullenkamp

Submitted to the Graduate Faculty as partial fulfillment of the requirements for the

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An Abstract of

A Qualitative Analysis of the Effects of Crisis Intervention Team Training among Rural Law Enforcement Personnel

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Law enforcement officers experience significant effects on their physical and mental health because of their employment. These effects frequently go untreated due to the stigma related to having mental health needs and attending treatment. Often, law enforcement culture perpetuates stigma. Addressing stigma and culture are barriers to treatment engagement frequently left unaddressed. Without understanding this link, even the most effective treatment will be left unattended. Thus, making prioritizing treatment engagement essential for addressing law enforcement officer's mental health. The current study aimed to increase understanding of how the Crisis Intervention Team training impacted law enforcement officer's help-seeking behaviors. This training is designed to decrease the stigma of law enforcement officers in working with individuals with mental illness in the community. An *Exploratory Single Case Study, Embedded design* (SCSED) was utilized to gain an understanding of how participation in one community CIT training affected law enforcement officers' help-seeking behaviors. The study included 11 participants including LEO training participants, LEO training facilitators, and mental health provider training facilitators. Findings indicated that the CIT program did not

influence participant LEO help-seeking behavior. However it did increase their comfort and knowledge in reaching out to their peers regarding their peer's mental health.

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List of Abbreviations

CIT.....Crisis Intervention Team

NAMI.....National Alliance of Mental Illness

PTSD.....Post Traumatic Stress Disorder

SCSED……Exploratory Single Case Study, Embedded Design

Chapter 1

Introduction

This chapter provides an overview of the topic of the law enforcement profession's mental health help-seeking behaviors. Law enforcement officers' interaction with mental health is complex and multifaceted. The interaction includes components relating to those that they assist with mental health needs in the community and to the officer's mental health. First, law enforcement officers frequently engage individuals with mental illness. Officers respond to mental health crisis calls during their shifts (Deane, Steadman, Borum, Veysey, & Morrissey, 1999). Within the community, officers often respond to the most severe presentations of mental illness. Stigma often arises and is reinforced through these interactions. Individuals are often viewed as weak and unpredictable when experiencing mental illness (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003).

Law enforcement employment has factors associated with the profession that can increase mental health issues (Tanigoshi, Kontos, & Remley, 2008). Their work environment presents with dynamics and stressors that are often associated with the development of posttraumatic stress disorder (PTSD), depression or anxiety (Violanti,

2011). Additionally, the employment has factors within their culture that increase stigma toward mental illness. This culture values control, toughness, and predictability (Reiner, 1985; Reiner 2010). These components—culture relating to stigma and officer's employment related stressors— present a unique third issue. Officers do not seek help for these employment-related issues due to the stigma around mental health issues in their culture (Bloodgood, 2006; Corrigan, Druss, & Perlick, 2014; Haugen, McCrillis, Smid, & Nijdam, 2017; Mital et al., 2013). Symptom severity and help-seeking patterns are affected by stigmatic attitudes (Haugen et al., 2017).

Stigma reduction efforts have been focused on officers and their perspective of those with mental illness in the community (Compton, Esterberg, McGee, Kotwicki, & Oliva, 2006). However, efforts have not been noted for reducing stigma to their own mental health needs. This gap in the literature is important to note as officer self-stigma impairs help-seeking (Haugen et al., 2017). This avoidance can increase symptoms severity and impair work performance (Fekedulegn et al., 2013; Livingston & Boyd, 2010). The mental health system is unable to be responsive to officer mental health needs if stigma prevents their seeking of care.

The chapter will proceed through a statement of the problem, background of the problem, the purpose of the study, research questions, significance of the study, the definition of the terms, an organization of the dissertation and a summary.

1.1 Statement of the Problem

Previous research indicates a general reduction in stigma associated with the Crisis Intervention Training (CIT) program (Compton et al., 2006; Hanifi, Bahora, Demir, & Compton, 2008). However, it is unknown if there are any effects of attending CIT on an

officer's perception of the stigma of mental illness about their own culture and identity. It is established that law enforcement officers experience mental health symptoms at a higher rate than the general population (Violonti et al., 2011). However, law enforcement officers engage in help-seeking at a rate lower than other professions (Karaffa & Tochkov, 2013). Stigma prevents help-seeking and can lead to increased symptom severity (Bloodgood, 2006; Owen, Thomas, & Rodolfa, 2013; Skolnick, 2008; Wester, Arndt, Sedivy, & Arndt, 2010). Thus, understanding how to reduce stigma and increase engagement is help-seeking is vital for officer mental and physical health.

The effects of this phenomenon are significant. Officers experience physical and mental health outcomes as a result of employment stressors (Anshel, 2000; Hartley et al., 2011; Violanti et al., 2011). Additionally, officers' interpersonal relationships experience strain to include an increased prevalence of domestic violence, divorce and substance abuse (Tanigoshi et al., 2008). Thus, officer stress impacts not only the officer but also family members. In addition to individual and interpersonal strain, a department can also be affected. Law enforcement officers present with decreased reliability and performance following exposure to career stressors (Fekedulegn et al., 2013; Hope, 2016). In a career with exposure to danger, reliability and performance become a safety issue for the officer and their peers.

1.2 Background of the Problem

The history of stigma begins with changes to the mental health and criminal justice system. In the 1970s the nation shifted from providing behavioral health care within institutional settings to a community-based model. While there were significant benefits to this model of service provision, there were also limitations. Society responded to

deinstitutionalization with a sense of fear. The societal fear response produced a stigma of those with mental illness as being violent and unpredictable (Corrigan et al., 2003; Link, Monahan, Stueve, & Cullen, 1999).

Lack of funding for crisis services shifted the front line response from the mental health system to the criminal justice system. Law enforcement role within society includes responding to emergencies and needs within the community. Often, law enforcement personnel are the front-line responders to mental health crises. Although tasked with a new role of responding to mental health crises, officers did not receive additional training in identifying or responding to them. Officers began responding to mental health issues when it is in the crisis state. Responding to the crisis stated reinforced stigmatized attitude. Officers ascribe dangerousness with mental illness at a higher incidence than the general population (Watson, Corrigan, & Ottati, 2004; Kimhi et al., 1998).

Throughout this time, approaches within law enforcement have continued to evolve from an exclusively punitive approach toward a community policing approach. The community policing approach values the formation of collaborative relationships with citizens in the community (Reisig & Kane, 2014). Community policing utilizes different strategies and approaches within communities to be effective. Community policing is an approach utilized in response to mental health calls. This shift in approach from punitive to relational conflicted with law enforcement values and culture. Law enforcement values and culture indicate that the officer's role is to enforce laws and maintain order. The new role of service is often contentious and not embraced by officers (Paoline III, 2004).

In relation to mental health, the most common community policing model continues to be the Memphis Model, also known as Crisis Intervention Team. Departments first utilized this model in the 1980s in response to the fatal shooting of an individual with mental illness. The model focuses on educating officers on the signs and symptoms of mental illness as well as de-escalation techniques to address individuals presenting with these symptoms. CIT has demonstrated effectiveness in reducing stigma toward individuals with mental illness (Compton et al., 2006).

1.3 Purpose of the Study

The current study aimed to determine if the Crisis Intervention Team (CIT) education, aimed to reduce the general stigma relating to mental health calls, assisted law enforcement in reducing self-stigma. Self-stigma is stigma relating to their mental health. The study then looked to determine if this affected their willingness to engage in help-seeking behaviors. There is an absence of any literature in the counseling profession relating to these topics.

1.4 Research Question

The current study attempted to answer: How does participation in a Crisis Intervention Team (CIT) training program impact law enforcement officers' mental health help-seeking?

1.5 Significance of the Study

In addressing this issue, there is significance for the counseling and law enforcement profession. The law enforcement profession is affected by stigma in reduced treatment engagement (Bloodgood, 2006). Lower treatment engagement can result in increased symptom severity (Livingston & Boyd, 2010). Further, officers experience

personal and professional consequences for these symptoms (Tanigoshi et al., 2008). Eliminating stigma is the basis of the counseling profession (Brown & Bradley, 2002). Actions to eliminate stigma should occur on multiple levels including clinical practice, research, awareness, and advocacy (Brown & Bradley, 2002).

On the level of clinical practice, counselors can participate in interventions to reduce stigma within their services. Stigma can be reduced through the language that clinicians use to market their services and within their sessions (Wester & Lyubelsky, 2005; Mahalik, Good, & Englar-Carlson, 2003). Additionally, through the education they offer to others (Brown & Bradley, 2002). This study will increase understanding of interventions that can be utilized to decrease self-stigma and societal stigma of help-seeking for law enforcement. Further, this study looks specifically at the implications of education that counselors can assist in providing on officer self-stigma.

Additional significance occurs at the level of counseling education and supervision. Goals of counselor education programs and supervision include the development of competent clinicians that obtain positive client outcomes (Buser, 2008). Competence is especially significant about working with the law enforcement population. The law enforcement culture values confidence and competence (Loftus, 2010; Reiner, 2010). A stigma exists for law enforcement relating to mental health in general, and also to the lack of effectiveness of treatment services (Bloodgood, 2006; Corrigan, Druss, & Perlick, 2014; Haugen, McCrillis, Smid & Nijdam, 2017; Mital et al., 2013). Novice clinicians are especially susceptible to attributing challenges to personal failure which does not align with the values of law enforcement culture (DeStephano et al., 2007; Loftus, 2010; Reiner, 2010). Thus, this may reinforce the stigma for law enforcement

officers regarding the lack of effectiveness of treatment services. The implications upon this knowledge are two-fold. First, counselor education and supervision components must train counselors to present competently and obtain positive client outcomes to combat negative stigmas around ineffectiveness of care. Second, counselors must be trained in methods to reduce stigma at the systemic level, through activities such as providing community education and advocacy (Brown & Bradley, 2002). The current study seeks to understand how, and if these methods do reduce law enforcement stigma regarding mental illness, treatment and help-seeking. This information can then be used to educate counselor trainees on how to reduce stigma for difficult to engage populations. Advocacy is the final element affected by the current study. Advocacy is an essential element in reducing stigma (Brown & Bradley, 2002). As counselors, we are in a position to advocate on behalf of the wellness of others. The current study aims to understand if attending a CIT training affects officer self-stigma and help-seeking. If implications upon help-seeking are present from attending CIT, counselors would be able to advocate for law enforcement to participate.

In addition to counselors, the information gained is useful to law enforcement practices. Law enforcement mental health leads to decreased employment performance, increased sick time, and early retirement (Fekedulegn et al., 2013). Reduction of self-stigma and other stigma could assist in officer use of debriefing programs and treatment interventions. Addressing these concerns is paramount to the health of the officers, their families, and society.

1.6 Definitions of Terms

- Community Policing: A policing approach focusing on service to the community. This approach utilizes interpersonal relationships with citizens. (Rosenbaume & Lurigio, 1994).
- Crisis Intervention Team: A law enforcement program designed to assist law enforcement interactions with individuals with mental illness. The program includes the provision of education to reduce stigma and increase de-escalation skills (Dupont, Cochran, & Pillsbury, 2007).
- Jurisdictions: The range of cases that the law enforcement process can have the legal authority to respond to by the US Constitution (McElreath et al., 2013).
- Help-seeking: An adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern (Rickwood, Thomas, & Bradford, 2012).
- Law enforcement culture: The set of shared attitudes, values, goals, and practices that characterizes the law enforcement institution or organization (Orozco, 2012; Loftus, 2010; Reiner, 2010)
- Mental health: "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (World Health Organization, 2004).

- Mental illness: a condition that affects and alters a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function every day (U.S. Department of Health and Human Services, 1999)
- Rank: Hierarchy that guides the tasks assigned to different groups of officers (McElreath et al., 2013).
- Self-Stigma: When individuals internalize public stigmas and experience negative consequences as a result (Corrigan & Rao, 2012).
- Public Stigma: The attitudes and beliefs that lead people to reject, discriminate, avoid or fear those they perceive as having devalued characteristics (Corrigan & Rao, 2012).

1.7 Organization of Chapters

Chapter I introduces the problem and provides a rationale for the study. Chapter II reviews relevant literature. Chapter III presents the methodology to used in this study. Chapter IV reviews the research findings. Chapter V presents a discussion of the major findings, limitations of the study and direction of future studies.

1.8 Summary

Often law enforcement has more frequent and significant encounters with mental health issues, both in a professional and personal manner. Historical factors of deinstitutionalization have resulted in law enforcement becoming front line responders in mental health crises. Their role affects their perception of stigmas relating to mental illness. Also, the nature of the law enforcement career places officers at a higher incidence of developing mental health issues. The development of mental healht issues

includes posttraumatic stress disorder (PTSD), depression, and anxiety issues (Violanti, 2011). Officers have a higher incidence of concerns with lower responsivity to help-seeking. Low engagement in help-seeking results from a combination of factors including law enforcement culture, reinforcement of stigma from responding to mental health crises and lower confidence in treatment due to interactions with the mental health care system (Bloodgood, 2006; Loftus, 2010; Paoline III, 2004; Stroul, 1993). Steps have been taken to reduce officer stigma in their interactions with mental health consumers.

This study aims to evaluate if the training received to reduce stigma when working with mental health consumers has a secondary effect of reducing officer stigma in seeking help for officer related mental health needs. This understanding can have important implications for the fields of counseling and law enforcement. Within the field of counseling, there will be an increased understanding of methods to reduce stigma. This is the foundation of the work of counseling (Brown & Bradley, 2002). There are direct effects on clinical practice; counselor education and supervision; and advocacy. Within the clinical practice, counselors will have an increased understanding of methods to combat stigma within the community to engage officers into care. Counselor education programs can utilize this knowledge to provide this education to clinicians before their entering the field. Advocacy can then take place to increase officer participation in anti-stigma efforts.

These implications on the counseling field contribute to the experience of law enforcement officers. If counselors can assist in reducing stigma for law enforcement officers, this may lead to increased participation in treatment. As law enforcement officers can engage in treatment, they have the opportunity to experience improved

wellness. Improved wellness affects the officer's relationships and professional work experience.

Chapter 2

The Literature Review

The purpose of Chapter II is to provide the reader with a background and foundation relative to the research question. This chapter provides a concise review of the literature within which to frame the research question — specifically, the author comments on the following research foci: an overview of law enforcement, law enforcement culture, the interaction between the profession and mental health, barriers to help seeking, and stigma reduction. Further, Chapter II contains a review of the several instruments available to operationally define the constructs of interest. Chapter II closes with a summary of the most pertinent points.

2.1 Overview of Law Enforcement Employment

The criminal justice system's intricate structure and ideologies affect law enforcement officers' functioning and wellness (Lab, 2013; Pasillas, Follette, & Perumean-Chaney, 2006). These structures and ideologies resulted in the development of a unique culture that influences the thoughts and behaviors of its members (Loftus, 2010; Paoline III, 2003; Skolnick, 2008). This culture is complex (Paoline III, 2004) and influences officers' attitudes and behaviors both on and off the job (Pogrebin & Poole,

1991). Law enforcement culture includes facets such as the structure of the law enforcement profession, the profession's hierarchy, and the evolving ideology. The following sections provide a brief review of this culture to contextualize law enforcement officers' views of mental health.

2.1.1 Structure of Law Enforcement Employment

Structures within their employment determine an officer's role and responsibilities. These structures are known as jurisdictions. This jurisdiction hierarchy determines which law enforcement agency has the legal authority to respond to illegal behaviors. Across the United States, law enforcement personnel are categorized into agencies that include special police, federal, state, and local jurisdictions (Lab et al., 2013). Each agency enforces laws within their scope of duty. For instance, federal officers are tasked with the enforcement of federal laws regarding the trafficking of human, firearms, and drugs across state lines (Lab et al., 2013). According to Lab et al. (2013), state police typically enforce laws relating to statewide highway systems. Local law enforcement agencies include sheriff's departments, which serve county areas and manage aspects of the court system and corrections; city police departments; or village police departments (Lab et al., 2013). Common issues addressed by local law enforcement include reporting of crimes, disturbances and suspicious activities (Dunham & Alpert, 2015). Local police jurisdictions are thus the most likely to respond to disturbances relating to mental health crises during patrols.

2.1.2 Hierarchy Within Law Enforcement Organizations

In addition to the hierarchical nature of law enforcement jurisdiction, there are also hierarchy structures within organizations. These structures are called rank. Rank guides which tasks are assigned to different groups of officers. A typical command structure would feature a chief as the highest-ranking officer. Sergeants fill middle management positions. The majority of police officers hold the lowest rank and are street officers (Archbold & Schultz, 2008; Paoline III, 2003). Each level has specific duties, responsibilities, and foci. Street level officers participate in direct interaction with the community (Willis & Mastrofski, 2017). Management positions typically focus on maintaining positive relationships within and outside the agency and staff supervision. Middle managers respond to relationships and politics within the organization, whereas top tiered managers focus on relationships and politics with those outside the organization (Paoline III, 2003). Advancement through the ranks (e.g., sergeant, lieutenant, captain & chief) is a function of an exam and a point-based promotion procedure composed of interviews, performance indicators (e.g., felony arrests), and previous military service (Archbold & Schultz, 2008).

Rank influences how officers communicate and have a relationship with one another. Relationships between the supervisor level and officer rank often are cited as a significant source of stress for officers (Crank & Caldero, 1991; Shane, 2010). One element contributing to this stress exists within the organizational promotion process. Many view the promotion process as unfair (Crank & Caldero, 1991). Additionally, line officers feel disconnected from those who are in management positions (Crank &

Caldero, 1991). Much of this is based on line officers' perceptions that supervising officers do not support their daily actions (Crank & Caldero, 1991). Further, line officers believe that the policies and procedures developed by supervisors lack real-world practicality (Shane, 2010). Per Shane (2010), officers view policies developed by management as limiting their functions within their roles rather than being helpful. Line officers see these organizational stressors as being the most stressful and least addressed parts of their jobs (Shane, 2010). Law enforcement ideology has been evolving to shift the focus and values within the profession to address these organizational stressors.

2.1.3 Law Enforcement Ideology

In addition to the occupational structure, law enforcement is grounded in an evolving occupational ideology about the roles that they serve and methods to complete these roles. Officers' roles are ambiguous and contain several conflicting aspects including maintaining order, enforcing laws, and serving the public (Paoline III, 2003). According to Paoline III (2003), the historical employment focus has been on the enforcement of laws which has reflected the values and training within departments. There are an evolving focus and movement toward greater service to the community using community policing ideology (Rosenbaum & Lurigio, 1994). The community policing approach focuses on interpersonal skills and relationship development with citizens. This presents a conflict with what has been thought to be the traditional law enforcement culture, which emphasizes maintaining control, employing aggressive tactics, and asserting authority (Paoline III, 2004; Reiner, 2010; Rosenbaum & Lurigio, 1994). One important distinction between the traditional culture and the community

policing approaches is the way officers view citizens. Officers operating within the traditional culture typically view citizens with suspicion rather than as partners (Loftus 2010; Reiner, 2010; Rosenbaum & Lurigio, 1994). Some posit that this evolution in ideology also leads to evolution within police culture (Paoline, Myers & Worden, 2000; Paoline III, 2003). The cultural complexities and effects require an understanding of ethos within the law enforcement profession.

2.2 Culture of Law Enforcement

Cultures develop within occupations that contribute to employees' behaviors and attitudes (Tsai, 2011). Organizational cultures develop to stabilize environments through the creation of common assumptions. These assumptions are typically aimed at solving employment challenges. These solutions and attitudes are then passed on to new members (Schein, 1984). Paoline III (2003), indicates that law enforcement organizational culture arise and change based upon both the roles an employee fulfills, individual demographic traits of staff members, and the behaviors of leadership. The law enforcement culture was once thought to have a dominant ethos which most law enforcement personnel would reflect (Loftus, 2010; Reiner, 1985; Reiner, 2010). Additional research suggests that this may be over simplified (Paoline III, 2004). At present, researchers suggest that individual and organizational factors contribute to law enforcement culture subgroups. Because culture is important to the determination of mental health and help seeking, the following sections provide a review of the literature regarding subgroups.

2.2.1 Implications of Demographics and Roles Within Law Enforcement

Within the law enforcement organizational culture, the individual members of the organization and their expected roles contribute to the overall culture (Paoline III, 2003). Historical hiring patterns have determined typical group membership. These patterns produced members who were predominantly white, heterosexual males (Loftus, 2010). However, shifts within hiring patterns have occurred to include gender and ethnic minorities (Paoline et al., 2000). Women now represent approximately 25% of the profession and ethnic minorities represent between 18% and 72% depending on location, with greater representation in larger cities (Sklanskiy, 2006). According to Paoline III (2004), this shift within hiring practices can contribute to a shift within culture patterns. Members are deviating from the traditional view of officers in the occupation of being tough, aggressive, and asserting their authority. Whereas Loftus (2010) argues that hiring patterns have little effect on the key factors within police culture, the pressures associated with the police role remain present.

In addition to hiring patterns, the roles that officers must carry out in society contribute to the overall culture (Willis & Mastrofski, 2017). Officers are required to fill multiple roles including maintaining order, enforcing laws, and providing service. Aspects of maintaining order and enforcing laws require officers to be exposed to danger and exercise their authority, which includes the ability to use force. The duties relating to these roles require officers to analyze and interpret complex situations quickly. These hiring patterns, roles, and tasks are unique to law enforcement and require specific attitudes and personality traits for success. In one study, Carpenter and Raza (1987)

indicate that police applicants were generally lacking depression and anxiety, were assertive, and interested in social contacts. Lawrence (1984) provides further support in a study which concluded that 61% of the variance in stress officers report is due to personality factors. Officers' often present with personality traits of being practical, self-sufficient, reserved, detached, and critical to coping with occupational stressors (Lawrence, 1984). Additionally, law enforcement officers were more successful in training when they presented with high scores of conscientiousness, extroversion, emotional stability and openness (Black, 2000). These aspects in combination with daily experiences have contributed to a dominant culture to develop within the employment (Loftus, 2010; Reiner, 2010).

2.2.2 Dominant Culture

The nature of the law enforcement career resulted in an ethos aligned with tenets of masculine subculture (Reiner, 2010). Often, the study of masculinity includes the relationships between gender, common traits, and power dynamics (Bederman, 2011). The masculine ethos is often characterized by conflict, toughness, danger, and authority (Loftus, 2010; Reiner, 2010). These traits correspond with the roles and responsibilities associated with the law enforcement profession. This subculture has values that arise out of basic aspects of the police career including exposure to danger, emotional control, exercise of authority (including the ability to use force), importance of perfection, and attitudes of suspicion and distrust of others outside of their community (Kirschman et al., 2014; Skolnick, 2008). A shift must occur that arises out of necessity for the officer to perform the duties of their job to operate within the needs of the profession (Skolnick,

2008). To maintain their safety, officers must become vigilant to details and respond without hesitation (Kirschman et al., 2014). Emotional control is a necessary component to be able to respond with clarity and decisiveness to crises that might overwhelm an individual's coping mechanisms (Pogrebin & Poole, 1991). Furthermore, these tenets also influence relationships with others within the profession, with officers experiencing a heightened sense of loyalty to their fellow officers (Skolnick, 2008).

The development and reinforcement of this culture occur through peer socialization and as a resource to encourage survival (Campeau, 2015). In accordance with the shift identified by Skolnick (2008), peers are frequently a key part of this process. Peers are responsible for teaching new members the thinking, attitudes, and behavior patterns that have been determined to be effective within employment by the previous members of a culture (Schein, 1984). Officers develop attitudes of suspicion toward others, as within their roles they are exposed to individuals who are being dishonest. This exposure skews the officers' world views and also places their safety at risk (Baker, 1985; Skolnick, 2008). According to Skolnick (2008), these tenets also result in experiences of loyalty to others within the profession. Often this loyalty occurs in unwritten codes of the culture such as the code of silence. In the code of silence, officers protect each other through withholding information that could implicate a fellow officer in an act of wrongdoing. This strong allegiance toward the law enforcement community also corresponds to a distrust of others outside of their community, which can include those of differing ranks (Kirschman, Keman & Fay, 2014; Skolnick, 2008). While these aspects are intended to create support for the officers, they can also result in social

isolation from others (Paoline III, 2003). Maintaining the balance of adherence to group culture and personal wellness is important for the safety of officers.

2.2.3 Evolution of Cultural Views

While most researchers prescribe to this traditional, uniform view of law enforcement culture, an emerging perspective provides a more complex view which considers organizational and individual factors (Campeau, 2015; Paoline, 2003; Paoline, 2004; Willis & Mastrofski, 2017). Organizational factors that influence culture include evolving hiring practices and agency hierarchy (Campeau, 2015; Skolnick, 2008). In recent years, hiring patterns within law enforcement agencies evolved to include minority groups such as ethnic minorities, females, and those with varying sexual orientation (Loftus, 2010). The inclusion of minorities within the population has the potential to shift the culture from strict adherence to traditional law enforcement cultural norms (Paoline et al., 2000). However, according to Skolnick (2008), many minority groups adhere to traditional police cultural values, indicating this is only part of the progression. The hierarchical nature of varying ranks also alters adherence to cultural norms. While higher levels focus on politics, street level officers focus on the daily aspects of the job (Paoline III, 2003). As a result, the street level officer often develops a strong camaraderie to their same level peer. This camaraderie unites the street level officer against those above in the hierarchy (Paoline III, 2003). However, exceptions occur for those with goals of advancing to higher roles. These officers often emulate the values and culture of the rank they are aspiring toward (Paoline III, 2003). Schein (1984), support peers' role in the

socialization process. Peers then have an important part in shifting the officer's values as they advance in rank.

Individual aspects, such as the view points of the officer, can also affect adherence to traditional cultural values. Views of relationships, both interdepartmental and within in the community, can reflect a divergence from traditional cultural values. Officers vary in how they view citizens and those in management (Paoline III, 2003; Skolnick, 2008). Traditional culture indicates officers will view each component with levels of distrust. Under the evolving view, some officers have positive attitudes toward each group (Paoline III, 2004). Additionally, role preference of the officer can also shift adherence away from traditional law enforcement values (Willis & Mastrofski, 2017). With the presence of three distinct roles within law enforcement— maintaining order, enforcing laws, and service— officers can have a preference of engaging in activities in one of these areas over another. Traditional law enforcement values indicate that officers will align with enforcing laws and maintaining order (Loftus, 2010). However, Paoline III (2004) indicates that this preference is not universal. Finally, variations occur in the method officers utilize in fulfilling these roles (Paoline, 2003). Examples of methods include aggression, selectivity in enforcement of laws, and adherence to rules and regulations. Traditional culture indicates that officers will use aggression and strict enforcement of laws (Reiner, 2010). The potential for discrepancy from traditional culture suggests a broader framework is needed that allows for these organizational and individual factors to be considered.

The combination of both organizational and individual factors results in the development of a broader framework to include cultural subgroups, or clusters (Paoline III, 2004). Paoline III (2004) suggest that seven clusters occur within law enforcement culture based on similarities within their attitudes and values about their relationships, roles, and methods. The traditional view of culture is represented within the cluster titled traditionalists which adhere most closely with the accepted views of culture. Traditionalists includes strained relationships with the public and those in leadership positions, a high value placed upon enforcing laws without regard to procedure, and potential use of aggression. While this is the common view of culture by society, only 9% of officers presented within this group (Paoline III, 2004). This indicates a significant variation to society's standard perceptions about law enforcement culture and actual presentation within departments. Six other subgroups presented combinations of values and attitudes toward community and organization relationships, duty roles, and methods toward role completion reflecting a complexity not previously assumed (Paoline III, 2004). Each of these groups has some similarities to traditional culture, although with fluctuating adherence (Paoline III, 2004). These have implications for how an officer interacts with individuals within the community, particularly depending on the role they are fulfilling.

2.2.3.1 Lay-Lows. Relationships within this cluster are generally viewed as positive. Officers approach citizens and middle management with cooperation. Those in top-tiered management are viewed less favorably. Lay-Lows role preference is law enforcement tasks that cannot be avoided. The roles of maintaining order and service to the

community are ranked the lowest for this group than any other groups. When enforcing laws, this cluster preferred non-aggressive approaches and favored selective enforcement (Paoline III, 2004).

2.2.3.2 Old-Pros. Those aligning with positive attitudes of both citizens and supervisors embody the characteristics classified as Old-Pros (Paoline III, 2004; Worden, 1995). According to Paoline III (2004), a positive attitude toward middle management and top-tiered managers is a trait distinctive to this group. This group accepts each of the three roles that officers fill—law enforcement, order maintenance, and community service—as the responsibility of an officer. Old-Pros value aggressive patrol, such as frequently stopping cars and running license plates, and only endorse some degree of selective patrolling (Paoline III, 2004).

2.2.3.3 Traditionalists. Officers classified as Traditionalists share the most similarities to the dominant law enforcement culture. Previous literature has also identified this group by the name of Tough-Cop (Worden, 1995). The Traditionalist views on relationships are generally negative toward both citizens and their supervisors (Paoline III, 2004). Regarding the Traditionalist role preference, they typically prefer enforcing laws and reject maintaining order and community service. Their preferred method of enforcement includes aggressive tactics and selective enforcement of laws.

2.2.3.4 Anti-organizational Street-Cops. This cluster represents extreme views of relationships. Anti-organizational Street Cops had a highly positive view of citizens and a highly negative view of supervisors. The enforcement of laws was the most highly valued role, with a lower regard for order maintenance and community service. Paoline III

(2004), theorizes that this group may view the other roles as violating the respect of citizens. This is further supported in their adherence to due process, dislike of aggressive patrol and appreciation of being able to have discretion in enforcing laws.

2.2.3.5 Dirty Harry Enforcers. Officers within this cluster have overall positive feelings regarding relationships with citizens and supervisors. There is an element of distrust among citizens but still positive views on their cooperation. Dirty Harry Enforcers are accepting of all three roles. The method in which Dirty Harry Enforcers operate to align with aggressive tactics, discretion within enforcement, and disdain for procedural guidelines (Paoline III, 2004).

2.2.3.6 Peacekeepers. Officer attitudes on relationships are mixed within the Peacekeepers cluster. Peacekeepers are generally trusting of citizens, with more favorable than unfavorable views on their level of cooperation (Paoline III, 2004). Their direct supervisors are viewed positively, while the top-tiered managers are viewed poorly. Paoline III (2004) speculates a connection between these relationships and the preference toward maintaining order. Potentially, officers feel less support from top-tiered managers who have a greater focus on the other roles. This cluster rejects the role of enforcing laws, with the second highest endorsement of service to the community of any of the groups. This group values selective enforcement and rejects the use of aggressive patrol tactics (Paoline III, 2004).

2.2.3.7 Law Enforcers. Within this cluster, officers have the greatest distrust of citizens (Paoline III, 2004). While having a distrust of citizens, this group has a more positive view of supervisors. Specifically, about those in middle management. Role preference

includes the enforcement of laws with neutral perceptions of order maintenance. Like Traditionalists, this group rejects the notion of community policing and the focus on service. Law Enforcers value the approach of aggressive patrol and reject selective enforcement of laws.

2.2.4 The Cultural Framework and Law Enforcement Ideology

The movement toward community policing shifts the role, attitude toward relationships, and method of role completion within law enforcement. This dramatic shift highlights the necessity of understanding the intricacies around law enforcement culture. Traits such as asserting authority and control through the use of force within both the culture of masculinity and the evolving framework are in direct conflict with community policing. Community policing emphasizes the importance of interpersonal communication and relationship building. Rarely are these aspects valued within law enforcement culture (Rosenbaum & Lurigio, 1994). Community policing is an approach that is highlighted for its effectiveness with the service role of policing, which is rejected by most officer clusters (Paoline III, 2004).

The use of community policing is a common approach in addressing mental health calls for service (Borum, 1998). Several aspects create a tenuous situation for these calls. Officers generally reject the service role, with the Old Pros, Dirty Harry Enforcers, and Peacekeepers having even a moderate level of interest in this role. While the evolving culture continues to indicate a disinterest in responding to these situations, officers are responding to a significant number of calls relating to mental health (Deane et al., 1999). Often, those with mental illness are viewed by officers as being less

trustworthy and credible than citizens without mental illness (Watson et al., 2004). These are aspects that amplify officers' negative views of citizens' level of trustworthiness and cooperation within traditional and some of the identified subgroups of police culture (Paoline III, 2004). Officer clusters indicating low confidence or trust within citizens include Anti-Organizational Street Cops, Traditionalists, Peacekeepers, and Law Enforcers. When cross referencing clusters with positive views of citizens and the service role, Old-Pros and Dirty Harry Enforcers are the only clusters meeting both criteria. Further, these clusters would potentially present with the greatest strengths in responding to mental health calls. The influence of culture on members of this occupation is significant about their interaction with others' mental health issues as well as to their help seeking patterns.

2.2.5 Cultural Implications Through a Lens of Critical Theory

Critical Theory focuses on the influence of social dynamics within society on the behaviors and experiences of individuals. Often, these social dynamics relate to power and oppression (Denzin & Lincoln, 2011). Social dynamics can include institutional policies, class conflict, and structural imbalances of power (Bronner, 2017). Early theorists focused on the value of each individual, alienation and making abstract concepts into quantifiable experiences, or reification (Bronner, 2017). An example of reification is identifying the psychological harm relating to mistreatment within society. Often, mistreatment and harm are abstract concepts. By making them quantifiable, they become changeable. Thus, the goal of critical theory is understanding the causes and effects of oppression within society to encourage change to how things may be (Bronner, 2017).

One focus of oppression within society is law enforcement, as they are in a position of power (Willams, 2015). Power is the degree of influence an individual has over the behaviors and experience of others (Wrong, 2009). The police represent a profession of social control and violence, trained to use force upon others to maintain this control (Williams, 2015). Their role in society is to protect and serve the public through their ability to use force when needed (Adams, Garner & Langan, 1999). Defining when this use of force becomes an issue is complex and occurs on a continuum (Adams et al., 1999). A typical use of force occurs during the arrest process if the suspect is struggling against officers (Alpert & Dunham, 1999). The continuum of force begins with the most lenient such as a verbal command and increases to use of a fire arm (Alpert & Dunham, 1999). However, issues arise when the use of force is used inappropriately. There are trends within abuse of the use of force including gender and racial disparities, those with mental disorders, intoxication and disadvantaged neighborhoods (Brunson, 2007; Worden, 2015; Terrill & Reisig, 2003). Thus, the law enforcement profession and oppression are intricately connected through their role in society and the potential for abuse of these powers with certain populations.

However, there are also aspects within the law enforcement profession that can experience oppression. Another aspect of critical theory for the law enforcement officer relates to their experience with the dominant law enforcement culture. Masculine subculture dominsates law enforcement culture (Loftus, 2010; Reiner, 2010). Thus, valuing emotional control, strength, competitiveness, and toughness (Loftus, 2010; Reiner, 2010). Critical theory indicates that a law enforcement officer that does not

adhere to the dominant culture's values may experience a power differential from their peers. Being viewed as capable by the peer group is vital due to the responsibility of each officer in supporting the safety of other members (Skolnick, 2008). Officers experiencing mental health needs do not align with some aspects of traditional law enforcement culture. Further, law enforcement officers identify concerns with engaging in help-seeking due to concerns of experiencing negative career impact (Haugen et al., 2017). Critical theory supports the need to understand the cause of oppression to further influence change (Freire, 2004). The next section will provide further information relating to the interaction of mental health and the law enforcement profession.

2.3 The Interaction Between Law Enforcement Employment and Mental Health

Officers encounter the construct of mental health in multiple ways. Being mentally healthy is defined as being both free from psychopathology or illness, and thriving in the domains of social, emotional, and psychological functioning (Keyes, 2005). Officers are often the first responders to mental health crisis calls in the community. This movement to being front line responders to mental health needs occurred following historical changes to the mental health and criminal justice systems, in the form of deinstitutionalization and stricter drug laws (Chaimowitz, 2012). Also, officers can encounter changes to their mental health. Aspects of their employment can contribute to a decline in officers' mental health throughout their careers (Tanigoshi et al., 2008). One of the instrumental aspects of response, to both mental health issues in the community and their own mental health, is officers' perceptions of mental health. The culture of the profession often shapes this perception. This includes the conflict between

the values of the culture, such as toughness and emotional control, and the stigma they ascribe to mental health issues of being weak and unpredictable (Karaffa & Tochkov, 2013).

While mental health concerns are prevalent throughout the profession, not every officer is affected. For example, according to Gershon, Barocas, Canton, Li, & Vlahov (2009), officers who reported high stress also reported depression symptoms 70% of the time, and those who reported low stress identified depression symptoms 29% of the time. This requires a further understanding of what may contribute to increased or decreased risk among officers. Throughout this section, a review of the literature will be presented to further understanding of the intersection between an officer's employment and mental health.

2.3.1 Mental Health Calls

Reform within the mental health and criminal justice systems affect the prevalence of those with mental illness' involvement in the criminal justice system (Chaimowitz, 2012; Lurigio, 2011; Raphael & Stoll, 2013). In the mental health system, relevant reform first began in the 1800s with the creation of mental health hospitals, which effectively eliminated those with mental health issues from the incarceration setting (Chaimowitz, 2012). With the advancement of psychiatric medication, the nation shifted from providing behavioral health care within mental health institutions back to a community-based model beginning in the 1950s (Chaimowitz, 2012). While well intended, Chaimowitz (2012), argues there are limitations in the community-based model for individuals with mental health issues. This reversed the progress and shifted some

individuals with mental illness back into the incarceration setting (Raphael & Stoll, 2013). Currently, individuals with mental illness are represented within the criminal justice system at a rate greater than is found in the general population (Chaimowitz, 2012). Reform efforts then are intricately linked to the care that those with mental illness receive, and the rate at which they are incarcerated for their symptoms.

Community-based care was not received well by American society (Piat, 2000). This response had implications upon the experience of those with mental illness who were integrated into the community. Citizens responded to this shift in care with a sense of fear of those who are mentally ill. Further, this produced a negative belief about these individuals (Corrigan et al., 2003; Link et al., 1999). A negative belief, or stigma, developed around mental health issues that influenced how they were perceived. Stigma can occur in the form of public stigma or self-stigma (Corrigan, Larson, & Rusch, 2009; Corrigan & Penn, 1999; Watson, Corrigan, Larson & Sells, 2007). Public stigma occurs when society has attitudes and beliefs toward a person with mental health challenges or their family that leads to rejection (Corrigan & Penn, 1999; Parcesepe & Cabassa, 2013). Specifically, those with mental illness were viewed to be violent and unpredictable (Corrigan et al., 2003; Link et al.,1999); weak or a victim (Byrne, 1997) and responsible for their illness (Corrigan et al., 2003). The presence of stigmas has important effects on both societal and the ill person's behavior. One aspect that stigma influences are the societal behavior of social distance, wherein individuals reduce interaction with individuals with mental illness (Corrigan, Kerr, & Knudsen, 2005). Social distance can appear as decreased support, low amounts of interaction, and a lack of empathy for the

individual with mental illness. The presence of stigma also acts as a deterrent for help seeking by the individual with mental illness (Rusch, Angermeyer & Corrigan, 2005). Decreased help-seeking occurs as a result of public stigma and self-stigma. Self-stigma occurs when the person is aware of the stereotypes held by those in public and agree with them, while also applying the stereotype to themselves (Rusch, Angermeyer & Corrigan, 2005; Watson et al., 2007). The lack of social support that results from an increased social distance and the lack of engagement in treatment can result in greater symptom severity and the development of a mental health crisis (Livingston & Boyd, 2010).

As individuals shifted from institutions to the community, resources were not allocated to provide the level of care that was often needed (Chaimowitz, 2012). Through this process, crises within the community occurred without an available response from the mental health system. In the absence of a mental health system response, law enforcement became the available resource (Bonfine, Ritter & Munetz, 2014).

Deinstitutionalization was only one aspect involved in shifting the care of those in a mental health crisis under the scope of law enforcement's service. Others emerged from the criminal justice system. The criminal justice system experienced changes within sentencing that influenced the societal response to individuals with mental illness (Lurigio, 2011). The nation's war on drugs increased the incarceration rates of individuals with co-occurring mental illness and substance abuse issues (Lurigio, 2011). This is significant as a co-occurring mental illness with substance misuse is present within 75% of inmates who reported mental health issues (James & Glaze, 2006). This significant level of co-occurrence and the focus of the nation on decreasing substance use

contributes to those with mental illness residing in jail cells rather than treatment facilities.

With the changes in both systems, law enforcement officers encounter individuals with mental illness at a disproportionate rate to the general population. One out of every 10 calls an officer responds to involves some aspect of a mental health crisis (Deane et al., 1999; Watson et al., 2008). Officers are often ill-prepared for such crises. They often lack general information regarding mental illnesses and appropriate responses for de-escalation (Borum, 2000). According to Krameddine, DeMarco, Hassel, & Silverstone (2013), this lack of training could contribute to the use of force within these interactions. Officers' perceptions of mental illness are also affected by these interactions. Officers respond to individuals with mental health issues when they are crisis states. Thus, stigmatized attitudes, such as those with mental illness are violent and unpredictable, are reinforced. For example, officers associate dangerousness with mental illness at a higher incidence than does the general population (Kimhi et al., 1998; Watson et al.,2004).

2.3.2 Officer Mental Health

Law enforcement officer's mental health becomes relevant at the beginning of their career through a process called determination of fitness for duty. In the 1990s psychologists began to play a role within the law enforcement community in the form of pre-employment screening (Detrick & Chibnall, 2002). Aspiring officers were required to participate in a battery of psychological tests. These psychological tests were designed to identify candidates whose personalities and strengths aligned with what was thought to be effective, stress resilient officers (Detrick & Chibnall, 2002). This process exposed

officers to mental health help providers in an evaluative manner and placed the helpers in the role of the gatekeeper for the profession. This experience may shape law enforcement officers' view of mental health providers as evaluators and gatekeepers and not as help providers. The gatekeeper role can be a conflict for mental health professionals with the typical role of help provider.

This view of mental health providers as gatekeepers can be a barrier to law enforcement officers' help-seeking behaviors across the duration of their stressful careers. Officers enter the profession in a much healthier state than they leave the profession about their physical and emotional wellness (Tanigoshi et al., 2008). Sources of this stress include exposure to stress traumatic incidents, participation in shift work, and a sedentary environment (Hartley et al., 2011; Violanti, 2011). According to Pierson (1989), approximately 87% of officers encounter critical incident stress. This includes events that pose a significant threat to their own or others' wellbeing. This is an alarming rate when compared to other occupations. Officer's general welfare is greatly impacted. Another influence on wellness is the timing of the shift officers engages in. Nearly half of officers have worked a non-day time shift as compared to less than 10% of the general population (Hartley et al., 2011). Officers who work non-day time shifts have limited abilities to access healthy food options, engage in decreased exercise and experience disruptions in their sleep patterns (Violonti, 2011). These individuals are four times more likely than the general population to sleep less than six hours per night (Violanti, 2011). With the stress and health challenges, officers could be hesitant to seek help from someone who is also responsible for establishing their fitness for duty.

The high frequency of exposure to these events provides concern to officers which are amplified by challenges among the profession relating to coping. Frequent exposures to life threatening situations are, on their own, difficult for a person to cope with, but law enforcement officers are further at risk due to the challenges presented by the environment and position in which they work. Graf (1986) identified that many officers who experienced a stressful event were not able to successfully process the stressful event. Left unaddressed, officers are at great risk to suffer physically and emotionally. Also, lifestyle behaviors often used as coping mechanisms, such as alcohol consumption, lack of exercise, and tobacco use can be additional sources of physical and mental health challenges (Richmond, Wodak, Kehoe, & Heather, 1998).

It is then notable that with exposure to critical incident stress and barriers to successful coping, chronic stress responses result in consequences to officer's physical health. These consequences include cardiovascular disease and metabolic issues (Hartley et al., 2011), anxiety, and post-traumatic stress disorder (Anshel, 2000; Violanti et al., 2011). Shiftwork presents additional health consequences. The sedentary nature, poor sleep habits, and limited healthy food options are linked to physical health risks of cardiovascular disease, obesity, and diabetes. Also, mental health concerns arise to include anxiety, mood disorders and decreased emotional regulation (Hartley et al., 2011; Violanti, 2011). There was a significant correlation between increased officer stress and decreased sleep quality as well as increased symptoms of depression (Charles et al., 2011). Violonti et al. (2011), indicate that the prevalence of depression symptoms in officers to be double that of the general population. According to The Badge of Life, an

organization which advocates for law enforcement mental health, between 125 and 150 officers complete suicide each year. There is often a misconception that suicide is a more significant issue among retired officers, while suicide rates were 8.4% higher in working officers (Violanti, 2011). In addition to these serious effects on law enforcement physical and mental health, officers often experience social consequences, such as divorce, domestic violence, and marital issues, at a higher rate than other professions (Tanigsohi et al., 2008). The negative results of employment related factors are especially concerning, as for law enforcement officers to be effective within their service to the public, their physical and mental wellness are essential (Violanti et al., 2011).

The career leads to health issues within the officers, but negative health symptoms in officers can also affect their career. The physical and mental health symptoms identified place strain on the officer's career in the form of reliability and performance issues. Officers experiencing career-related stress utilize more sick time and more frequently enter early retirement (Fekedulegn et al., 2013). Also, there are cognitive effects as officer's present with impaired performance when experiencing greater stress responses (Hope, 2016). With significant effects on both the officers and their ability to serve the public, identifying elements that contribute to increased risk of mental and physical illness is imperative.

2.3.3 Risk and Protective Factors for the Development of Mental Health Concerns

Officers who align with the dominant culture are at increased risk of developing mental health issues. Emotional control, competitiveness, perfectionism, and authority align with the culture of masculinity, which focuses on bravery (Kirschman et al., 2014).

While these aspects can be beneficial within the work setting, these aspects can become maladaptive outside of the work setting (Wester et al., 2010). The culture of law enforcement permeates the identity of the officer's personal life (Skolnick, 2008). Aspects of police culture, when carried over to officer's time off-duty, can result in substance misuse, depression, and anxiety. Additionally, interpersonal issues can arise such as domestic violence, poor familial communication, and divorce (Kirschman et al., 2014; Kurtz, 2012; Roberts et al., 2013; Violanti, 2011).

When encountering trauma, there are additional risk factors that may result in greater effects of stress and trauma on an officer's health. Risk factors differ depending on various stages of the trauma experience including, before the trauma, during the trauma, and after the trauma (Ellrich & Baier, 2017). Pre-trauma experiences that influence how an officer responds to the traumatic event or stressor include some static, or unchanging aspects and some dynamic, or changeable aspects. In relation to heightened risk of maladaptive responses, static characteristics of age and gender are frequently analyzed with some inconsistencies with the general population (Marmar et al., 2006; Meffert et al., 2008; Ellrich & Baier, 2017; Violanti & Aron, 1995). According to Violanti & Aron (1995), officers at greatest risk for maladaptive stress responses were between the ages of 31-35. No notable differences were identified in gender responses (Ellrich & Baier, 2017). Dynamic aspects associated with maladaptive responses include alcohol use (Boweler et al., 2010), work environmental stress, and higher reports of trait anger (Meffert et al., 2008).

During a traumatic event and immediately following, some aspects can alter the longer-term experience of posttraumatic stress responses. Greater posttraumatic stress symptoms were reported by persons who experienced dissociation, distress, fear, helplessness, guilt or shame during the event (Ellrich & Baier, 2017; Marmar et al., 2006). The greater amount of physical injury, longer duration of hospitalization, and loss of work, particularly for women, were all post-event factors that place officers at high risk of maladaptive responses (Ellrich & Bair, 2017).

Protective factors, or factors that promote resiliency, were identified within the experiences of the officer before and during the trauma. Training is an important pre-trauma factor that influences an officer's response to trauma (Ellrich & Baier, 2017). Officers who underwent preparatory training relating to critical incidents reported lower stress and trauma responses than those who did not (Ellrich & Baier, 2017). Peri-trauma factors or factors occurring during the event also effected subsequent responses. If an individual reported feeling a greater sense of control during the traumatic event (Maes, Delmeire, Mylle, & Altamura, 2001) or used problem solving coping (Marmar et al., 2006) then they reported fewer complicated trauma responses after the event.

Some elements had implications for both risk and protective factors. Posttraumatic stress factors associated with both risk and protective factors center around social support, becoming protective when one is utilizing high amounts of support and risk when use is reduced (Stephens, Long, & Miller, 1997; Ellrich & Baier, 2017; Patterson, 2003). Similarly, coping mechanisms can also be forms of protective or risk factors. According to Patterson (2003), the use of problem-focused coping is a significant

protective factor in reducing maladaptive responses. Additionally, the use of approach-avoidant coping can decrease maladaptive responses to general employment stress (Anshel & Brinthaupt, 2014). Conversely, the use of alcohol to cope is a risk factor for the worsening of symptoms. Many of the risk factors, such as age and aspects associated with the event, are unavoidable and common within the profession. Thus, the underutilization of mental health treatment is concerning. Considering this low use of treatment and the deleterious effects this can have on an officer's health; the next section will provide an understanding of the barriers to treatment engagement.

2.4 Barriers to Treatment Utilization

2.4.1 Officers' Views on Mental Illness

Law enforcement culture is associated with negative views of mental illness. This culture aligns with many aspects of the ethos of masculinity. Values such as emotional stability, independence, and authority (Kirschman et al., 2014) are in direct conflict with typical views of mental illness. Those having mental health issues are often viewed as weak and unpredictable (Corrigan et al., 2003). If an officer identifies as having mental health issues, they are then identifying with the stigma associated with mental health. Being viewed as unpredictable and weak rather than authoritative and in control has broader effects on the officer and their career. An officer's role includes maintaining their safety and supporting the safety of their peers. Being viewed by fellow officers as capable is essential to their roles and relationships. (Skolnick, 2008). Therefore, there are implications to the officers' identity as they are no longer mirroring the values required for group membership if they are experiencing metal health issues.

Experiencing mental health issues require an officer to align with negative views of mental health rather than with dominant law enforcement culture. They are less likely to identify having mental health needs and seek help for mental health issues than other professions that lack these cultural norms. Officers are more likely, compared to other professions, to have mental health needs and less likely to engage in mental health treatment (Karaffa & Tochkov, 2013; Violonti, 1995). Addressing and shifting law enforcement culture becomes necessary for an officer to engage in treatment for mental health needs.

Law enforcement culture is resilient and difficult to shift (Loftus, 2010). Cultural patterns are well ingrained and often unspoken. This unspoken nature then relies upon officer perception of cultural norms (Skolnick, 2008). Associated with the unspoken nature of the culture and importance of maintaining group membership, officers often perceive an absence of issues and help-seeking by their peers. This is evident in the dynamics identified by Karaffa and Tachkov (2013) who noted that officers reportedly believe that other officers are less likely to engage in help-seeking behaviors than they are. This reinforces the identity, help-seeking struggle. When erroneously perceiving that their peers are aligned with the dominant culture the officers have assumed that their peer is not willing to receive help. This assumption reinforces that help seeking is unacceptable. However, the unspoken nature of the culture reduces the opportunity for correcting assumptions. This presents challenges in shifting the culture to increase the acceptability of help seeking.

2.4.2 Officers' Views on the Mental Health System

Officers who reside in departments that view mental health negatively are less likely than officers at departments with positive views to have a constructive working alliance with mental health providers. In addition to poor interactions within the system, cultural norms interfere with treatment engagement due to a lack of trust in outsiders (Skolnick, 2008). Officers do not trust others outside of the profession – this lack of trust limits officers' willingness to speak to a treatment provider. Development of relationships and confidence in providers of mental health treatment is the key to success (Karaffa & Tachkov, 2013; Wester et al., 2010). According to researchers, officers are more likely to disclose the difficulties they are having when they have a strong relationship with a treatment provider. Barriers exist in the development of relationships that can provide support including treatment professionals as well as those of higher rank (Detrick & Chibnall, 2002; Donnelley, Valentine & Oehme, 2015; Heffren & Hausdorf, 2014; Mitchell & Dorian, 2016). Officers have identified a lack of trust in those outside of their peers, even to include those of higher ranks. This barrier to relationship development decreases the effectiveness of care and reinforce a stigma relating to the ineffectiveness of the mental health system (Owen et al., 2013).

In addition to relational barriers, confidence in the benefits of treatment can be an additional challenge. The general view of mental health care services by law enforcement continues to identify greater amounts of risk than benefits (Wester et al., 2010). Officers identified a concern with confidentiality and that their careers could be negatively affected by seeking treatment (Wester et al., 2010). Additionally, law enforcement

culture and poor experiences during employment can result in a reluctance to engage in services.

Officers do not always engage with mental health agencies, in part due to misperceptions and expectations (Stroul, 1993). Officers expect the mental health system to have immediate solutions in addressing symptoms (Stroul, 1993). Often, officers do not perceive the mental health system to respond quickly enough to their needs in emergencies. Officers expect mental health crisis response to occur more rapidly than often possible (Lamb et al., 2002; Sellers, Sullivan, Veysey & Shane, 2005; Stroul, 1993). Those who have poor experiences with the mental health care system have a decrease in their overall confidence in mental health care. Lowered confidence affects their willingness to engage in the risk of treatment (Bloodgood, 2006).

Stigma is an underpinning issue relating to lack of engagement in care (Corrigan, 2004). This can include the stigma of experiencing symptoms, especially within the context of masculine culture, or the stigma around the lack of effectiveness of treatment services to address mental health issues (Bloodgood, 2006; Corrigan et al., 2014; Haugen et al., 2017; Mital et al., 2013; Yousaf, Popat, & Hunter, 2015). Because of the relationship between stigma and help-seeking, the next section will review the phenomena of stigma and current efforts to reduce negative views of mental health for law enforcement.

2.5 Mental Health Stigma Reduction Efforts

With stigma underlying law enforcement officers' lack of engagement in treatment services, efforts to reduce this stigma become imperative to law enforcement wellness. Understanding the development of stigma is important in understanding how to decrease it. Attribution theory provides one approach to the development of stigma within society.

2.5.1 Attribution Theory

Attribution theory provides a framework for understanding the phenomenon of stigma development (Weiner, 1980). According to attribution theory, stigmas develop based upon how individuals perceive or attribute the cause of events. For instance, if an event is thought to have been caused by some force outside of a person's control, often the person receives pity. Whereas, if a negative experience is thought to have been caused by something within a person's control, they receive anger. The cause of mental illness, or how it is attributed, then becomes important.

Within society, the individual is frequently viewed as being responsible for their mental health (Corrigan et al., 2003). Attribution theory then suggests that these individuals will experience less empathy and more negative reactions based on this view of responsibility. In the context of law enforcement culture, self-determination and control are highly valued. If an officer would attribute mental health issues as caused by the individual, this could result in increased stigma. This may threaten an officer's

willingness to identify as having a mental health issue, as the culture values being in control of situations and emotions.

2.5.2 Training and Education to Reduce Stigma

There is currently a lack of information around the methods which could reduce officer related stigma. Current literature focuses on the reduction of stigma in the general population, and this will be utilized as a starting point. Community based efforts to reduce stigma around mental illness include education and training components (Coleman & Cotton, 2014).

2.5.2.1 Crisis Intervention Team History and Overview. One evidence-based approach designed specifically to assist law enforcement interactions with individuals with mental illness is the Crisis Intervention Team (CIT). CIT is also known as the Memphis Model. The Memphis Model began in 1987 in response to the shooting of a mentally ill individual by law enforcement (Dupont & Cochran, 2000). As a result, the mayor formulated a partnership between the police department and neighboring universities. This partnership developed a specialized police unit with advanced knowledge of mental health issues (Dupont & Cochran 2000). Core elements were identified of the necessary components for a community to have in place to be successful (Dupont et al., 2007). Program developers identified categories of ongoing, operational, and sustaining elements. Among the ongoing elements, programs must have a partnership between law enforcement agencies, advocacy partners, and mental health agencies. Within this partnership, there should be a planning group with representatives from each facet. This group is responsible for implementing the program, networking, and development of

program regulations. These partners must develop specific policies and procedures to support the daily functioning of the program (Dupont et al., 2007).

Operational elements were identified to clarify the daily functions required for success (Dupont et al., 2007). In addition to the planning group identified above, an oversite group at this level is best practice for program maintenance. This oversite group should be composed of the representatives, or coordinators, that promote daily functioning of the program. The coordinators should be identified from each facet to include law enforcement, mental health, and advocacy. A coordinator's responsibilities include program development, training coordination and maintaining relationships with community partners (Dupont et al., 2007). This stage will also include the specialized officers and dispatchers within each department to identify and respond to mental health calls.

The CIT training component is a forty-hour course (Dupont et al., 2007). This increases officer understanding of mental illness and the mental health system. The training should be provided to both the officer and the call receiver, or dispatcher. The inclusion of the dispatcher is important so that when a call is received, it can be identified correctly as a mental health call. Correct identification of calls allows for a CIT trained officer to be dispatched to the scene rather than an untrained officer. Furthermore, each community must develop resources to provide officers with appropriate options after identifying mental health as the need. This option must provide an emergency entry point into the mental health system. A mental health receiving facility is a location where officers can take the person having a mental health crisis. This step moves the care of the

individual from the criminal justice system to the mental health system. Important elements of this facility include speed and availability. The facility must be able to respond quickly to allow officers to return to patrol. Around the clock, services must also be available (Dupont et al., 2007; Stroul, 1993).

Sustaining elements are identified to support the continuation and effectiveness of programs (Dupont et al., 2007). These include programmatic evaluation and research methods. Evaluation should provide useful information on the effectiveness and efficiency of the program. This data can also lead to effective continuing education for officers. The in-service, or advanced, training component is an aspect that can be offered regularly to continue to expand officer knowledge. Topics within the advanced training can include areas that have been identified through evaluation as challenging areas. Further topics can include advancements to the community procedures or a refresher for skills. Additionally, to sustain a program, success must be emphasized in some form of recognition. Officer, dispatcher and coordinator accomplishments must receive public honor. Recognition provides an incentive for participation, a sense of accomplishment, and attention to the program. Examples of recognition can include awards, certificates of recognition, and an annual banquet to honor participants. Finally, outreach must be completed to sustain the program model. Each community with a successful program is tasked with assisting other communities with program development. This should be done at a local, state and national level (Dupont et al., 2007).

2.5.2.2 Crisis Intervention Team Training Components. The CIT training is delivered to officers in a forty-hour format. The program utilizes a combination of education,

personal interactions, and skills training. This design is intended to improve interactions between law enforcement and those in a mental health crisis (Bonfine, Ritter, & Munetz, 2014; Compton et al., 2006). A collaborative nature occurs within the training component of the program. The training utilizes advocacy agencies, mental health providers and law enforcement in planning and implementation. Officers can interact with both providers of services, as well as individuals with mental illness when they are not in crisis. This can assist in decreasing misunderstandings and misperceptions between the systems (Hanafi et al., 2008). According to Dupont et al. (2007), training should include a didactic component with the topics of:

- Clinical Issues Related to Mental Illnesses
- Medication and Side Effects
- Alcohol and Drug Assessment
- Co-Occurring Disorders
- Developmental Disorders
- Family/Consumer Perspective
- Suicide Prevention and Practicum Aspects
- Rights/Civil Commitment
- Mental Health Diversity
- Equipment Orientation

- Policies and Procedures
- Personality Disorders
- Posttraumatic Stress Disorders (PTSD)
- Legal Aspects of Officer Liability
- Community Resources

On site visits should also be offered to familiarize officers with local mental health resources. This should include awareness with the facilities and relationship development with staff. A practical skills component and scenario based training should orient officers toward crisis response strategies. This component is intended to increase an officer's verbal de-escalation skill to reduce the use of force. Throughout each area of the training opportunities should be available for officers to ask questions and gain answers. Finally, a commencement ceremony should honor each participant (Dupont et al., 2007).

2.5.2.3 Crisis Intervention Team Training Effectiveness. Proper identification and response to mental health crises lead to broader outcomes within society. The training has effects on the rate in which mental health crises are labeled correctly by officers within the community (Steadman et al., 2000). According to Steadman et al., (2000) participation in this program results in increased officer and citizen safety; extended officer skills; increased officer and community confidence in relation to officer interaction with those experiencing mental illness; increased cooperation between the criminal justice and mental health systems; decreased arrest rates; and a reduction in

recidivism. Additional gains to be noted include decreased stigma relating to mental illness (Compton et al., 2006; Hanifi et al., 2008). While previous research indicates a general reduction in stigma associated with this program, it is unknown if there are any effects on officer's perception of the stigma of mental illness about their own culture and identity.

2.5.2.4 Prevalence of Crisis Intervention Teams. CIT began in one community and had since obtained a national and international presence (Herrington & Pope, 2013; Munetz, Morrison, Krake, Young, & Woody, 2006; Olva & Compton, 2008). This has been identified as one of the fastest growing programs in the country (Compton, Bahora, Watson, & Oliva, 2008). Previously, departments surveyed indicated only 3% utilized the CIT model (Deane, Steadman, Borum, Veysey, & Morrissey, 1999). However, currently, the national database indicates CIT being present in over 2,600 local programs and 351 regional programs nationwide (CIT Center). CIT progams are present in every state in the United States except Arkansas, Alabama, and West Virginia (CIT Center). This indicates a majority of the nation has engaged in the development of CIT programs at a local and regional level.

2.6 Summary

The law enforcement officer's experience is shaped by structures of the occupation and individual factors of the officer (Archbold & Schultz, 2008; Lab et al., 2013; Willis & Mastrofski, 2017). Professional factors include the roles and responsibilities dictated by rank and jurisdictions (Archbold & Schultz, 2008; Willis & Mastrofski, 2017). Individual factors include officer role preference, the method of role

completion, and experiences during their career (Loftus, 2010. Paoline III, 2004; Willis & Mastrofski, 2017). These professional and individual factors contribute to the culture of law enforcement.

The culture of law enforcement has multiple theories –first an overarching ethos in which all officers experience a masculine based culture (Reiner, 2010). Under this theory, all officers are tough, aggressive, have loyalty to their peers and suspicion toward others not within their peer group (Reiner, 2010). Additional theorists indicate that subgroups may emerge based on the individual characteristics mentioned above (Paoline III, 2004). Within each theory, some officers align with different aspects of masculine subculture. This professional identity can present a conflict for the emotional and physical challenges officers face within the profession.

Officers experience significant strain throughout their careers which often results in decreased mental and physical wellness (Violanti et al., 2011). Physical health symptoms that arise can include cardiovascular issues (Violanti, 2011). Officers' experience increased the incidence of mental health needs such as depression, anxiety, and posttraumatic stress symptoms. Law enforcement culture views these symptoms as unacceptable due to the conflict between cultural values and mental health stigma. The culture values toughness and control in contrast to the stigma of mental illness as weak and unpredictable (Corrigan et al., 2003; Loftus, 2010).

In addition to culture, the stigma officers experience toward mental illness is affected by the officer's field experience. Interactions with individuals in mental health crisis increased as a result of the mental health and criminal justice system changes.

Deinstitutionalization of mental health hospitals and increased severity of drug laws placed officers as the frontline responders to mental health crises (Chaimowitz, 2012). Officers began to interact with the most severe cases of mental illness. These cases often present as unpredictable. Stigmas of mental illness as dangerous and unpredictable were reinforced for law enforcement.

These stigmas have implications on officers' views of their mental health. Stigmas of mental health are in direct contrast to law enforcement values. Thus, officers seek help for symptoms at a decreased rate from the general population –delayed help-seeking which affects the severity of their mental health symptoms. When help is sought, stigma impairs symptom reduction and effectiveness of help utilization (Owen et al., 2013). Further efforts in exploration on officer stigma relating to their own mental health could have broad implications to the officer and societal well-being.

Efforts to address stigma in the general population typically includes education. CIT training is an education program for law enforcement designed to reduce officer stigma (Compton et al., 2006). Stigma is reduced through lecture, interaction with individuals with mental illness and de-escalation skill development (Dupont et al., 2007). Program outcomes indicate a decrease in stigma by officers toward individuals with mental illness (Compton et al., 2006). However, the effects of the training on officers' perception of stigma relating to their own mental health needs are unknown.

A gap exists in understanding how to reduce stigma within the law enforcement culture about officer mental health. Increased understanding is necessary to understand and address barriers in their help-seeking behaviors. Further understanding is essential in

providing support to those who voluntarily experience increased trauma to ensure the safety of society. After careful review of the literature, the question remains, how does participation in a Crisis Intervention Team (CIT) training program impact law enforcement officers' mental health help-seeking?

Chapter 3

Research Design and Methodology

In Chapter Three, I will review the research design that is utilized within the present study. Additionally, Chapter Three provides an overview of the study's procedures. This overview includes the process of entering the field (participant recruitment and sampling); data collection; and data analysis. Reflexivity is reviewed and includes a discussion of the research team's demographics, experiences, and potential biases. Finally, strategies to increase the rigor of the study and the study's limitations are presented.

3.1 Research Design

Qualitative research focuses on the social construction of a phenomenon (Denzin & Lincoln, 2011). "Qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena regarding the meaning people bring to them." (Denzin & Lincoln, 2011, p. 3). There is a focus on understanding the meaning that individuals provide to their experiences, rather than just their experiences (Krauss, 2005). This approach is well-suited to the study of law enforcement self-stigma and help-seeking patterns. The experience in this case study is the decisions law enforcement

officers make to seek mental health treatment (or not). Complexities exist in the meaning that law enforcement officers place upon the decision about mental health help-seeking. For instance, culture, stigma, and experience with those in mental health crises all contribute to an officer's decision (Corrigan, Kerr & Knudsen, 2005; Kimhi et al., 1998; Loftus, 2010; Watson et al., 2004).

There are multiple social constructs involved in understanding law enforcement officer mental health help-seeking. One construct includes how the law enforcement officer attributes the cause of mental illness (Corrigan, Kerr & Knudsen, 2005; Weiner, 1980). For example, in applying attribution theory, if an officer attributes the cause of mental illness as caused by the individual or an internal weakness or deficiency, then they will view having to seek help in a negative light (Karaffa & Tochkov, 2013; Weiner, 1980). However, according to attribution theory, if they attribute it to something beyond an individuals' control, such as a genetic predisposition, stigma toward help-seeking is decreased (Corrigan, 2000; Weiner, 1980). Additionally, law enforcement culture and interaction with individuals with mental illness are also relevant social components (Kimhi et al., 1998; Loftus, 2010; Watson et al., 2004). Law enforcement officers frequently interact with individuals with greater symptom severity than other individuals with mental illness presenting in the crisis state (Deane et al., 1999; Watson, Morabito & Ottati, 2008). Further, law enforcement officers interacting with persons in a crisis state leads to officers ascribing those with mental illness as more dangerous, possibly responding with increased use of force (Krameddine et al., 2013).

Research efforts have focused on understanding law enforcement culture, interactions with the mental health system, and how mental health stigma affects law enforcement interaction with community members and their own mental health (Karaffa & Tochkov, 2013; Kimhi et al., 1998; Loftus, 2010; Skolnick, 2008; Watson et al., 2004). Stigma reduction efforts have been a focus of research relating to the CIT training program and effects regarding individuals with mental illness (Compton et al., 2006; Hanifi et al., 2008). However, there is a notable absence in understanding how this training affects law enforcement officer stigma relating to their own mental health.

Use of a qualitative approach allows for further exploration of how CIT training effects how officers perceive the social phenomenon of stigma and their own mental health help-seeking. The qualitative approach is also beneficial in gaining knowledge from those who do not typically have a voice in research (Hays & Singh, 2012). Officers traditionally do not disclose information to those they do not trust outside of their profession (Donneley et al., 2015; Fair, 2009; Heffren & Hausdorf, 2014). Mental health professionals must gain the trust of law enforcement officers (Fair, 2009). Often this is accomplished by providing support to officers needs relating to mental health. For example, providing crisis services for law enforcement with individuals with mental health needs in the field and providing law enforcement with education on mental health (Fair, 2009). Regarding research, the use of prolonged engagement encourages the development of trust and participation (Morse, 2015). An opportunity available to researchers includes providing education. Additionally, engaging in ride alongs, visiting

departments, and speaking with officers can increase understanding and also build relationships (Carpiano, 2009; Payne, Sumpter & Sun, 2003).

Within qualitative approaches, there are similarities among the types of analyses and important distinctions (Moustakas, 1994). A commonality within qualitative methods is the focus on finding, depiction and meaning (Osbourne, 1994). A case study is an approach which allows for a phenomenon to be explored from multiple perspectives and yield understanding of multiple angles (Baxter & Jack, 2008). A case study is appropriate when the goal of the research question is answering how or why regarding a phenomenon. Additionally, a case study allows inclusion of the context of a phenomenon. This is especially true in cases where there is uncertainty regarding the boundaries between the context and phenomenon (Yin, 2018). Types of case studies vary based on the purpose of the study (Baxter & Jack, 2008).

3.1.1 Exploratory Single Case Study, Embedded Design

The SCSED was selected to explore the phenomenon of officer help-seeking in the context of one Midwestern state county's CIT program (Yin, 2018). The core of exploratory case studies is to investigate when there is no clear outcome regarding a phenomenon (Yin, 2018). Further exploration is warranted due to the absence of literature regarding methods to decrease law enforcement officer stigma relating to mental health and help-seeking. Researchers support the increased need for officers to obtain mental health assistance and the decreased engagement in care (Anshel 2000; Hartley et al., 2011; Karaffa & Tochkov, 2013; Tanigoshi et al., 2008; Violonti, 1995; Violanti et al., 2011). This decreased engagement is a result of stigma relating to officer

mental health issues and help-seeking (Bloodgood, 2006; Owen et al., 2013; Skolnick, 2008; Wester et al., 2010). However, efforts to reduce officer stigma about their own treatment is notably absent. Thus, exploring outcomes for attending CIT training on law enforcement help-seeking is necessary to determine how to engage officers who have mental health treatment needs effectively.

The SCSED approach allows researchers to investigate a single case from the perspective of multiple participants (Yin, 2018). Within this approach, the researcher must be aware of focusing on the overall experience that is being analyzed, which in this case is the CIT program in a rural county in a Midwestern state. Understanding this single case will come through interviewing multiple program participants. These participants will include law enforcement officers of varying ranks and years of experience from local level jurisdictions. These local level jurisdictions can include the sheriff's office, city and village police agencies. Additionally, participants will include facilitators within the program. These facilitators participate in delivering and planning the training for law enforcement officers. These participants will offer a diverse perspective of the CIT program and its interaction with law enforcement.

3.1.2 Context of Case

The study included analysis of a CIT program located in a rural county in a midwestern state in the United States. The CIT program occurs two times a year, once in the spring and once in the fall. The training is facilitated by the local National Alliance on Mental Illness (NAMI) affiliate and are held at their facilities. The program is a collaborative effort with presenters coming from local mental health provider agencies

and local law enforcement jurisdictions. I first entered the field in 2012 through my involvement in the program's development. I continue to assist in training development and implementation. The training typically graduates an average of 10 officers per course with 85 total officers trained at the time of this study. This represents 34% of the officers in the county (Northeastern Ohio Medical University, 2018). My continued assistance in the planning and attendance at the CIT training provides me an opportunity to meet the officers and interact with them throughout the week. My participation over the previous six years has provided prolonged engagement with the CIT officers within the county.

In addition to training, a CIT program focuses on community follow up and data collection (Dupont et al., 2007). A CIT Coordinator is identified at each department to perform these duties. This law enforcement officer is assigned to complete follow up with individuals in the community who present with mental health needs after another officer has interacted with them. Follow-up includes officers visiting with the individual when they are not in crisis to continue to develop a relationship and assess potential needs. Regarding data collection, following a CIT call the officer completes a CIT contact form that gather information about the call they completed. Data may include the presenting issue the officer encountered, the presence of potential substance use, and outcome of the call. This data drives continued training and program development within the county. The coordinators meet quarterly to review cases and gain any needed support. This provides a secondary opportunity for my entrance into the field. I continue to attend these meetings regularly to maintain an understanding of current issues and needs. I have had greater interaction with these individuals due to their higher level of involvement within the

program. Furthermore, this interaction creates prolonged engagement and greater levels of trust (Fair, 2009).

3.1.3 Research Paradigm

Research paradigms are "a basic set of beliefs that guide action" (Denzin & Lincoln, 2011, p. 91). Paradigms provide a basis for how one witness and understands the world (Babbie, 2017). Thus, one's paradigm influences what one pays attention to and then how they make sense of what is observed. Critical theory is the paradigm operationalized in the current study. Critical theory is a paradigm in which theorists attempt to understand the world through the lens of culture, politics, and the economy, and also tries to improve the lives of those participating (Hays & Singh, 2012).

Critical theorists assert that a person's experience in the world is affected by power (Denzin & Lincoln, 2011). Power includes the degree of influence or controls an individual has over others and their environment to get them to do something they would otherwise not do (Wrong, 2009). An individual's experience is shaped by where they stand about power, for instance, whether they are influencing others or being influenced. An individual's experience about social power is important and is taken into account through the critical paradigm lens about their experiences within the world (Denzin & Lincoln, 2011). For example, law enforcement culture is dominated by a masculine subculture (Loftus, 2010; Reiner, 2010). According to critical theory, a female within the field of law enforcement is further from a position of power and will have a different experience from her male counterpart. Critical theorists would focus on viewing the world through the differences that are experienced based upon her position to power and

advocate for change. Critical theorists focus on oppression and the minimization of populations (Freire, 2014). Certain populations experience greater frequency and severity of oppression than others. This is evidenced through use of force studies which indicate some individuals experience greater contact with law enforcement with more severe outcomes than other populations (Brunson, 2007; Worden, 2015; Terrill & Reisig, 2003).

The experience of oppression transcends an individual's existence as often the oppressed internalize the guidelines of those in power (Freire, 2014). Often, a goal associated with research utilizing critical theory is to provide social action for those without power (Hays & Singh, 2012). To accomplish this, there must be a critical analysis of what can reduce the oppression in order to create a new situation for those oppressed that allows them to be humanized (Freire, 2014). Within the current study, efforts are aimed to understand how anti-stigma education may affect the oppressive law enforcement culture about mental health. Specifically, the study aims to identify how this training affects perceptions of the members regarding help-seeking.

Within the current research, law enforcement is typically viewed as a population with power (Williams, 2015). Power, in this case, is defined as the ability to restrain and regulate the use of liberty and property to promote public welfare (Freund, 1904, p. iii). With the ability to develop and implement social control policies, scholars have argued these policies often further oppression (Muniz, 1984). As such, officers are then acting as the oppressor. However, the subset of the population that is being studied are those officers who experience mental health needs. This subset is oppressed within their own culture due to not aligning with the dominant culture (Karaffa & Tochkov, 2013). People

with mental health issues are looked at as unpredictable, weak, victims and responsible for their illness (Byrne, 1997; Corrigan et al., 2003; Link et al., 1999; Schomerus et al., 2012). Thus, these officers have a power differential from those that remain in the cultural norm of being mentally healthy. The classification of mentally healthy may be through lack of need for mental health assistance, or through lack of willingness to acknowledge and seek help. As long as the culture continues to stigmatize individuals with mental health needs, these officers will remain at a disadvantaged position in terms of power.

Critical theory was utilized in the development of the interview protocol and to analyze the data. Understanding the causes of oppression is necessary in order to be an agent of change (Freire, 2004). When defining oppression, this can include domination of subordinate groups in society through prejudicial attitudes, discriminatory behaviors and access to political, economic, social and cultural power (Choudhuri, Santiago-Rivera, & Garrett, 2012). Law enforcement culture obstructs a law enforcement officer's ability to seek treatment due to the stigma surrounding the culture relating to officer mental health and help-seeking (Corrigan et al., 2003; Kirschman et al., 2014; Skolnick, 2008). Law enforcement officer's report concerns of the implications of help-seeking on their employment and also their relationships with their peers (Haugen et al., 2017; Skolnick, 2008) Efforts within this research study focused on how to reduce the stigma that contributes to the fear of oppression. Within the interview protocol, questions were developed to increase the understanding of how officers experience stigma regarding mental health help-seeking. Further, questions were aimed to increase understanding of

any changes in perception following the intervention of attending a CIT training. The changes were studied from the experience of the individual officer's thoughts and feelings as well as their experience with any cultural changes following the implementation of the CIT program. Additionally, in the coding process, a focus of themes relating to the critical theory are noted. This includes indicators of oppression within their experience, perspective on the causes of oppression, and actions that decrease oppression relating to mental health. When presenting the research, a focus is placed on utilizing language that decreases this oppression and formulating action steps to promote social change for law enforcement officers.

3.2 Researcher Reflexivity

Reflexivity is a process in which researchers review their own experience alongside their investigation of the phenomenon (Glesne, 2011). This process allows the researchers to note their reactions, biases, and behaviors as they affect the research process. This increases research rigor (Glesne, 2011). Reflexivity increases rigor by decreasing the presence of bias. This is reduced through awareness of the effects of the researcher's subjectivity upon the research process (Darawsheh, 2014). This can be accomplished through the use of a research team to triangulate perspectives (Jones & Bugge, 2006). Understanding how each researcher is situated to the research topic is important to the reflexivity process (Darawsheh, 2014).

3.2.1 Primary Researcher

The primary researcher is a cisgender, European American female. I am a member of a family with several extended members who served in law enforcement positions. This includes at various positions including a line officer and a chief. These relationships resulted in a positive view of police officers throughout my development. However, insight into the officer's experiences was not a result of these relationships. These familial connections did not involve discussion of mental or physical health challenges that may have developed as a result of employment. Within my previous employment, I was responsible for providing crisis services to a rural county. If an individual were suicidal, homicidal, or unable to care for themselves, then a mental health worker, also known as a prescreener, would evaluate the individual to determine if a 72-hour psychiatric hold was necessary. This was often facilitated by law enforcement officers. Within these interactions, officers would often request further information from prescreeners relating to the development of mental illness and understanding of behaviors. At times, officers would express frustration relating to the mental health system. Frustrations may include challenges in the lack of timeliness of response by the mental health system in resolving a crisis, or frustration at the lack of symptom reduction they observed within the individuals that they would interact with on a frequent basis that were involved in services.

This employment experience eventually led me to seek and accept a position in which I was responsible for the development of a CIT training program in the same rural county. The training program was intended to increase officers' knowledge of mental

health issues. Additionally, the program was intended to decrease mental health stigma. The rural county is composed of 23 law enforcement agencies. Through this role, I frequently interacted with law enforcement officers. I was able to engage with officers and gain information regarding their culture and concerns. Through this role, I first became knowledgeable about the effects of stress on officers physical and mental health. A bias may be present relating to the efficacy of the CIT training program due to my previous proximity to the program. A great deal of time was spent researching and developing the program which may lead to confirmation bias.

My biases may lead my interpretations of the data regarding the effects of the CIT program on officers to be more positive than they intend. My belief in the program may skew the data that I gather and how I interpret the information provided. The previous review of literature that I have conducted may also influence what I expect to find regarding officers' physical and mental health. Researchers indicate that officers experience mental health issues at a rate greater than those in the general population (Tanigoshi et al., 2008; Violonti et al., 2011). As a result, I have a strong belief that law enforcement employment impacts officers' mental health. This may lead me to assume issues are present when they are not. To manage this, I will utilize reflexive journal throughout the data collection process (Watt, 2007). Reflexive note taking allows the researcher to further understand their thoughts, make connections during the research process between theory and behavior, and allows for those external to the project to have a greater understanding in the process (Watt, 2007).

3.2.2 Influence of the Research Team

The research team included me and two researchers for data analysis. These researchers provided peer auditing and debriefing. The process of having peers audit the process increases clarity, transparency, and accuracy within the research (Akkerman, Admiraal, Brekelmans, & Oost, 2006; Hall, Long, Bermback, Jordan, & Patterson, 2005). Each researcher provides a unique strength and perspective, including intelligence, expertise, and creativity (Barry, Britten, Barber & Stevenson, 1999). Triangulation, or relying on multiple methods or perspectives, allows for a complete picture, transferability, and decreased bias (Glesne, 2011; Mathison, 1988; Tobin & Begley, 2004). The use of researcher triangulation involves having multiple researchers involved in the research process (Mathison, 1988). The researchers have varied levels of education, interests, and identity factors. A diverse research team may allow for a broader understanding and perspectives of the subject matter (Barry et al., 1999).

The first researcher is a Mexican American cisgender male who is a doctoral candidate in a Social Work program. He has a master's degree in Social Work and is independently licensed with the supervisory endorsement. His previous work experience includes working with children in multiple settings. Previous experience includes child protection, outpatient therapy, and residential therapy. In addition to providing direct clinical services, he has also been the director of an outpatient mental health agency. At this location, he supervised psychiatric services, outpatient therapy, and case management services. Within this role, this researcher supervised programming that included the CIT training program. This researcher has studied qualitative research

throughout his doctoral curriculum. This researcher believes that law enforcement is a necessary part of civil society. He believes that they care about their communities and are willing to spend their professional lives keeping people safe. Additionally, he believes law enforcement officers are typically of conservative political ideology, cynical, and are sensitive about how they are perceived. This researcher expected the study to yield insight into help-seeking patterns of law enforcement officers.

The second researcher is a European American, a cisgender female who has a Ph.D. in Human Development and Family Studies. The second researcher has experience in qualitative methodology. She received training from her advisor in her doctoral program and continued to work and publish within the approach. As a Gerontologist, the second researcher stated that she sees the value in law enforcement officers being trained in mental health, and understanding their mental health. It is beneficial for law enforcement officers to be trained in detecting the potential of mental illness and knowing how to work with these individuals. The second researcher believes that if law enforcement officers acknowledge their struggles and are willing to seek help, they can develop empathy for these older adults and for knowing how to work with them with compassion and professionalism. The second researcher expects the qualitative approach will yield an increase in understanding of officer mental health. This researcher stated that because these officers have completed training in working with individuals with a mental illness, they are assumedly open to learning about this topic and talking about mental health. However, learning about working with individuals with a stigmatized illness and talking about one's own mental health is not the same thing.

3.3 Research Question

The question explored within the research is: How does participation in a Crisis Intervention Team (CIT) training program impact law enforcement officers' mental health help-seeking?

3.4 Procedures

3.4.1 Entering the Field

3.4.1.1 Recruitment. Participants were recruited from a local CIT program. This training occurs in in a rural community in a Midwestern state of about 130,000 persons (US Census, 2016). Participants were recruited from local law enforcement agencies such as the to include the sheriff's office, city police, and village police departments. To qualify for participation, law enforcement officers from these jurisdictions must have attended a CIT training within the previous five years. CIT coordinators were also requested to assist in recruitment efforts. Because law enforcement officers may experience distrust of individuals outside of the culture (Kirschman et al., 2014; Skolnick, 2008) I asked the coordinators to send the recruitment flyer to officers within their organizations. This assisted in bridging the relationship between the researcher and participants.

Additionally, I recruited program facilitators. Most facilitators have been involved in the program for several years. Facilitators may have a criminal justice or mental health professional background. The facilitators were recruited through the distribution of a flyer by e-mail. The flyer can be found in Appendix G. Email is the standard method of communication utilized within the training facilitation.

3.4.1.2 Sampling. To address the challenging nature of gaining engagement from law enforcement officers, snowball sampling, a subtype of purposive sampling was utilized. This sampling method is useful when a population is challenging to identify and engage (Barendregt, van der Poel, & van de Mheen, 2005; Noy, 2008; Rabe-Hemp, 2007). Snowball sampling is accomplished through the identification of those members known who then provide the ability to contact others (Babbie, 2017). I identified an individual who was comfortable providing information to the research team. This member was a facilitator who had access to two databases, one of CIT participants, the other containing CIT facilitators. This participant then provided the information regarding the research study to each group. Participants were selected until the study reached the point of saturation. Saturation is the point when additional participants do not yield new information about the issue being researched, or the new information does not add anything further (Mason, 2010). Saturation was achieved when a wide range of evidence can be drawn from the data set to illustrate each conclusion (Nelson, 2017). Additionally, saturation was reached when the research team understood the subtleties of the concept being explored (Nelson, 2017). Finally, the conclusions demonstrate a connection within the existing literature (Nelson, 2017). This method required that the individuals have a relationship with each other to be a part of the sample. The use of relationships in snowball sampling assists in overcoming trust barriers that exist in speaking to someone outside of law enforcement group membership (Atkinson & Flint, 2001; Kirschman et al., 2014; Skolnick, 2008).

3.4.1.3 Participants. The use of a screening process can be beneficial in the selection of cases (Yin, 2018). Screening allows the final cases to be selected that will be most appropriate for the research question. The current study followed a one-phased approach (Yin, 2018). This approach utilizes limited documentation about each candidate or even a review of the participant with someone knowledgeable about the candidate. Thus, avoiding an extensive screening procedure (Yin, 2018). The one-phased approach decreases barriers to participation for law enforcement officers. Law enforcement officers experience schedule challenges stemming from a high percentage of officers engaging in non-daytime work (Hartley et al., 2011). Additionally, this approach is preferred when twelve or fewer cases exist to be selected from (Yin, 2018). The CIT community within the county contains more than twelve cases. However, the stigmatized nature of the topic and the cultural barriers to talking to those outside of the profession support challenges in engagement (Corrigan et al. 2003; Karaffa & Tochkov, 2013). Selection criteria will be well defined and assist in determining appropriateness for inclusion (Yin, 2018). Specific selection criteria have been identified for law enforcement officers and facilitators. This study's selection criterion is described in the following sections.

The selection criteria include that participants are law enforcement officers who are sworn in the state. Being sworn means that that their work duties include carrying a fire arm, having arresting power and require continuing education (Das, 2006). Additionally, law enforcement officers must have completed a CIT training from the specific CIT program outlined above. This can include any law enforcement officer employed within a local jurisdiction who has completed the training. Examples of local

jurisdictions are the sheriff's offices, city and village police departments. Participants can be of varying law enforcement rank, gender, age, racial/ethnic identity, and educational level with minimum education requirements ranging from a high school diploma to a college degree. Participants may also have various periods since completing the CIT training, with some having completed the training up to five years previously. Additionally, they may have participated in different roles within the broader CIT program since their training. For example, the CIT program includes the training component and then the potential to engage in the CIT Coordinator role. The CIT Coordinator role includes following up with individuals in the community and participating in data collection. Law enforcement officers who participate in the coordinator role have greater involvement within the program than law enforcement officers who are CIT trained but not occupying this role. This may affect their experience.

Selection criteria for CIT facilitators include involvement in the planning of the CIT training or the provision of the training sections. To be included in this sample, facilitators must have an in-depth knowledge of the training as evidenced by involvement in at least two training sessions. The training utilizes both law enforcement officers and mental health system representatives as trainers within the program. Thus, facilitator's interviewed will include law enforcement officer and mental health representatives to increase the perspectives gained.

The study was comprised of 11 participants ranging in age from 25 – 69. All of the participants identified as White. Seven of the 11 participants identified as female. The

study participants were also identified based upon their role within the CIT program. This could include participating in the training, facilitating and working in the mental health system, and facilitating and working in the law enforcement field. The study was comprised of three LEO who had participated in the CIT training, three facilitators who law enforcement administrators, and five facilitators from the mental health system.

3.4.2 Data Collection

A proposal was submitted to the University of Toledo Institutional Review Board (IRB) before implementation of the proposed study. Following approval, I contacted agency chiefs that have officers who have and are participating in CIT. I requested their permission to contact the officers. I then distributed the information flyers (see Appendix F) to the identified departments and officers on the county CIT distribution listserv. However, officers' experience a lack of trust in talking to individuals outside of their law enforcement community (Kirschman et al., 2014; Skolnick, 2008). Thus, a follow up e-mail was sent to CIT Coordinators to enlist their support in reaching out to officers in their department to introduce the study. The coordinators are internal members of the culture, at a non-supervisory level rank, creating a greater sense of trust in participation (Crank & Caldero, 1991; Kirschman, Keman & Fay, 2014; Shane, 2010; Skolnick, 2008). There are currently six coordinators within the program. These coordinators distributed the information regarding the study to their peers. Additionally, an informational flyer was provided to program facilitators to engage their participation (see Appendix G). These flyers were distributed through the CIT training listserv to provide the information to any previous facilitators that meet the specified criteria.

After a law enforcement officer or facilitator agreed to participate in an interview, time was selected that was favorable to the participant. A significant portion of officers works non-day shift hours (Hartley et al., 2011). Thus, the officer's schedule requires flexibility in the scheduling of interviews, as their work and sleep schedules are nontraditional. A public location was selected based upon the comfort of the officer or facilitator. An informed consent (appendix A) and demographic questionnaire (appendix B and C) were collected at each interview. The informed consent included permission for each interview to be audio recorded.

3.4.3 Data Sources

Case studies have six sources of data with relative strengths and weaknesses (Yin, 2018). These six sources of data are (a) documentation, (b) archival records, (c) interviews, (d) direct observations, (e) participant observation, and (f) physical artifacts. The current research question utilizes two data sources common to case study research: individual interviews and physical artifacts. A demographic questionnaire is also be utilized within the individual interview process. The use of interviews provides insight, explanations, and personal views (Yin, 2018). However, challenges exist in bias and poorly phrased questions (Yin, 2018). Further, the answers are interpreted by the interviewer and by the researchers' lens. These challenges can be mitigated through the use of trustworthiness strategies (Glesne, 2011).

3.4.3.1 Demographic Form. A demographic form was provided to participants to gather information on the characteristics identified within the literature as affecting the experience of the law enforcement officer and to describe the sample. This included age,

gender, rank, and role preference (Crank & Caldero, 1991; Haar & Morash, 1999; Hammer & Vogel, 2010; Paoline III; Shane, 2010; Willis & Mastrofski, 2017). These demographic items provided information that contributed to the researcher's understanding of where the participant resides about power in the law enforcement culture. Critical theory indicates that social power structure can influence the experience of the participant (Denzin & Lincoln, 2011). The demographics form provided open-ended questions to allow for broader information and reduce researcher influence (Jacob & Furgerson, 2012). In addition to questions relating to social power structures, questions related to culture, experiences with the CIT training and resources available for officer mental health within departments were included. This section allowed for indication of meeting selection criteria and priming the participant's thinking around the topic. The demographic form can be found in appendix B.

An additional demographic questionnaire was provided to participants identified as facilitators. This demographic questionnaire gained information relating to their role in the process, their professional background, and length of time involved in the program. Additionally, questions regarding their perspectives on law enforcement officer mental health help-seeking, resources, and their relationship to them these resources were obtained. All questions were provided in the open ended format to reduce researcher influence. This demographic form can be found in Appendix C.

3.4.3.2 Individual Interviews. Interviews are some of the most important pieces of data within a case study design (Yin, 2018). Utilizing individual interviews has several benefits including greater representation of participant's voice and the ability to explore

for additional information (Hays & Singh, 2012). The interviews will consist of open-ended questions, utilizing a semi-structured approach. A semi-structured approach utilizes that language used by the participant for a more authentic experience of the phenomenon (Hays & Singh, 2012, p. 239).

A case study interview was conducted (Yin, 2018). This format typically lasts approximately one hour with open-ended questions delivered in a more conversational format (Jacobs & Furgerson, 2012; Yin, 2018). This format is most appropriate due to the stressful nature of the officer's schedule (Hartley et al., 2011; Violanti, 2011). The conversational nature allowed for greater rapport and comfort for those interviewed, which was helpful when interviewing law enforcement officers who have barriers to engagement with the interviewer. Risks arise in reflexivity challenges. The conversational nature can result in subtle cues being provided by the researcher that can influence the law enforcement officer's responses (Yin, 2018). The limited time and reflexivity risks result in a need for an interview protocol to guide questions (Yin, 2018). The interview protocol for law enforcement officers was composed of 11 questions that were developed based upon previous literature (see appendix D). The questions begin with easier to answer questions before moving toward greater depth (Jacobs & Furgerson, 2012). The beginning of the interview protocol is targeted at gaining an understanding of how the officer has experienced mental illness previously within their life, a component that influences stigma (Alexander & Link, 2003; Arikan & Uysal, 1999; Muhlbauer, 2002). A sample protocol item related to this concept includes, "Throughout your personal and professional life, what has your experience been with individuals with

mental illness?" In addition to the previous contact, how some individual attributes the cause of mental illness may impact their attitude (Weiner, 1980). The question "Growing up and beginning your career, what was your understanding of the development and treatment of mental illness?" is aimed at uncovering how they attribute the cause of mental illness before training. Culture contributes significantly to the attitude and actions of officers relating to mental illness (Karaffa & Tachkov, 2013; Skolnick, 2008). Several questions will focus on cultural aspects, such as "What is the culture at your agency about the mental health of officers?"

A separate interview protocol was utilized with participants classified as facilitators (See appendix E). These participants are the individuals that have developed or provided the training for the law enforcement officers. This included presenters with law enforcement or mental health background. Thus, the interview protocol had questions aimed at understanding their unique perspective. Questions focused on the facilitator's interactions with law enforcement officers to gain an understanding of potential bias. For example, "Describe your typical interaction with law enforcement officer throughout your life." Additionally, questions will investigate the facilitator's views on law enforcement officer's help-seeking in general. For example, "What is your understanding of the culture of law enforcement agencies within the county concerning the mental health of law enforcement officers?" Further, the investigation will take place about the facilitator's beliefs on the effects of the training on law enforcement officer's mental health help-seeking. A question investigating this aspect will include, "How do you think this training affects officer help-seeking for their own mental health?"

The individual interview has strengths and limitations (Yin, 2018). It can provide a rich look at the perceptions of one officer. However, limitations can occur due to inaccuracies in recall and reflexivity in providing the information the researcher would like to hear (Yin, 2018). Thus, the use of additional methods of data collection is recommended and will assist in reducing the limitations of this data collection method. A description of these additional methods follows.

3.4.3.3 Physical Artifacts. In the study of a phenomenon, physical artifacts can provide insightful information into the cultural and technical features (Yin, 2018). Law enforcement culture plays a significant role in the dynamics of mental health (Karaffa & Tachkov, 2013; Skolnick, 2008). Physical artifacts can include technological devices, documents, or another form of physical evidence (Yin, 2018). In the current study, law enforcement officers were asked to select an artifact that influences their thoughts on mental health help seeking and bring it to the individual interview. The specification was not included to avoid leading the law enforcement officer in a specific direction. The object was utilized within the individual interview to provide a time that the Participant can lead the topic of discussion to explain the significance of their artifact. This discussion decreased reflexivity as the physical artifact was selected without any influence from the researcher or interview protocol. A prompt was provided within the interview protocol to process the artifact and transition between their historical view on mental illness and their experiences in their current environment. An example of the prompt includes, “Today you were asked to bring some type of physical artifact that influences your experience of mental health help seeking within your department. What

did you bring with you today and help me understand how it influences your decision?" However, it is possible an officer will not bring an artifact. Thus, a prompt will also exist if an officer does not provide an object. This includes, "When someone does not bring an object or artifact it can also provide some insight into mental health help-seeking. What led to your not bringing an artifact today?"

3.5 Data Analysis

The analysis method that was used in the proposed study is the *Cross-Case Synthesis* method (Yin, 2018). This method allows for the understanding of cases individually and in coordination with each other (Yin, 2018). Often this approach is used to analyze unique case studies about each other. However, the nature of the SCSED allows for the opportunity for multiple units composing a single case within the same study. This allowed for analysis of similarities and differences in the process and experiences of the different components of the study (Cruzes, Dyba, Runeson & Host, 2015; Khan & VanWynsberghe, 2008).

The steps necessary within this analysis method begin with transcription. The primary researcher transcribed each audio file. Then, the transcription was provided for member checking to the participant after the participant agreed with the accuracy of the transcription the primary researcher coded each participant interview. The data was then provided to the research team to obtain triangulation of coding results (Mathison, 1988; Patton, 2002). Each additional member of the research team participated in coding each of the interviews. This process was completed individually in separate locations to avoid influence from the primary researcher. After each of the researchers developed the initial

codes, the team met together to review the codes. This process of consensus coding was completed with a face to face meeting of the research team. The research team met after the first set of interviews was completed for approximately 2 hours to review and discuss any disputed coding items to define and identify finalized items for the code book (Ranney et al., 2015). Following the second set of interview coding, the research team met a second time to determine if saturation had been met.

The next step is data reduction. The transcribed portions were coded for elements and then simplified, or reduced into similar elements. The research team each identified their view of the important elements and provided peer auditing to increase the accuracy of the data coding and reduction process (Akkerman, Admiraal, Brekelmans, & Oost, 2006; Hall, Long, Bermback, Jordan, & Patterson, 2005). This process was completed by the researcher and then provided electronically to the research team for processing and feedback. The simplified data was then placed into a display and organized into different networks to develop patterns of similarities and differences. The research team met electronically to debrief on the logic of the identified data patterns. Finally, conclusions and explanations were drawn from the patterns that were noted across the various units of the case (Cruzes, Dyba, Runeson & Host, 2015). Once again, peer researchers debriefed electronically on the validity of the conclusions drawn to reduce personal bias through researcher triangulation (Mathison, 1988; Patton, 2002).

The exploratory SCSED allowed for analysis at multiple levels. The single case is to be analyzed as a whole and analyzed by each of the components. In the current research, the single case was one county's CIT program. Additionally, the components

included each of the individual interviews with law enforcement officers and facilitators and physical artifacts. The use of individual interviews and artifacts allowed for greater depth within the cross-case approach — the use of multiple units within the individual interviews and two different data collection methods presented with a rich process for identification of commonalities and differences. However, it is important to analyze the data of each and also to include an analysis of the whole. This included each interview individually, followed by the analysis of each subgroup of interviewees (officer training participants, law enforcement training facilitators and mental health professional training facilitators) and finally these three subgroups as a whole. Thus, following the analysis of the individual interviews and physical artifacts the research team met to observe patterns across the data units. A high-quality analysis requires that all evidence is attended to, including all possible opposing interpretations (Yin, 2018). Further, in addition to high quality analysis, trustworthiness strategies are required to maintain the rigor of the study.

3.6 Trustworthiness

The quality of qualitative research is measured by its trustworthiness, or rigor (Amankwaa, 2016). Rigor includes the proper selection of research methods and implementation (Hays & Singh, 2012). According to Lincoln and Guba (1985), four concepts must drive our implementation of trustworthiness including credibility, transferability, dependability, and confirmability. Credibility refers to how confident we are in the accuracy of results (Lincoln & Guba, 1985). Lincoln & Guba described this concept as comparable to internal validity within quantitative research. Next, transferability is demonstrating that our findings have applicability in other contexts

(Lincoln & Guba, 1985). Transferability is comparable to external validity within quantitative studies (Hays & Singh, 2012). Dependability refers to the ability to have consist results when a study is replicated (Lincoln & Guba, 1985). This concept is parallel to reliability. If finding occurs in one study, a similar study completed will have similar results. Confirmability refers to the ability to reduce intrusion from the researcher (Hays & Singh, 2012). This concept ensures that the results are genuine to the voice and intention of the participant.

The research approach and paradigm most both be accounted for when selecting trustworthiness processes (Creswell & Miller, 2000). Within the current study, a critical theory paradigm guided the lens of the study. The critical paradigm focuses on increasing the voice of those that are often unable to be heard due to some form of systemic oppression with the purpose of spurring social change on behalf of the participants (Denzin & Lincoln, 2011). Trustworthiness strategies are employed to increase the voice of the participants and reduce potential biases of the researcher. Denzin and Lincoln (2011) identified specific strategies to support the trustworthiness of the critical paradigm. Within this paradigm, the use of researcher reflexivity, collaboration, and peer debriefing provide ethical validation (Denzin & Lincoln, 2011; Hays & Singh, 2012). These strategies provide support to the four criteria of trustworthiness. Additional strategies were utilized to support trustworthiness further.

To support credibility within the current study, member checks and triangulation were utilized to increase rigor within the phenomenological study (Hays & Singh, 2012; Morrow, 2005). Member checks allowed participants to review their data for accuracy in

transcription and interpretation. The primary researcher provided a copy of the transcription to each participant before data coding to check for accuracy. Kornbluh (2015) stated that barriers relating to power differentials could impair the member checking process. Often participants will yield to the conclusions of the researchers after placing them in an expert role. In addition to providing the participant with the results, explaining the data analysis process can reduce the power differential between researcher and participant (Kornbluh, 2015). An additional strategy to support credibility was triangulation. Quality research requires the use of multiple data sources to enhance the validity of findings (Mathison, 1988; Patton, 2002). Triangulation can be utilized to incorporate multiple data sources, researchers, or theoretical perspectives (Hays & Singh, 2012). Within the current study, triangulation of data methods was utilized in the form of individual interviews and physical artifacts. Additionally, investigator triangulation required more than one researcher within the process (Mathison, 1988). The roles of multiple researchers within a project was clearly delineated. In the current study, the team included one investigator for data collection and multiple investigators for data analysis (Hays & Singh, 2012).

The use of triangulation and thick descriptions provided support to the transferability of the current study. Triangulation of data sources and investigators is assumed to lead to a reduction of bias and thus transferability (Mathison, 1988). To increase clarity, thick descriptions provide a vivid picture of the research participant's experience, including their emotions, thoughts, and perceptions (Ponterotto, 2006). Additionally, depth is provided to the data through the inclusion of descriptive and

interpretive commentary within findings (Ponterotto, 2006; Ponterotto & Grieger, 2007). Specifically, quotations are included to exemplify the patterns identified within the study results.

Lincoln and Guba (1985) indicate the goal within confirmability is to have the data be a genuine reflection of the participant. Methods to increase confirmability within the proposed study include field notes, member checking, prolonged engagement, triangulation, simultaneous data collection and analysis, negative case analysis, thick description, an external auditor and an audit trail. Prolonged engagement increases the credibility of research through spending sufficient time in the field to gain a full understanding of a phenomenon being investigated (Houston, Casey, Shaw & Murphy, 2013). Also, Lincoln and Guba (1985) recommend having someone external to the study track the decisions of the researcher throughout the process to confirm the findings. An audit trail provides each decision and action a researcher completes throughout the process (Koch, 2006). In the current study, an additional researcher acted as external auditor. This researcher reviewed each step of the research article and reviewed the decisions of the researcher and thoroughness of reporting for replicability.

To increase the dependability of the study, the protocol was detailed throughout. This ensured that someone later could replicate the study step-by-step. Additionally, the writing of a study was written in detail including sections on research design, data gathering, and a reflective appraisal of the project to evaluate its effectiveness (Shenton, 2004). External auditors in the form of the research team assisted in critiquing if the written description contained in each step of the project. Dependability was also

increased through the use of multiple data collection methods that overlapped (Shenton, 2004). Within the current study, the use of individual interviews and physical artifacts provided an overlap in data collection.

3.7 Summary

The current research study involved the exploration of how one county law enforcement officers help-seeking patterns are affected by attending the CIT training program. A SCSEDallowed for the issue to be explored through an individual lens of each participant and also through the lens of the program as a whole. This provided a more comprehensive understanding of help-seeking patterns. One potential limitation to the study is the low engagement of law enforcement officers with those outside of the profession. The snowball sampling method and the prolonged engagement of the researcher can increase the trust and communication of participants. Additional methods were selected to increase the rigor of the study. This includes member checking; triangulation of data sources and researchers; an external auditor; and the use of thick descriptions within the data reporting process. These approaches assisted in answering the research question as accurately as possible, how does participation in a Crisis Intervention Team (CIT) training program impact law enforcement officers' mental health help-seeking?

Chapter 4

Findings

Chapter Four provides an overview of the findings in the case study conducted involving the bounded case of one community's CIT training program. The interview findings are reviewed in this chapter, including a presentation of the themes and subthemes.

Six themes were identified from the interviews. These were *(a) Experiences with MH and Law Enforcement Before Training; (b) Participants' CIT Training Experiences (c) Effects of the CIT Training; (d) Barriers to Mental Health Help-Seeking; (e) Potential Support for Mental Health Help-Seeking; and (f) Continued Needs*. Subthemes were identified for each of the superordinate themes and are reviewed below.

Quotes to support each theme and subtheme will identify participants by a participant number and their role within the program. This will include, CIT training participant (if they attended CIT), law enforcement officer facilitator, or mental health facilitator (if they provided the training).

4.1 Experiences with MH and Law Enforcement Before Training

Each participant in the study (*N*=11) referenced aspects of their experiences before the CIT Training that affected their perspective of the training. The theme *Experiences with MH and Law Enforcement Before Training* is defined by the participants' as the individual officer's life experiences with mental health and law enforcement before the CIT training. The training affected their experiences. Each participant shared some level of personal or professional interaction with mental illness.

Participant responses were categorized into subthemes of *(a) Perception of Mental Health, (b) Exposure to Mental Illness, (c) Experiences with the Mental Health System, (d) Perception of LEO Role in the Community, and (e) Department Culture and View of the CIT Training*.

4.1.1 Perceptions of Mental Health

Participants (*n*=3) discussed their perceptions of mental health before the training. These perceptions were discussed broadly including their previous thoughts and attitudes relating to mental health. As participants shared their thoughts and attitudes, a pattern emerged in which mental illness was described with negative language (Participant One, Three and 11). Both Participant One and 11 discussed law enforcement views before training that encompassed stigmatizing language. Participant One, a Law Enforcement Officer Facilitator described his previous views and stated "…I actually always had a pretty dubious perception of mental health. I always thought it was mental weakness…"

Additionally, Participant Three described experiences relating to mental illness as being beyond law enforcements capabilities to respond adequately. Participant Three, a CIT Training Participant stated:

> Whenever there has been someone that needs help, or if there might be someone that, I want to say, probably more when people are trying, a possible suicide attempt before we would really get involved with anything. Or if someone was very, very delusional. And then to me at that point there are at the far extreme, that it's like we're almost saying we need someone to do this because it's beyond what we can handle.

Participants discussed these perceptions of mental health as being influenced by their previous experiences. These will be discussed in the next subtheme.

4.1.2 Exposure to Mental Illness

The subtheme *Exposure to Mental Illness* is defined as the experiences of the participant with mental health about the mental health of one's self, other officers, within family and friends, and within citizens that may affect their view of mental illness before attending the CIT training.

Each participant discussed some previous exposure to mental illness (N=11) with three participants reflecting on their exposure to mental illness about themselves. This included previous education relating to mental illness or personal experience with symptoms. Participant Eleven, a CIT Training Participant, discussed their experiences with education stating "…I went to graduate school for mental health before I became a

police officer so I kind of had a better perspective than other officers and most basic academy training."

Participants (*n*=8) also discussed interacting with individuals with mental illness to include other officers, family and friends and with citizens. Experiences with mental illness within oneself presented as a positive experience for the participants. However, experiencing mental illness within interactions with others introduced experiences of loss, challenges, and safety concerns for several participants (*n*=7). This included loss of a relationship (Participant Two, Mental Health Training Facilitator) and loss of life through a family member's suicide (Participant Three, CIT Training Participant). Participant Three, a CIT Training Participant stated:

> Personal, I've had family members who have committed suicide, so my aunt. She had some schizophrenia, her daughter, my cousin also had some but she's on medication and has not really had major effects with it. She keeps tabs on it, which is good. And, I have another cousin from the same family that, bipolar, manic, she goes through some really tough times. She's in Florida right now, just trying to keep tabs on her and where she's going to trying to be able to help the family from there. Obviously with my job I've dealt with a lot. A lot of different situations.

Additionally, challenges were identified for a participant who discussed their fellow officers as experiencing mental health concerns (Participant Eight, CIT Training Participant). Participant Eight described dynamics in the department where individuals with symptoms were viewed as unreliable in their role or disbelieved for the symptoms

they reported. Finally, interactions in the community included concerns of officer safety as well as public or departmental questioning of how a situation was resolved — these subthemes presented with a greater strain on officers through their exposure to individuals who identified as having a mental illness.

4.1.3 Experiences with the Mental Health System

Study participants (*n*=6) identified their encounters with the mental health system as influential. This subtheme defined as LEO interactions with providers of mental health care during their role as an officer. Participants described aspects of the process that were challenging. This included disagreement with decisions relating to citizens outcomes, communication barriers, the time commitment required by officers, and general issues with the process. Officers discussed their role in maintaining citizen safety during periods when the citizen is suicidal. They interface with the mental health system through this role of maintaining safety. Participant Eight, a CIT Training Participant stated:

> I just had to wrestle this guy with a gun and you're sending them home with a safety plan? That he promises he won't hurt himself, what? That unfortunately has become more negative and it's very frustrating for my other officers I work with. I know that's our biggest complaint. That we just saw the whole situation and now they're talking to you and changing the story. And you're sending them home with a safety plan.

The participants identified additional areas of frustration including communication when interfacing with the mental health system. This included the

inability of the mental health system to freely share information with LEO involved with the same citizen. Participant Ten, a Law Enforcement Training Facilitator, discussed restrictions in communication due to HIPAA and the development of distrust between LEO and mental health providers. Participant Ten stated:

> As far as those resources interactions, working with them to get help for individuals with mental health crisis, that has always been lacking as well. Between mistrust, between certain HIPAA and other laws prior to that, that did not allow the mental health officials to relay information, a lot of information just wasn't shared. Because of mistrust, animosity, things of that nature.

Time was another area identified as challenging by participants. Participants discussed system differences in response time. Participant Three, a CIT Training Participant stated:

> I think one of our biggest complaints were that we were waiting for mental health to show up. For them to, you know once they're here than waiting around. It would be an entire shift for one person and we would get calls needing other things

The challenges within the system were discussed concerning general dissatisfaction and a view of system ineffectiveness by participants (n=3). The word "frustration" repeatedly emerged regarding the desire to connect citizens to help and encountering barriers. Additionally, frustration was used to describe the repeat challenges citizens experienced regarding their mental health. Participant Six, a Law Enforcement

Training Facilitator shared “But there’s this frustration level with why isn’t this (the mental health crisis) being solved.” Most of the participants spoke to challenges encountered. However, one study participant also discussed aspects that were helpful in having a more positive perspective of the mental health system. Participant Ten, a Law Enforcement Training Facilitator, discussed the positive implications of his time serving on the local Alcohol, Mental Health, and Drug Addiction Services Board:

> But over the years it has improved so much and I think a lot of that was when I joined or was accepted onto the ADAMHS board. So, I got to meet and learn about funding mechanisms. All the client service providers, what they try to do and I think sometimes our expectations are too high. Because I know our client service providers have limitations as well. So, I think it really helped me learn both sides now. From the law enforcement aspect, as well as the client service providers. And again, I think if we have a better understanding of each other, what we can and can't do, and have open communication it's so much better. So I'd say my interactions today, if I do have an issue I know who to contact. And I know the person, normally by first name, which is important to be able to know again those who are in charge of those services.

This participant discussed the progress in perception as occurring due to the development of relationships and further understanding of the mental health system.

4.1.4 Perception of LEO Role in the Community

The perception of LEO role in the community was mentioned as another component that appeared to influence officer experience with the CIT training (*n*=5). This is defined as the extent to which an officer views their role as aligning with addressing citizen mental health needs. This appeared to occur along a continuum for participants. Some viewed an officer's role as providing service and being a "peacekeeper" (Participant Ten, Law Enforcement Officer Training Facilitator):

> We're peacekeepers and I think sometimes in our communities we forget about that. We see us against them. We are public servants. We've lost the ideology of what servanthood means. We've again become police against the community and it should not be that way. So, law enforcement have come along ways to come back to the beats. We're walking out in the public, we're not riding in a closed car with the radio on and waving from time to time. We try to do that. We try to do a lot of community efforts now, to stopping, talking to people, things of that nature.

Whereas others did not feel that the LEO role should encompass addressing mental illness, participant Ten, a Law Enforcement Facilitator also spoke to other perspectives:

> Obviously, in law enforcement we didn't feel that it (addressing citizen mental illness) should be our interaction. We didn't understand the plight of those suffering from mental illness or drug addictions. Often times we would take the

easiest route and incarcerate these individuals. Again, a lot of it was lack of education, experience, and/or resources from the community.

Another participant found that the LEO role can be confusing with the inclusion of the task of addressing mental health needs. Participant Five, a Mental Health Facilitator stated: "Not knowing whether to treat them like a criminal or how do I treat you if you're not a criminal? Sort of that… because technically it really shouldn't be their role."

As evidenced by the experiences discussed above, participants' perception of an LEO role in the community varied. The next subtheme will provide an overview of the varying department cultures relating to CIT.

4.1.5 Department Culture on CIT Training

The *Department Culture on CIT Training* (*n*=4) is defined as how the specific LEO department, to include administration and line officers, view and support the CIT training. The interviews discussed the different philosophies on training individuals within the department. Some departments require training and others allow officer choice. Participant Six, a Law Enforcement Facilitator stated:

> And we have a different philosophy (in my department) in the fact that we send everybody. And we make it a point to make sure that everyone gets to the CIT training and if anything it gives them some guidance and some base… I personally think it's important…"

While Participant Eleven, a CIT Training Participant provides insight into their department's philosophy of officer choice:

> To be honest, I wish my agency would force people to go. I think there are some guys... there are some guys that would like to go but they have family schedules. Personal schedules, families, things of that sort. Is preventing them from going, but it seems like the guys that are willing to go aren't necessarily the ones that need it.

The differences in philosophy at the administrative level were also reflected in the differences given the training at the patrol officer level. Participants discussed variance in how patrol officers within departments viewed the training. Those participating in the study identified viewing the training as positive. Participant Three, a Training Participant stated:

> It was life changing for me (CIT training)! I mean it really was. Like I said. I dealt with all of these in a learn as I go. And I was like, why did I have to put not only myself but all of these people through my learning lessons. It made me feel guilty, like I wish I would have known this.

This was echoed by Participant Eight:

> Really positive. I really liked it. I liked that we got to have all the different people come in and talk about all of the different experiences, different encounters, different resources, going on trips. I really liked the CIT training.

However, all of the law enforcement training participants (*n*=3) identified peers within their departments that presented with low interest in attending or a stigmatized view of the CIT training. Participant Eleven, a CIT Training Participant stated:

> You can probably look at our CIT numbers of CIT officers trained and even despite the free lunch and good schedule they still don't want to come. And to me it makes no sense to me what so ever. I kind of have the mind set also that the more training the better in everything. Even if you take one little piece of something away from the training you can benefit, save it for later and use it. And it's worth it. But some people are just, think they're better than it and above it, and that they know more.

This participant also discussed the stigma associated with their involvement in the training, identifying peers as "giving me grief" over involvement in the program. Other participants identified variance on the view of the training based on their peers' length of time employed in the field. On the demographics form when asked about the department view of the CIT training, Participant Eight stated, "Younger officers are more supportive of it along with the Chief. Older officers view CIT more of a burden."

This section reviewed the experiences affecting the perception of the CIT training occurring before the training. The next section will review the experience LEO identified of participating in the CIT training.

4.2 Experience Participating in the CIT Training

The next theme identified throughout the interviews was the *Experience Participating in the CIT Training*. This is defined as CIT participant attitude regarding their training experience following completion of the training. Feedback was provided by the three participants that had attended the training, information that they had received from their peers, and facilitators that had received feedback. Participants' feedback was categorized into subthemes of experiencing the training in either an (a) positive or (b) neutral. No participants indicated negative experiences.

4.2.1 Positive Experiences

A positive experience within the CIT training is defined as an individual that identified having exclusively had a beneficial experience in attending the training. The positive experiences occurred in two areas, the training approach and change of perspective regarding mental health. The variation of learning methods within the training approach was cited by Participant Eight, CIT Training Participant, as a component that was positive. Participant Eight stated:

> Really positive. I really liked it. I liked that we got to have all the different people come in and talk about all of the different experiences, different encounters, different resources, going on trips. I really liked the CIT training.

Others cited a positive experience due to the change in perspective that occurred regarding mental illness and the available resources. Participant Eleven spoke to the change in perception, stating "I like to be involved. It seems like people go to it and even

if they go to it somewhat hesitantly, they come out of it with a much more positive perspective of it than when they went in." Participant Three discussed the increased knowledge of resources to address mental illness in the community. "Just totally broadened the horizon to see everything and to know how many more resources are out there and available." While some found the training positive, others presented with a more neutral experience.

4.2.2 Neutral Experiences

A neutral experience is defined as those who identified some benefits from the training and also presented some challenges or undesirable training components. The training length was identified consistently as a less desirable aspect of the CIT training by individuals who identified the experience as neutral. Participant Six, a Law Enforcement facilitator stated: "I feel like at times there's mixed, how do I say this, mixed feelings by the officers of what the true value is and does it take me 32 hours to take that true value out." This sentiment was echoed by Participant Three, a CIT Training Participant when discussing the feedback she received from her peers. Participant Three stated "It was a whole week and almost a little overwhelming. But at the same time, I learned a lot kind of attitude."

Overall, it appears that officers found the training approach to be helpful with limitations in the amount of time required to attend the training. While this theme can provide some surface insight into the experience officers had when participating in the CIT training, the next theme delves more deeply into the effects discussed from the counties CIT training.

4.3 Effects of the CIT Training

A significant focus through the interview was effects of the counties CIT training (*n*=10). Effects of the CIT Training is defined as changes within the community that is identified as stemming from the CIT training. These included subthemes of: (a) *Changes on Officers*, (b) *Changes on the System*, and (c) *Changes in Working with Citizens*.

4.3.1 Changes on LEO Perception and Response to Mental Health

Following the implementation of the CIT training, several changes were discussed about the LEO and administrators. Changes on LEO is defined as any changes an officer may experience individually regarding their own mental health, changes in their behavior toward their peers regarding their peers' mental health, and differences in how administrators approach officers regarding officer mental health. Study participants (*n*=6) discussed changes they observed or experienced in these areas. Participants (*n*=3) discussed officers increased self-awareness and greater willingness to disclose their own experiences following CIT training. Participant Eight, a CIT Training Participant provided insight into the effects on the training and use of self-disclosure. Participant Eight stated:

> So opening up conversations with these trainings and having people come in, their parents or people suffering from mental illness themselves and talking. Hey, this is how we deal with it. This isn't a made up thing. That sometimes they can go away. There are certain mental illnesses that sometimes people can have depression for a little bit and it can go away. I can't ever go off medication. I

> know that. So, I think just trying to open up that conversation in the academy. I notice, but for me, I guess I've just always had an appreciation for mental illness. If anything it's given me more courage to talk about it. And be able to tell, maybe someday I'll be able to share it with my co-workers but, right now I'm not to that point but at least I'm able to share it with other citizens that need to know that everyone, there's tons of people that suffer from different things and you can still have a positive life.

Participants also noted changes in how they see their peers. Further, how they approach their peers regarding their peer's mental health. Participants discussed being more aware of their peers' wellness. Participant One, a Law Enforcement Training Facilitator stated:

> Because of CIT and my understanding of the issues. You know, guys come in to work that aren't in good moods sometimes. That happens. But looking for when is it really out of character. When that funny guy doesn't laugh. When the funny guy isn't telling jokes. Is there something in his personal life, did he deal with something yesterday that was tough? We're great investigators. We look at every little miniscule detail of a crime, why aren't we looking at our peers the same way? We've never done that. We just don't do that.

Participants also stated they had greater confidence and skill set to approach their peers when they were concerned. Participant Three, a CIT Training Participant stated "I feel like I reach out more because I have more information and know how to approach them. I feel like it's a lot better now."

A consistent message was provided throughout the interviews at the importance of this communication at the peer level. However, there continued to be challenging feelings for some in checking in with their peers. One Participant (Participant Eight), discussed the feelings of discomfort involved in the process of reaching out to peers regarding their peer's mental health.

> My stomach dropped. I mean, I was good friends with this guy and even then, and I had talked to one of the other officers. The three of us are closest and I asked have you noticed there's been changes? I'm going to ask him I just don't know how to do it...And out of I care about you, I'm not calling you a wuss or anything, I care about you. You're not doing good. So at least showing him that hey you can talk to me.

Administrators also acknowledged shifting their approach. The law enforcement training facilitators involved in the study that were also law enforcement administrators (*n*=3). They discussed going to their officer's more following incidents or when noticing a shift in their disposition. Their approaches were slightly different. The first administrator reported offering resources and support. Participant Six stated "…some have opened up to me and talked to me and I've tried to provide some support and guidance of what's out there or you know, what's next. Or just trying to keep that door open." Another participant discussed their approach as asking in a straight forward manner on their current experience. Participant One described an encounter with an officer, "Well I think because of my CIT training, an officer just a couple of days ago. His demeanor was different so I called him in my office and asked him three times if he

was ok." The third administrator discussed providing extra quality time without directly referencing concern. Participant Ten stated:

> So I think maybe they're more comfortable getting help, as far as my position as an administrator I don't think that I've had an increase of them coming to me. But I have increased going to them. So, I found that as something I needed to improve upon. Not that I'm trying to meddle into their personal affairs or professionalism. But whenever we have tough calls at some point in time I'll just go hey how are you doing? If I see them walking in the hallway I'll put my arm around them and rough them up a little bit, show them some love and just let them know that I care, that I'm there to support them. The course of conversation may not even be, hey that was a rough suicide, do you need to talk to me? That's probably not going to happen that way because it wouldn't be well received.

Each acknowledged that while they find it important to check in, they may not receive the most significant amount of information from the officers regarding officer wellness due to barriers in communicating with administration.

In summary, the changes on the officers occurred at multiple levels including affecting the officers individually, their interaction with the peers, and how administration approaches officers. Participants also noted changes in LEO interactions with the mental health system following the implementation of the CIT Training.

4.3.2 Changes on the System

Additionally, system changes were noted following the implementation of the CIT training (*n*=2). This is defined as changes in behavior, attitude, or functioning between the mental health system and law enforcement officers. Participants identified a greater sense of collaboration between the mental health system and law enforcement following the training. Participant Three, a CIT Training Participant, cited improved communication specifically. Participant Three stated: "The communication has gotten better because of all that (interaction at the CIT training between LEO and mental health crisis presenters)."

Another participant noted a greater cultural awareness among training participants relating to mental illness and reduced stigma since their first time facilitating CIT. Participant Nine stated:

> Because I get to have them on the first day and so I think there is a greater cultural awareness which is awesome. Whether that is the greater percentage of the CIT officers in the different departments talking about this or whether we just as a culture are beginning to have mental health as a topic at the table. I'm not sure. But that's definitely something I see.

Participants discussed these stigma reductions within the next subtheme in changes experienced in officers working with citizens.

4.3.3 Changes in Working with Citizens

Changes in officers working with citizens was noted by many Participants (*n*=8). This subtheme is defined as any behavioral changes, attitudinal change, or changes in understanding relating to working with individuals with mental illness. Participants identified changes within themselves and observed among their peers. This included changes in behavior toward individuals with mental illness. Participants discussed the increased use of verbal de-escalation skills, one of the primary components of the CIT training. Participant One, a Law Enforcement facilitator, discussed observations of patrol officers:

> I think they're doing it better, they have a little more understanding. They are slowing down. They're using more tactics. I've seen officers doing amazing things after they've attended CIT. Getting people in crisis to acquiesce to an involuntary commitment to the mental health service. So, I think it definitely is probably one of the best programs that is going on out there, training the officers wise.

The use of increased verbal de-escalation skills was also acknowledged by mental health facilitators working in the field. Participant Four, Mental Health Facilitator stated, "Situations where we've had clients trying to punch officers because they don't want to go to the hospital and the officers just being very calm and talking to them and letting them know what's going to happen."

Other participants noted a change in attitude within the community, some noting this attitude shift as beginning at the onset of CIT nationally, and others referencing the

beginning of the local training. Participants discussed a greater acceptance of those with mental illness within the community.

In addition to the behavioral and attitudinal change, the interviews also reflected an increase in understanding of mental illness following the CIT training. This included increased knowledge regarding the internal experience that occurs with mental illness, the prevalence of mental illness, and how to respond to someone in a mental health crisis. Participants discussed several points supporting increased understanding. Participants described having a greater appreciation for the experience of those in a mental health crisis. Participant Eleven, a CIT Training Participant, stated:

> It just seems like they can appreciate the severity that the mental health issues can have on a person. They can really appreciate when a person is in crisis, they can really appreciate that crisis as opposed to, instead of just seeing it on the outside and kind of... you see that they are acting in an irregular way instead of after the class they can really appreciate what is going on inside their heads and the difficulties they might be facing internally that they're not showing externally

Further, another participant discussed developing an understanding of the physiological basis for mental health disorders. Participant One, a Law Enforcement Facilitator stated:

> I think the most powerful lesson I learned, there's two of them. Is one, that mental illness is a physiological problem. Getting officers and the citizens, everyone to understand that…. And I think that getting people to understand that mental

> illness is an illness. It's an illness. It's treatable. A lot of people don't think it's treatable but it is. Through counseling and medications and what not. That was huge. And that made me realize that I was an asshole back in the day. Or ignorant of the cause.

Participants also discussed having a greater understanding of how common mental health concerns are in those they serve. Participant One, a Law Enforcement Facilitator, discussed the importance of understanding different tactics and approaches for response due to the commonality of this concern. Participant One stated:

> Understanding the prevalence, actually realizing that a lot of the people we deal with in law enforcement are mentally ill. And, you need to slow things down. The tactics wise. Look at our police tactics, some of them are counterintuitive especially when dealing with someone on the autism spectrum. Our shouting, our lights, our sirens. Realizing that some people may not be acquiescing to our commands because of mental illness. Not just blatant defiance

Others (Participant Three and Seven) also noted increased confidence and preparedness in how to address mental health calls. Participant Three provided this insight from a Training Participant perspective stating, “So I think the CIT training really has helped to have a better understanding of it [mental health and drug abuse] and how to deal with it.” However, Participant Seven discussed similar aspects from a Mental Health Facilitator perspective. Participant Seven stated:

> But I would say a majority of the individuals wanted to be there. Were interested. Took something away. Did they hear everything that I said? No. But they heard bits and pieces and were able to hopefully take a little bit of everything they heard and incorporate it into their daily jobs.

Additionally, participants discussed having a greater understanding of the resources available to them within the community mental health system. Officers discussed how this has changed their tactics from responding in an emergency to being more proactive and providing support. Participant Three, a CIT Training Participant stated:

> I do think now with CIT training we've got more information. That to provide to the officers, even if somebody for an example, we just had a completed suicide recently. It was nice to be able to say here's a packet to hand out to them and check in with them. Which we never had before. It was always, we would wait for them to call us at the extreme.

Participant Eight also discussed the aspect of increased resources, stating: "…we're trying to work with CITs we're trying to work with people with mental illness. We understand. We're offering resources. I hope that we can break that stigma."

The effects of the CIT training on law enforcement and the community were discussed as having implications on the officers, the system and the officers work with citizens. Some of these effects occurring upon officers provided insight into their own mental health and the health of their peers. The next section will provide an overview of

what was learned regarding officer mental health help-seeking behaviors and the barriers to engaging in care.

4.4 Barriers to Mental Health Help-Seeking

A theme that presented throughout all participants (*N*=11) were aspects that presented challenges for officers in seeking help for their mental health needs. The theme Barriers to Mental Health Help-Seeking is defined as the officer qualities, law enforcement employment aspects, and treatment aspects that impair an officers' ability to seek assistance for their mental health needs. A majority of participants identified barriers (*n*=10). However, one participant identified positive aspects of help-seeking in discussing the supports available within the department to increase officer comfort in help-seeking. Responses were processed into subthemes of *LEO Qualities, Law Enforcement Employment Aspects, and Treatment Aspects*. The following sections are a review of these results.

4.4.1 LEO Qualities

When discussing barriers to officers seeking mental health assistance many participants (*n*=9) discussed aspects relating to the officers that may prevent help-seeking. This subtheme of *LEO Qualities* is defined as qualities within an officer's personality, coping methods, self-awareness, and employment history that influence their decision in seeking assistance for mental health needs.

Law enforcement personality traits were identified within interviews (*n*=4) as influencing help-seeking patterns. Elements of officer personalities included a sense of

bravado, being type A, and analytically approaching situations. Participants repeatedly referred to this sense of not needing help because they are "tough" (Participant Eleven and Participant One). Participant One, a Law Enforcement Facilitator reported:

> Well law enforcement attracts a certain personality. Alpha male, type A. Well, not just male but Alpha females. It attracts as a whole, not everyone obviously, it attacks a certain personality. Confident, self-reliant, plus the job even breeds an attitude of when I show up I'm in charge. We have to be. We have to take control of a scene otherwise it just disintegrates. So it not only attracts a certain personality, it also develops a certain personality in my opinion. So for many, many weakness, which it may be perceived as is still very much against the, I don't want to say against but not accepted or recognized in the profession. If that makes sense.

Participant Eleven echoed this notion of the profession attracting a certain personality. This participant discussed this personality is attracted to the profession but then is also reinforced through the nature of the job. This participant stated:

> I don't know. I don't know if it's the job that causes it or the people that are attracted to the job. The job itself is kind of a tough guy job. To where you just brush it off, brush it off. Kind of like what they were saying last week at training, you know we're tough guys and we just move on to the next thing. Or if it's the type of personality that this job attracts where they already feel this way before coming to the job that they're tough, they'll deal with it. And just keep pushing on.

Participants also discussed coping methods that are utilized by officers that may act as barriers to help-seeking. This included morbid humor, cynicism., and avoidant coping. Morbid humor and cynicism were discussed as methods to cope when discussing incidents. Participant Six, a Law Enforcement Training Facilitator, discussed the connection of humor with coping: Participant Six stated, "…throughout my career you always notice that officers are cynical at times and to me that is honestly more coping than anything I think. That they'll try to find humor in items that aren't humorous to most."

Participants also processed the experience of avoidance as a method of coping. Avoidance was discussed in a positive light by one participant. They discussed appreciating their job requiring avoidance of personal challenges. Participant Eight, a CIT Training Participant, stated "I switch as soon as I walk in that door and put that vest on. I'm not here to help other people. It helps me to forget about stresses of the day, what's going on in my life." However, other participants discussed the limitations of this pattern of coping. Some discussed the use of this method resulting in avoiding memories as being unhealthy (Participant Five). This participant stated:

In the trauma work that I've spent time with, it's avoidance versus approach. I think PTSD is all about avoidance. You know, I can't think about that memory, I can't feel that feeling, I have to submerge that with something. I can't go near it.

Others discussed stigma and avoidance. Participant Eight stated:

> When I come into work though that night I have to put on a front that I'm still my normal self. And that I can still handle dangerous situations every day and handle other peoples mental illnesses even if I'm having an off day. So I think yeah, just that you're a coward. Which is often why I think people who do commit suicide and everyone is like well I never saw any warning signs. It's because they put on this front because they're afraid to actually have help with it. We pretend to be happy, we pretend.

Thus, participants discussed multiple aspects of avoidance that may contribute to the experience of help-seeking.

Participants also discussed low self-awareness as presenting a barrier to mental health help-seeking. Within this aspect, participants identified a low understanding of mind and body connection. Participant Five discussed challenges in recognizing emotional responses when they present within our body. Participant Five, a Mental Health Training Facilitator stated:

> I'm not sure how to explain this. I use a lot of mindfulness in my practice and I'm very aware that people in our culture are not connected well with their bodies. So, getting people to be more mindful of what's happening in their core, in their muscles. Because that's where our emotions are is in our bodies. We register them up here but they're really here… Do I think that lack of mind/body connection for people is part of what keeps people from getting help.

Additionally, other participants discussed challenges in recognizing symptoms when they occur at a non-crisis level. Participants discussed this as a barrier to officers identifying earlier onset mental health symptoms. Participant Three, a CIT Training Participant stated:

> Not knowing something is going on. I would say that probably typically with any person in general, I think it gets to the extreme of I'm not sleeping, I'm not eating, what's wrong with me, what's going on? I don't know that they know the systems. Even though you can tell them, I don't think… I think a lot of people get to the extreme and then say I need something.

This was echoed by Participant One, a Law Enforcement Training Facilitator who stated "Well, we see a lot of real shit. I mean, I just don't think officers are going to recognize that the symptoms that we so readily recognize in people in the streets."

Participants discussed both the potential commonality of low symptom recognition with the broader United States culture as well as potential aspects specific to LEO culture. They discussed the possibility that these patterns occur across more individuals that just law enforcement officers. That as a society we are not adept at understanding ourselves and recognizing signs. Participant One, a Law Enforcement Training Facilitator stated "We just don't recognize in ourselves. And whether that is just officers, the culture, or if that is just people."

Others expanded on a potential difference between LEO and the general population. They discussed the LEO as not wanting to align their identity with the

population that they serve. Participant Seven, a Mental Health Facilitator stated “I think it would help them, but also I wonder if they would then compare themselves. Oh am I like the people I'm trying to serve and what's wrong with me. You always wonder about that too.”

Participants Nine and Four also discussed these patterns of limited help-seeking due to the association of stressful encounters with those they serve and the LEO identity. Participant Four, another Mental Health Facilitator discussed, “I think sometimes because they have those negative experiences with people having psychotic breaks and things, it deters them from getting those mental health services.” Participant Nine discussed this further relating to cultural stigma regarding mental health:

> But I think that the other piece is really not understanding that seeking help doesn't mean you are mentally ill by the cultural understanding of that definition. Right. Culturally, we expect mentally ill people to be "crazy." So I don't need to seek help because I'm not crazy.

Thus, participants discussed the lack of symptom recognition as both a lack of self-awareness and a lack of wanting to identify as having a mental illness. In addition to these officer qualities that are experienced internally, an external factor emerged throughout the interviews as well. This included the employment history of the officer.

When looking at employment history, participants discussed the influence of an officer’s years in the field upon their views toward mental health. Some participants discussed this regarding a stronger alignment to LEO traditional culture. Participant One,

a Law Enforcement Facilitator discussed this aspect stating “But I still think there's that bravado in the field, you know. I mean to be brutally honest, I still doubt I would seek help. I really do. That's my ego…”

Others identified a lower level of openness in officers who had been employed longer to new information. They discussed the differences in academy training and experiences in the field that create more rigidity in their perspectives toward mental health. Participant Eight, a CIT Training Participant stated:

> I think as new officers we are way more receptive to the new thought process, we tend to adapt to change, we've already been taught it in the academy. Mental health awareness within ourselves and the community. So you have that old school mind that I think is going to get pushed out but unfortunately I recognize that in a lot of departments it is still there.

Officers also discussed barriers in reaching out at the peer level to officers who have been in the field longer than they have. In addition to rank, there appears to be a hierarchy concerning length of service. New officers identified a hesitancy to approach officers who have been employed for a more considerable length of time. Thus, the length of employment was noted to be relevant for several reasons. This included the level of alignment with LEO traditional culture. Interviewee One described this when processing themselves as “I’m old school. I’ve been in 24 years. I’m arrogant, narcissistic. Alpha.” Further, this was discussed by Participant One in the quote above regarding younger officer and the culture:

> I'm speaking for myself and some of what I've seen I'm sure that some of the younger new officers might be more willing. Which actually shows a great degree of bravery. To buck the culture. To look out for themselves.

Participant Eight also stated:

> So, we've been given some resources. I kind of feel like they're pushed to the wayside though. Like here, we have to send it out so here it is. I know the paper that I wrote that our older officers have a harder time respecting mental health issues rather than our younger officers. So hopefully as time goes we can have more support for supporting each other.

Multiple officer qualities were discussed as having components that are potential barriers to help-seeking. Aspects of the LEO personality, their methods of coping with stress, a lack of self-awareness and not wanting their identity to align with the mental health citizens that they serve. Also, participants provided insight on aspects of the law enforcement employment that may play a role.

4.4.2 Law Enforcement Employment Aspects

Study participants (*N*=11) also discussed aspects relating to law enforcement employment that they believe are a deterrent to mental health help-seeking for LEOs. The subtheme of Law Enforcement Employment Aspects is defined as components of employment that act as barriers to mental health help-seeking such as administration barriers, LEO cultural stigma and LEO role conflict with help-seeking.

Participants identified differences in how administrators conducted their departments which may affect help-seeking. The element of relationship emerged in both barriers to help-seeking and potential supports. When looking at barriers, participants discussed low levels of relationship between administrators and patrol officers. Participant Six, a Law Enforcement Training Facilitator discussed few occurrences of patrol officers reaching out to an administrator and their reluctance when they were a patrol officer. Participant Six stated:

> It rarely ever happens that someone wants to talk to me. I think there's that feeling of I'm not talking to my boss about this. I don't want him to feel like I'm not doing the job. Or I don't have that kind of relationship with me. Which I understand that. I think I would probably be the same way. Well I know as an officer I was the same way. I didn't talk to my chief often.

This was also discussed regarding the power hierarchy and once again fear that is present. A component of this fear was identified as the potential for job loss if administrators were aware of mental health issues. Participant One, a Law Enforcement Training Facilitator discussed similar concerns relating to administration views:

> Well there is probably a little bit of fear that the administration won't, maybe are they going to lost their job over it? Is it going to impact the perception of my peers and superiors when looking at me? How they evaluate me? So there are still a lot of unknowns.

The fears of job loss based upon the perception of administrators and peers was also discussed about the stigma of mental health still held within the culture.

The LEO cultural stigma toward mental health also emerged as an employment related barrier. Participants identified the continued use of stigmatized language toward mental illness and a fear of other officers viewing them within those stigmas. The specific stigmas identified were as being weak and incapable. Participant Eight, a CIT Training Participant stated:

> And unfortunately it's still seen as being a coward that you need help with your mental illness. I think it's starting to move away from the stigma that you can't be functional as a human with depression. We're starting to get away from there but we're still dealing with it.

Participant Seven, a Mental Health Facilitator discussed similar points stating, “I would think in a lot of ways just like stigma perpetuates things, they would be seen as weak or inadequate.”

Participants (*n*=4) discussed the barrier of avoiding help-seeking, or disclosure of help-seeking, due to fear of the effects on their employment. This included the concern of potential job loss and being viewed as incapable of performing their job duties. The concern with being viewed as incapable was discussed about administration and peers view point. Participant Eight, a CIT Training Participant, discussed their experience in not feeling open to disclose their experiences with mental health due to these stigmas:

> Being seen as weak. That you can't, how are you supposed to handle stressful situations if we're worried you're going to sit on the ground and cry. I think that's the biggest issue. It's just being seen as weak. And it sucks.

Additionally, this participant acknowledged a need to maintain a façade of capability stating, "I think that there is the whole like, not wanting to worry everyone else. If my partner knows I'm going to counseling, they might think I'm not ok and that is not ok."

Participants (*n*=5) then discussed the lack of communication that occurs around this topic as a result of the cultural stigma. Multiple participants shared they identified as having mental health needs and had sought help but were reluctant to share with their peers or administrators due to the cultural stigma.

They discussed the continued nature of mental health within the profession as being a closed topic. Participant Eight discussed their unwillingness to disclose within their department to avoid being viewed as weak. They stated, "I'm actually way more open with it with the citizens that I deal with on campus. I don't think I've told anyone in my department … I don't want them to view me as weak." This was echoed consistently throughout the interviews. Participant Five discussed the closed nature of the topic in connection with cultural bravado. They stated, "What little I know of it suggests that you don't ask for help and you don't talk about your feelings. You play tough guy, or tough girl. Whatever. And I think it's hard for them to seek help or to admit to a problem."

A component also discussed was the conflict between the LEO role in the community and needing help themselves. Participants (*n*=4) discussed the normalized nature of this as an expectation of the LEO role in the community. Participant Eleven and Nine discussed that this ability to be in dangerous situations and manage their struggle with the experience had been an expectation of the profession. Participant Eleven discussed concerns that this aspect is considered normal. They described an experience with completing paperwork that provided instructions in case of an incident occurring on the job and stated:

> But it's if you're seriously injured or killed in the line of duty, a whole list of what you want done. It's like a six page document of things you want done. And I and that in itself didn't bother me a lot. Because it does make good sense to have something like that, some sort of default for if shit hits the fan. It would be nice for them to open the envelope and know who I want to have talk to my family and what not. And not necessarily that itself, but just the fact that that seemed normal to me. And perfectly acceptable.

In addition to stress and strain being a normal part of the role, participants also discussed the perceived contradiction in providing help to others and also needing help. Participant One, a Law Enforcement Facilitator elaborated on this point and stated "… I don't think we think about reaching out for help. We're the helpers. So it's not ingrained in us to then seek help ourselves." Participant Nine echoed this from a Mental Health Training Facilitator perspective:

> I also think that we roll it into the being capable. And it sort of mirrors what can happen with mental health clinician which is a good police officer should be able to do this and should be able to manage these emotions. A good mental health therapist should be able to manage these emotions with this client. So therefore, I'm not going to tell anyone else because I wouldn't want them to think I'm not capable of my job. Because believing I'm capable of my job allows you to actually trust me to do the functions I can do. And I need that trust in order to accomplish my job and I think officers go through the same thing.

In the subtheme of Law Enforcement Employment Aspects, participants (n=10) provided clarity on elements within the profession that may present as barriers within the help-seeking process. Officer qualities and broader law enforcement profession aspects were identified by participants as barriers to seeking help. However, there were additional aspects of the mental health system that also appear to provide barriers.

4.4.3 Treatment Aspects

The mental health system was identified by participants (n=6) as having components that inhibited help-seeking. The subtheme *Treatment Aspects* was defined as barriers present within the mental health system that deter an officer from engaging in mental health help-seeking. Participants discussed barriers relating to the setting, therapist qualities, time and insurance.

Six participants discussed the setting for mental health services. Participants identified challenges in locating a comfortable setting for treatment as often they are

provided an option of engaging with an Employment Assistance Program (EAP) or community mental health providers. Participants discussed the limitations to engage with their EAP providers. Participant Seven, a Mental Health Training Facilitator stated:

> And our EAP's, as much as I say oh EAPs are great. It's not counseling. It's more information and referral. And I know the city, I'm pretty sure they have a five session limit. I don't know about some of the smaller towns and townships or whatever, what they have. But probably similar.

Additionally, another participant discussed limitations with these services as they are outside of the cultural group. Participant Five, a Mental Health Training Facilitator stated:

> And I believe it's harder for groups like military and police who have kind of a closed culture. They don't want outside help, they want help from inside their community. And I think that they don't feel people understand. Both military and law enforcement. I don't think they… and we probably don't understand.

Another aspect that participants discussed as contributing to discomfort in the treatment setting was seeking treatment at the same facilities that they are utilizing for the citizens that they serve. It was identified as being uncomfortable to take a citizen in a crisis to a facility and potentially sit next to them in the waiting room when they are attending for their own care. Participant Eight, a CIT Training Participant discussed these dynamics:

> But unfortunately [the community] doesn't have a lot of those resources. And the ones that do, they put you in awkward situations where you're like oh, I'm sitting next to the guy I arrested last week. That's great. He told me he wanted to kill me so that's awesome.

Participant Two, a Mental Health Training Facilitator, discussed that challenges associated with utilizing community mental health and also the barriers to accessing the private sector services. Participant Two stated:

> Access would be a big barrier. They know the social services that they take folks to, and they don't want to go to the same agencies because they work with the same individuals doing intakes because that's who they take the folks to. So they want to go somewhere where they aren't going to know them professionally, they aren't going to know them personally. And there's not a whole lot of… it's not easy to access the private sector.

This was echoed by Participant Eleven, a CIT Participant, who discussed the limitations in identifying a private provider who took their insurance. They stated, "Insurance. It seems like our insurance gets worse every time we get a new provider. I don't, I just don't know anything about insurance, but I would never understand why an insurance company wouldn't want to take somebody."

Concerns relating to insurance were further discussed by several participants (*n*=4). Concerns in this area related to experiencing financial barriers for receiving care, reinforcing stigma, and limiting access to service. Participants identified finances as

challenging to treatment. When the participant's insurance was not accepted, having to pay out of pocket was a significant barrier (Participant Five, and Eleven). Participant Five stat4ed, "Well obviously money is a big barrier to a lot of people. If you don't have good insurance or if you can't find a therapist who takes your insurance that's a problem." Additionally, in order to qualify for insurance coverage, a provider must establish a diagnostic label. Requirement of a diagnostic label was identified as another issue that deters attendance in order to avoid the stigma of diagnosis. Participant Four stated:

> It becomes a problem when they try to seek those resources because everything you have to have a diagnosis for…. I think there are a lot of flaws that to me, that insurance have decided that they have to demand a label for someone. And then I think also, when you are placed with that label, it can be disheartening and then you don't want to get services because who wants to be labeled.

As discussed above, participants identified having challenges accessing private practice clinicians within their insurance networks. Participant Four, a Mental Health Facilitator discussed the challenges in providing services to someone with private insurance at a community mental health center:

> And I would also say having licensed individuals that are independently licensed to see the private insurances…we're having a lot of the regularly licensed, the LSW, the LPC but we can't see private insurance. So again, this insurance barrier is creating longer wait times.

Barriers relating to time was discussed further. Time is a factor with getting an initial appointment and also regarding the length of time required when providing information to the service provider. Participant Eight, a CIT Training Participant spoke of their experience in engaging in treatment. They discussed significant wait times in each aspect:

> It took forever to get in. It was first come first serve for the initial screen I guess. That took forever, I think I was there 4 hours waiting… Finally, the lady I'm talking to she's like ok, well you're going to have to come back later to actually see and get an appointment with the nurse. I was like, ok. And it's hard, there's only one nurse over there and it takes weeks to get into her.

Others discussed barriers relating to their schedules. Officers work varying shifts which may not align with typical office hours at a counseling facility. They also discussed difficulties getting time off to participate in lengthier assessment processes. Participant Seven stated:

> Besides the stigma, I would say being able to take time off. Although they do receive sick and vacation times and things like that, often times their shifts have to be filled and there are certain things that have to be done.

After navigating challenges within the setting, payment, and schedules, participants (*n*=4) then discussed the challenges with locating an appropriate therapist. This included locating a therapist that understands LEO culture. Each discussed the importance of having this insight and understanding into the field to assist in engaging an

officer and providing credible assistance. Participant Four, a Mental Health Facilitator, provided some insight into previous interactions with officers regarding this topic stating, "I heard an officer say one time that it couldn't just be any therapist because they wouldn't understand the culture of being a police officer." Further, Participant Eleven, a CIT Training Participant discussed their experience with receiving services and subsequently disengaging. When processing the experience, the officer stated:

> They had me as a police officer and a guy with a family and kids talking to a guy that was engaged, didn't have a family, not much life experience. His life experience was limited to that in a classroom. And him trying to relate… Even just some insight into the field might be better to talk to.

Participants provided insight into barriers to mental health help-seeking regarding officer qualities, law enforcement employment, and mental health treatment aspects. Conversely, the interviews also provided some insight into what has provided support for mental health help-seeking. These aspects will be reviewed within the next theme.

4.5 Potential Supports for Mental-Health Help-Seeking

Factors were identified within the participant interviews that provided support for officers to engage in help-seeking for mental health needs. This theme, *Potential Supports for Mental Health Help-Seeking*, is defined as resources and training that support officers in seeking assistance with their mental health. Information within this theme was provided in several areas. Law enforcement training participants were asked within the interview protocol to bring a physical artifact that influences their help-seeking

behavior within their departments. Three participants identified physical artifacts that supported help-seeking behaviors within their departments. Additionally, at the end of the interview, participants were provided an open-ended question to inquire about any other aspects they would like to discuss. Participants from each demographic group(n=5) identified various resources at the national and departmental levels. Additionally, training were identified as having some influence over their help-seeking experience. This section will provide a review of these resources and training.

4.5.1 National Resources

When discussing artifacts that influence help-seeking behaviors within their department, one officer provided a flyer for a national hotline provided to their department by their chief. The flyer advertised a resource that officers could call located in another state and discuss their issues by phone. Participant Eight, a CIT Training Participant discussed appreciating the sentiment and also identifying concerns on effectiveness:

> It's nice that they sent this out one time and I've kept it in my inbox in case I ever did decide to need it or someone else I recognize in my department. But it's just kind of been at the wayside I think.

Additional resources were identified and noted as more helpful at the departmental level and within trainings.

4.5.2 Departmental Resources

At the departmental level resources, administration approaches and peer support were identified as supportive components for mental health help-seeking. Participants (*n*=3) identified EAP and Chaplain based supports available to their officers to support their mental health. These were discussed with varying degrees of support. Administrators tended to view the EAP service as more positive than the officer level. Participant One, a Law Enforcement Training Facilitator stated, "…a lot of the departments are great with the EAP programs…" Further, the chaplain based services also appeared to have varying levels of support depending on the department. One participant spoke of chaplain services as positive within their department stating:

> We also have two chaplains now on staff. They're volunteers, it's not paid obviously. One is a local protestant pastor, country church and the other is a retired army chaplain who is a catholic priest. So we kind of have a mix of the two and they each bring a different dimension and dynamic. They are here to listen. They are here to ride with the men and women, to call on them if somebody is sick or family issues. And that has been very positive, well received as well.

Whereas another participant discussed a less positive experience with chaplain assistance stating, "People are always talking about the resources available to them as an employee through those EAP programs. We tried to do kind of a clergy aspect. It didn't work very well"

Administration approach was discussed as providing support to help-seeking (*n*=5). Factors that were discussed among participants that supported help-seeking include a greater degree of openness regarding the topic, general supportive attitude regarding mental health and a focus on relationship development between administrators and patrol officers. Two participants (Participant Ten and One, Law Enforcement Facilitators) described administration approaches that focused on being open about their own experiences or mental health experiences within the department. Participant Ten discussed their own willingness to share with officers through a mentoring role:

> But I love to mentor, to mold, to work with law enforcement especially with those starting in the career. And not that we don't have experienced people in there because we do but most of them have been through it and these are the kids that you really want them to have success in life. In their personal life, in their community and I just love that and it's a time for me to talk about some of the good, bad, and the ugly about me and my career. Things I have struggled with and I think if you humanize yourself, they'll understand that, he's the Chief Deputy. Whether they respect that or not, but they understand that he's had problems so everybody has problems.

Additionally, Participant One discussed their approach with openness regarding officer mental health within the department:

> It's counterintuitive to confidentiality but everyone in this particular department knows that that officer got help. And knows that it was not frowned upon by the administration. In fact, it was me, the admin that got him the help. Got him to the

help. And then he flourished. I mean he's better. He's great. He's doing great. And I think that, the highly visible incident was... should appease anyone's concern within at least this agency.

These examples were through the perspective of the administrators without knowledge of how they were received from the patrol officers. Within the second example, Participant One discussed that this empowered the individual within the agency to discuss their mental health with others. Participant One discussed their officer's response and stated "And he doesn't hesitate to talk about it. And I tell him, hey I'm going to talk about it and share that story in CIT hoping to get across to these people that hey don't be secretive. Don't hide it, don't self-medicate it."

The level of relationship between administration and patrol officers was also identified as important in the level of support within an agency for help-seeking. In one example, a strong relationship was identified as the reason a patrol officer disclosed issues. Participant One, a Law Enforcement Facilitator stated, "The only reason he shared that with me was because of our personal relationship that we have. That supersedes our professional relationship."

The final aspect that was identified concerning administrator approach is their general stance around mental health within the department. Participants discussed varying levels of commitment to mental health policies, procedures and training within the departments. In the departments that identified their administrators as more supportive of mental health they processed how this affected their experience as patrol officers. Participant Eight, a CIT Training Participant discussed their department:

> I think we are pretty progressive compared to a lot of departments. I give that full credit to my chief. He's very active in NAMI, CIT. He recognizes officers have days where they're stressed out and just need to take a mental health sick day and relax.

Participant Eight discussed the support that is felt from administration in caring for officer mental health. Participant Eight stated:

> I know that we've had lieutenants and chiefs and sergeants say, hey if you're having a big fight with your significant other, or if you're feeling depressed, or worried about mom who is having health issues take off or just sit in role call and just do training videos and take calls as needed. That's been really nice, that we do once in a while they surprise us and say that. But there's a lot of times where it is just suck it up.

However, when probed further for the participants' comfort in utilizing the support, barriers outweighed the support in the concern of being able to do their part and be viewed as capable by peers. Participant Eight stated, "I feel like I'm not doing my part by if anything I would take a sick day off which I don't like to take sick days off." Peer relationships were identified as barriers to help-seeking but also as an important element of department support.

Peers were identified as a supportive component. This included when discussing peers that are supportive of others, reduce feelings of isolation, and contribute to positive self-care. Many of the patrol officer participants identified themselves as being these

aspects to their peers following participation in the CIT training. Peers appeared to extend to dispatchers as well. Participant Eight, a CIT Training Participant, identified dispatchers as their form of peer support:

> My dispatchers are really awesome actually. We're able to talk to them a lot about stuff actually and what's going on with stresses. They're all like mother figures to me and it's nice to have them. You're more comfortable talking to them than fellow officers about having a bad day.

Further, Participants discussed some additional effects of peer communication including reducing isolation and cultural stigma. Participant Ten, a Law Enforcement Facilitator, discussed the peer connection as a method to reduce isolation. This participant stated:

> I think the more people, again, taking the stigma away and voice their own experience in the career, in the stress. I think again we're creatures of we don't want to be alone. And once you find out that others have gone through the same thing, you're much more apt to come out and talk to others. And I think that the stigma has come down somewhat and I think people are more apt to say hey, you look like you're having a bad day. I can remember a time that this happened to me, or that happened to me and this is what I did.

Additionally, greater openness was discussed as a way to reduce cultural stigma. Being open with peers was also discussed as a form of self-care. Participant Eight, a

Training Participant, discussed taking care of others is also a form of taking care of self through positive connection with peers. They stated:

> And just constantly trying to surround myself with positivity instead of listening to the older officers talk about how awful it is and how people can't take care of themselves. Trying to remember that we do have to take care of ourselves as officers and support each other too because there's nights that it gets to us. It's rough. And we are supposed to put on this vest of oh it doesn't bother us but it does.

Department and stated level support also included training opportunities for participants. These will be reviewed further in the next subtheme.

4.5.3 Trainings

The final component that was identified as being helpful was increased education through training (*n*=3). These training occurred at the state and local level. Within the state level, a training called Blue Courage was developed specifically to educate officers on their mental health. This training was identified as support to officer help-seeking through further understanding their health and breaking down the cultural stigma. The training was described positively by multiple Participants who had attended and discussed their experience as well as their peers. This training appeared to break through some of the barriers identified within departments. Participant Eight, a CIT Training Participant stated:

> When I took it (Blue Courage training), I took it with a few younger officers who all were very impressed with it, and then one of my other sergeants, older sergeants, he was really impressed with it. I mean, it was a great presentation and they kept it interesting. The speaker was wonderful. And it was really nice to hear, like ok, not all of our old time officers hate dealing with CIT and stuff.

Additionally, academy training was identified as a support within the state level. Participants discussed the infusion of mental health topics into the academy within the previous few years. This was identified as a supportive element for younger officers in viewing mental health citizens and their own mental health in a more positive manner. Participant Ten, a Law Enforcement Training Facilitator stated:

> I think the stigma has greatly reduced over the years. In the old days, again there may be two of you out on the road. You go into an out of control situation, you're expected to control it, put it back together, and move on to the next call. And then go home and try to move on with your own family when you just maybe experienced trauma yourself. And the expectations of your family members that you need to meet at home. Again, that was the old days. I think that in the academies we have, whether it be corrections or the OPODA certification for the peace officer, they have mental health crisis training, both for the officer and the clients or those suffering from mental illness.

On a local level, the CIT training was identified as a supportive element for officer mental health by one program facilitator. Participant Ten, a Law Enforcement Facilitator, discussed the benefits of the CIT training:

> I think they're more apt to reach out now because you know, the cover is off somewhat, sort of to speak. And again, I go back to officers sharing issues, I go back to them knowing if they do have an issue what are their resources, and things like CIT that educates them on what to look for. In a crisis that they may be having. Some of them may have blown it off to other things, I'm just tired. It's been a rough day. Maybe I'm just not interested in my family. Maybe I'm just going through a midlife crisis. So I think all of these things have helped to open up the doorway for law enforcement to get help.

While these national, departmental and training aspects were identified as positive, additional aspects were identified as continued needs in addressing officer mental health help-seeking by participants. The next section will review these items.

4.6 Continued Needs

Participants provided feedback on barriers and supports for officer help-seeking which provided insight into continued needs in addressing this topic. This theme is defined as aspects that will further increase officer comfort in seeking assistance for mental health needs. Participants (n=5) provided insights on aspects to include additional training or modification of current trainings, increases in collaboration, peer support and continued efforts on shifting the LEO culture.

4.6.1 Additional Training or Modification of Current Training

Training was identified as a component that continues to need to be adjusted for greater effectiveness in engaging LEO in help-seeking. This was suggested to occur in

several ways. First, through a greater presence of training such as Blue Courage. Blue Courage was identified as particularly effective relating to this topic and Participants suggested a greater presence of this training within the community. Participant One stated:

> When we talk about...we have Blue Courage and all of that. Blue Courage is one of those few programs that actually does, it has started recently in the last couple of years to reach out to start. That is probably awakening some officers, that with CIT. And that does touch on this topic, but that is the first time in 24 years that something like that has ever come about. And I think that topic probably needs to be brewed up and beat up on more.

Second, through a greater focus on officer mental health within the academy. Participants who attended the academy before the inclusion of materials identified the benefit of providing this information before they entered active employment. Participant Three stated, "I wish it would be trained more in the academy from the get-go to understand." They stated this was also echoed by their peers who had attended the CIT training. Some participants who attended the academy more recently have identified a greater inclusion of materials in the current academy.

An additional element relating to training is making adjustments to the section in CIT relating to officer wellness. Currently, a section is focused on officer resiliency and self-care. Participant Two, a Mental Health Facilitator discussed the limitations of the current section:

> It's [help-seeking for their own mental health] encouraged in the training, but I don't know how much truly hits home. I know that they hear the message about positive self-care but I think when folks walk away they don't associate it with a particular struggle they might be having in their lives. They really just associate it more with, well I should probably focus on taking care of myself better and working out more…. Not necessarily I need to probably check in with a therapist because I've been having these thoughts.

Participants discussed several limitations relating to the current CIT training approach regarding help-seeking. Participant One, a Law Enforcement Facilitator, discussed similar limitations stating, "... additional block of CIT... you know... I know we talk about resiliency but that is just it doesn't really target that. Maybe tweak that a little bit. Or even just training for just that alone." Participants also discussed the section as benefiting from a shift in focus to also include the signs and symptoms within officers for their own mental health rather than just self-care. Participant Two states:

> So it's just that the current messages isn't necessarily accomplishing that, but I'm not sure how to do it… This kind of topic, I feel it would take a good two hour block. Like it almost seems like it's two different parts. We have self-care which is extremely important but we also have this other portion of self-care for your own mental health that needs to have a different kind of almost come to Jesus feel.

This was echoed by Participant Eight, a CIT Training Participant who stated, "I do wish they talked a little more about officer mental health with it. And first responder

mental health in general I should say. I wish that was a subject they went over." In addition to modifications of trainings, participants discussed the importance of moving beyond training to further collaboration between the systems.

4.6.2 Increase in Collaboration

The subtheme, *Increase in Collaboration*, is defined as furthering the interaction between the mental health system and LEO at the officer and CIT programmatic level. Participants (*n*=2) discussed the benefits of having a closer working relationship between mental health and LEO. Participant Five discussed this as occurring at a personal level between LEO and mental health workers. Participant Five stated:

> We need to be out of our silos. Because we have more in common with police officers than we do with the general public in the sense of who we work with and who they work with. And we need more interaction.

On a programmatic level, Participant Three, a Training Participant, discussed a need for more departments to develop a CIT program. They stated "I would like to see more of a CIT like what I'm doing here. An advocate for each agency to meet and share. I'd like to see more of that and I'm not sure how to pull that."

Each of these identified greater openness and support relating to the topic of LEO and mental health. Another aspect identified relating to support occurred at the peer level.

4.6.3 Peer Support

Peer support was identified as an area of continued need (*n*=1). This subtheme is defined as the support provided between officers regarding officer mental health and

help-seeking. Participant One discussed progress within this area during their interview and also a need for continued focus. Participant One, a Law Enforcement Facilitator, stated:

> So I think we need to be looking out for each other. But we still, I don't think we look at each other like that. We're all a bunch of Alphas, sheep dogs. So, I don't think we even look at each other that way… I think we need to do more buddy aid for lack of a better word.

Within this statement Participant One discussed some of the continued barriers to looking out for other officers. The statement discusses cultural elements and personality aspects of LEO that interfere within the peer approach. This leads to the final area of continued need, the cultural shift.

4.6.4 Continued Efforts on Cultural Shift

A cultural shift was identified by several participants as necessary for LEO to increase help-seeking behaviors further. This subtheme is defined as efforts that promote the shift in the elements of LEO culture that deter mental health help-seeking to a culture that has reduced stigma and is more accepting of LEO seeking assistance for mental health needs. While multiple participants noted a need for a culture shift, only one participant commented on a potential effort that could achieve this. Participant One, a Law Enforcement Facilitator, once again referenced training as a method to continue to move the culture forward. The participant stated:

> When we talk about...we have Blue Courage and all of that. Blue Courage is one of those few programs that actually does, it has started recently in the last couple of years to reach out to start. That is probably awakening some officers, that with CIT. And that does touch on this topic, but that is the first time in 24 years that something like that has ever come about. And I think that topic probably needs to be brewed up and beat up on more. Be a focus because, you know, mentally sound officers is going to be a better officer all around. We literally, this culture has never been accepting of that. It really hasn't. Not within our own ranks. Absolutely not. So something like that, another program or training to look at ourselves and our peers.

Participant One encourages continued training to erode at the traditional culture that limits LEO help-seeking. Participants indicate that this is one aspect to the larger picture relating to LEO mental health help-seeking.

4.6.5 Summary

In completing interviews to further understanding of the phenomenon of how CIT affects LEO mental health help-seeking six themes emerged with multiple subthemes. This included (1) Aspects Occurring Before CIT Training (2) Experience of Participating in CIT Training (3) Effects of the CIT Training (4) Barriers to Mental Health Help-Seeking (5) Potential Supports for Help-Seeking and (6) Suggestions for Moving Forward. These themes allow a broad understanding of one counties CIT program and LEO experience of help-seeking. The next section will look further at research interpretations, limitations of the study and next steps for additional research.

Chapter 5

Discussion

5.1 Review of Study

Law enforcement officers experience employment related stressors throughout their careers. This includes exposure to traumatic incidents, working non-dayshift hours, and often sedentary conditions (Hartley et al., 2011; Violanti, 2011). Thus, law enforcement officers (LEO) experience mental health issues at a greater rate than the general population (Violonti et al., 2011). However, LEO seek help for mental health needs at a lower rate than the general population (Karaffa & Tochkov, 2013).

LEO seek help at a lower rate because of several barriers (Corrigan et al., 2003; Wester et al., 2010). Stigma of weakness and unpredictability conflicts with law enforcement culture which values strength and control (Corrigan et al., 2003; Loftus, 2010). Thus, stigma is a barrier to LEO help-seeking. Additionally, LEO experience low confidence in the benefits of treatment compared to the risks (Wester et al., 2010). Risks include the fear of loss of employment (Wester et al., 2010) and concerns with confidentiality (Arter & Menard, 2018). The presence of barriers for help-seeking has

been established. However, a lack of understanding of how to reduce these barriers exists in the literature.

Studies have been completed in understanding the reduction of stigma between LEO toward citizens presenting with mental illness. This includes LEO participation in the CIT training (Compton et al., 2006; Hanifi et al., 2008). However, it is unknown if this training also decreases an officer's self-stigma relating to their own symptoms and mental health-help-seeking. Thus, the current study aimed to understand how CIT training affects officers. The research question addressed is: How does participation in a Crisis Intervention Team (CIT) training program impact law enforcement officers' mental health help-seeking?

The study's sample is comprised of 11 participants ranging in age from 25 – 69. All of the participants identified as White. Seven of the 11 participants identified as female. The study participants were also identified based upon their role within the CIT program. This could include participating in the training, facilitating and working in the mental health system, and facilitating and working in the law enforcement field. The study was comprised of three LEO who had participated in the CIT training, three facilitators who law enforcement administrators, and five facilitators from the mental health system.

5.2 Major Findings

The dissertation sought to understand how the CIT training affected LEO mental health help-seeking behavior. The study participants did not indicate that a shift occurred

with LEO mental health help-seeking as many of the study participants were open to seeking help prior to CIT. However, participants provided insight into their experience relating to mental health in the law enforcement profession, effects of CIT and the experience of help-seeking. These findings were further categorized into themes and subthemes. Major themes include Experiences Prior to CIT Training; Experiences Participating in the CIT Training; Effects of the CIT Training; Barriers to Mental Health Help-Seeking; Potential Supports for Mental-Health Help-Seeking; and Continued Needs.

The theme *Experiences with MH and Law Enforcement Before Training,* included subthemes of: Perceptions of Mental Health; Exposure to Mental Illness; Experiences with the Mental Health System; Perception of LEO Role in the Community; and Department Culture on CIT Training. The theme, *Experience Participating in the CIT Training*, included the subthemes of Positive Experience and Neutral Experience. The theme, *Effects of the CIT Training,* included the subthemes of Change on LEO Perception and Response to Mental Health; Changes on the System; and Changes in Working with Citizens. The theme, *Barriers to Mental Health Help-Seeking,* included the subthemes of LEO Qualities; Law Enforcement Employment Aspects; and Treatment Aspects. The theme, *Potential Supports for Mental Health Help-Seeking,* included the subthemes of National Resources; Departmental Resources; and Training. Finally, the theme, *Continued Needs,* included the subthemes of Additional Training or Modification in Current Training; Increase in Collaboration; Peer Support and Continued Efforts on Cultural Shift.

5.2.1 Experiences with MH and Law Enforcement Before Training

The participants in the study reported various perceptions of mental illness and help-seeking prior to and following their attendance at CIT training. Understanding the LEO experiences that occurred before the CIT training provided a framework for their experiences in the training. Additionally, participants discussed the experiences that they have observed from others in their departments. Many findings were consistent with the previous literature. Previous research discussed the presence of stigmatized views within the law enforcement profession (Cotton, 2004; Pinfold et al., 2003). This includes the perception of weakness and instability when someone is identified as being mentally ill (Corrigan et al., 2003). The current research aligned with these aspects. Study participants discussed their perceptions before the training, some aligning with these stigmatized attitudes. This indicates that stigmatized attitudes relating to mental health continue to permeate within law enforcement officers. Additionally, participants who discussed having sought mental health treatment were concerned with their peers finding out and viewing them as incapable of performing their jobs. However, some participants discussed having positive views relating to mental health. Most of these participants had previous experiences with mental health needs associated with their mental health or that of a family member. This will be discussed further in the next subtheme, Exposure to Mental Illness.

The subtheme Exposure to Mental Illness aligned with previous research that stated officers with previous experience with mental illness present with a greater desire to participate in CIT and experience better training outcomes (Compton, Bakeman,

Broussard, D'Orio, & Watson, 2017; Cross et al., 2014; Wood & Watson, 2017). LEO Training Participants in the current study identified personal and professional experiences with mental health that motivated them to attend the training. Further, these participants discussed positive experiences in the training and outcomes following participation. These outcomes included reports of greater understanding of mental illness, increased ability to address situations effectively, and being more informed about community resources.

In addition to previous interactions with mental health, participants also discussed the implications of interacting with the mental health system. The subtheme Experiences with the Mental Health System was defined as LEO interactions with providers of mental health care during their role as an officer. Participants' experiences aligned with previous research that identified LEOs as experiencing challenges in working with the mental health system (Bloomgood, 2006; Karaffa & Tochkov, 2013; Owen et al., 2013; Stroul, 1993; Wester et al., 2010). Participants discussed these aspects as experiences that occurred before their participation in the CIT training. They identified frustrations as stemming from a disagreement in outcomes during a crisis, lack of communication, process issues and lack of timeliness in response and process. Many of these issues mirror concerns echoed from previous researchers (Stroul, 1993) which were identified as barriers to help-seeking from the mental health system (Bloomgood, 2006; Karaffa & Tochkov, 2013; Owen et al., 2013; Wester et al., 2010).

In addition to aspects relating to mental health, participants also included facets experienced before attending the CIT training relating to the LEO. The subtheme

Perception of LEO Role in the Community is defined as the extent to which an officer views their role as aligning with addressing citizen mental health needs. Participant views varied, with some aligning with providing service to citizens experiencing mental health needs as a component of their profession. Others discussed the conflict present within their role and this task. The variance is consistent with previous research relating to LEO culture. Researchers discussed LEO role preference---- maintaining order, enforcing laws, and service--- and their perceptions of general citizens (Paoline III, 2004). This researcher provides a framework for officer interaction with the public and administration based on their roles and other characteristics. Participants in the current study were asked to identify their role preference, with a majority selecting service first. Others discussed the conflict that can arise about role preference and an officers' role in a mental health crisis. Further, this aspect was discussed about the challenge in engaging peers to attend the training based upon their perspective and preference.

The final subtheme, Department Culture on CIT Training, is defined as how the specific LEO department, to include administration and line officers, view and support the CIT training. Previous research provided a context for the importance of department and peer perspective relating to mental health. Researchers suggested that LEOs experience concern regarding the perception of their peers in their capability of performing their duties (Karaffa & Tochkov, 2013). However, researchers did not provide further information on how these dynamics around peer perception affect participation in anti-stigma efforts. Within the current study, multiple participants discussed departmental aspects relating to participating in CIT. The first was the

administration's support of the program. Study participants discussed the variance in administration support for the training. Support ranged from zero requirements for participation to a commitment to sending each officer through the training. One participant stated their administration's lack of requirements was reflected in the low participation from their peers. At the other end of the continuum, an LEO training participant discussed the support they experienced relating to mental health within their department connected to their administration's requirement to send everyone through the CIT program. Further, the development of policies and procedures to implement the CIT program was discussed as important in supporting a department's commitment to mental health. Once again, agencies varied in their level of engagement to implement the program beyond having officers participate in training. This included the department commitment to identify a CIT Coordinators who acts as a resource for their fellow officers in addressing mental health calls and system issues. Administration support appeared to have a positive effect on how some officers view CIT training. However, this does not provide a comprehensive understanding of department culture relating to the training.

Study participants also discussed the continued stigmatized view of the training by officers within departments. This included passive and active responses. Participants discussed some officers just not participating, officers commenting on a lack of desire to participate, and others stigmatizing those who choose to. One study participant discussed being ridiculed for their commitment to the program. A participant stated that those LEO that could most greatly benefit often do not choose to go. However, other researchers

support that LEO who self-select to attend experience the greatest gains from attending the training (Compton et al., 2017). However, it is possible that even if less change is noted from LEO that are required to go, this may still be a helpful aspect in making inroads to reducing stigma.

5.2.2 Experience Participating and the Effects of the CIT Training

The next theme within the study was *Experience Participating in CIT Training*. This theme was defined as CIT participant attitude regarding their training experience following completion of the training. Participant feedback was separated into two categories of positive or neutral. Neutral feedback discussed concerns with the length of the training — positive experiences aligned with the work of previous researchers. These results were elaborated on within the theme *Effects of the CIT Training.* Study participant feedback that aligned with previous research includes a change in attitude regarding individuals with mental illness, increased understanding of how to respond to individuals with mental illness and use of de-escalation skills (Compton et al., 2006; Hanifi et al., 2008; Helibrun et al., 2012; Steadman et al., 2000). Additional changes that were identified by both study participants and previous research included changes that occurred within the system as a result of the CIT training. Participants discussed greater collaboration following the implementation of the training in the county. Previous researchers have identified greater system collaboration and use of mental health services as an effect of CIT training (Canada et al., 2012; Compton et al., 2008; Kubiak et al., 2017; Steadman et al., 2000; Teller et al., 2006; Watson et al., 2010).

Additional effects of CIT training diverged from previous literature. These aspects provided greater insight into the research question of how does the CIT training affect LEO help-seeking behaviors. This included the subtheme, Changes on LEO Perception and Response to Mental Health. This subtheme is defined as any changes an officer may experience individually regarding their own mental health, changes in their behavior toward their peers regarding their peers' mental health, and differences in how administrators approach officers regarding officer mental health. Participants denied the training as having implications upon their help-seeking behavior and having knowledge of any changes on their peers' help-seeking behavior. However, the study participants identified changes in how they interacted with their peers following the CIT training. Participants, to include LEO training participants and administrators that were facilitators in the program, discussed being more intentional in watching their peers or subordinates for mental distress and feeling confident in how to approach them when concerns emerged. Additionally, participants discussed having greater self-awareness and some increases in the disclosure of their experiences with their own mental health needs. However, these disclosures were discussed as occurring more frequently with citizens than with peers. Disclosure to peers continued to be an area of discomfort out of fear of being labeled as incapable of completing their jobs. Stigma within the culture continued to present as a barrier to engaging and openness around help-seeking.

5.2.3 Barriers to Help-Seeking

Participants provided insight into barriers that exist for LEO in engaging in help-seeking for mental health needs. The theme *Barriers to Help-Seeking* is defined as the

officer qualities, law enforcement employment aspects, and treatment aspects that impair an officers' ability to seek assistance for their mental health needs. Participants discussed varying willingness to engage in help-seeking. Additionally, participants discussed varying willingness to be open in discussing help-seeking within their departments. Participants identified different aspects that deterred help-seeking including specific aspects of the officers. Alignment to LEO dominant culture appeared to be a deterrent in help-seeking or being open about help-seeking. Many of these aspects have been identified by previous researchers as well. This includes LEO personality traits (Black, 2000; Lawrence, 1984), avoidant coping approach (Graf, 1986; Pogrebin & Poole, 1991; Richmond, 1998), lack of self-awareness of symptoms (Royle, Keenan & Farrell, 2009), and not wanting to align their identity with the citizens served (Bullock & Garland, 2017: Royle, Keenan, & Farrell, 2009; Skolnick, 2008). An additional component that was not discussed within previous research is the number of years an officer is in the field. The current study participants discussed longer terms of employment as a factor in openness help-seeking. Participants discussed officers who had been employed longer as being more closed to information regarding mental health that emerged after their training and having a greater alignment with traditional law enforcement culture. Thus, being less open to help-seeking and talking about help-seeking.

The next aspect discussed as a barrier to help-seeking was characteristics of LEO employment. Qualities of LEO employment identified barriers included administration qualities, LEO culture and conflict between their role and help-seeking. Previous researchers had also discussed barriers in administration and officer help-seeking (Crank

& Caldero, 1991; Kirschman et al., 2014; Shane, 2010; Skolnick, 2008; Toch, 2002; & Wester, 2010). Administrative qualities include fear of losing their employment or being viewed as incapable if administrators became aware of symptoms and help-seeking (Toch, 2002; Wester, 2010). Participants also discussed a lack of trust in communicating with administration. Previous research echoes this information and identifies communication challenges as occurring due to stressful encounters with the administration (Shane, 2010), issues with supervisors (Crank & Caldero, 1991), and viewing administrators as outsiders (Kirschman et al., 2014; Skolnick, 2008).

LEO culture is another aspect relating to employment that participants identified as affecting help-seeking behaviors. Previous researchers discussed law enforcement culture as limiting to a willingness to engage with mental health services (Pogrebin & Poole, 1991; Skolnick, 2008; Toch, 2002; Wester, 2010). Participants within the current study identified law enforcement culture as a factor that limited disclosure of help-seeking. Participants processed cultural stigma relating to mental illness including stigmatized language utilized. Further, participants discussed concerns with disclosing help-seeking to avoid appearing weak or incapable of doing their job.

The final employment aspect discussed by participants as influencing help-seeking behaviors was the conflict between the LEO role as helper and their own need for assistance. Identity appeared to be a component to LEO hesitancy to seek help or disclose help-seeking. A part of their identity and role was identified as providing help for others. Thus, when they needed help themselves, it conflicted with their perception of their role in society.

Treatment aspects were also identified as barriers to seeking help. This included aspects relating to the setting and qualities of the therapist, time and insurance. Previous researchers indicated treatment provision occurs outside of the LEO culture limiting trust in the service (Kirschman et al., 2014; Skolnick, 2008). Participants in the current study echoed this in identifying concerns of providers not understanding the experiences of LEO. Additionally, participants identified a discomfort in receiving services in the same location as the citizens they are serving. Participants discussed this as limiting to their confidentiality and safety due to their role in the community. Additional concerns were identified in the types of services available. Some participants and previous researchers discussed employment assistance program (EAP) as a resource for LEO needs (Price, 2017). However, participants also discussed aspects of the EAP that are limiting to help-seeking. This included the scope and role of the service. EAP programs were identified as being appropriate for problem solving and referral to services. However, often the presenting problems exceed the purpose of an EAP, and then officers must proceed through the process with another clinician. Additionally, participants discussed not feeling comfortable utilizing EAP services. EAP often also complete the task of determining the fitness of duty. This presents with concerns regarding confidentiality of services and the potential for implications upon employment. LEO identified the concern with confidentiality as a common barrier in seeking treatment across treatment providers (Arter & Menard, 2018).

There were also components identified that limited access to services, including time and insurance. Study participants discussed barriers to scheduling due to shift work

and the length of time needed to engage in care. Other studies have identified shift work as a stressor and leading to less access to options for physical health maintenance (Hartley et al., 2011; Violonti, 2011). However, these researchers had not connected this aspect as a barrier to seeking help for mental health needs. Additionally, participants discussed long wait times in being able to access care during a time of need. Insurance further complicated this according to study participants. One participant discussed the long wait time as being connected to which providers can be covered by insurance panels. Insurance was also discussed as a limiting factor due to the requirement for a diagnosis for treatment. Labeling reinforces stigma for officers and can increase resistance to engaging in treatment (Bullock & Garland, 2017). These researchers also suggested methods to reduce stigma and potentially provide support for help-seeking. These components emerged throughout the current study as well within the next theme.

5.2.4 Potential Supports for Mental Health Help-Seeking

The theme *Potential Supports for Mental Health Help-Seeking* is defined as resources and training that support officers in seeking assistance with their mental health. These aspects were further categorized into resources occurring at the national level, departmental level, and training opportunities. At the national level, participants discussed hotlines available to call for help. Participants had not personally used this as a resource but considered having it available to support their peers if needed. Departmental administrators provided these resources. Administrator approach was another area that appeared to affect help-seeking (Bullock & Garland, 2017; Heffren & Hausdorf, 2014; Maria et al., 2018). This included the resources provided for officers (Maria et al., 2018)

and the opportunity to address stigma at the institutional level (Bullock & Garland, 2017). In the current study, participants identified aspects that positively affected help-seeking including administrative approaches that modeled and encouraged openness, close relationships and felt supportive. Relationships with administrators and peers were discussed within previous research and the current study as important for supporting help-seeking (Maria et al., 2018).

Peer support can shield against employment stresses and negative effects of the job (Maria et al., 2018). Peer support was a running thread throughout the themes. Officers identified being more aware of peer experiences after attending the CIT training. Participants then discussed the importance of supporting other officers and being open about mental health to reduce isolation as potential support to help-seeking. However, participants identified concerns in disclosing about their own mental health experiences to their co-workers. The participants attributed this concern to be a consequence of LEO culture and fear of being views as incapable and weak. Thus, another source of potential support for help-seeking centered around shifting the culture through training (Price, 2017). Participants discussed helpful training as those that address citizen mental health, such as CIT, officer mental health specifically, such as Blue Courage and incorporating information from each within the academy setting for new officers. Participants had ideas on how to modify each of these training to increase the effectiveness of training in encouraging LEO engagement in mental health services.

5.2.5 Continued Needs

The theme *Continued Needs* are defined as aspects that will further increase officer comfort in seeking assistance for mental health needs. This section highlights the participants' thoughts on how to decrease aspects identified in barriers to help-seeking and increase aspects that were identified within potential supports for mental health help-seeking. According to study participants, modifying aspects of the training, strengthening system relationships and increasing peer support within agencies are necessary steps in increasing LEO help-seeking behaviors. Each of these aspects can be accomplished through CIT training.

Participants in the current study discussed modifications that could be made within the current section of CIT aimed at targeting officer mental health labeled Resiliency. They discussed this section as focusing on officer self-care rather than increasing awareness of mental health symptom presentation within officers. Some participants processed the challenges with the CIT training potentially increasing stigma for officers regarding their own mental health. Officers are exposed to aspects of severe mental illness throughout the training and this conflicts with their own identity and mental health with decreased help-seeking as a consequence. Participants discussed adjusting the Resiliency section also to provide information and education of lower intensity symptoms may increase awareness for officers regarding symptoms they may experience. Participants also discussed increasing the presence of the Blue Courage training which specifically addresses law enforcement mental health and reducing cultural stigma. Finally, participants identified an increased focus at the academy on how

to respond to citizens and understand LEO mental health. However, other participants who had been through the academy more recently discussed a greater presence of this content has already been added into some academy training. Training to increase mental health awareness was discussed as a helpful resource within the current literature on the topic (Price, 2017).

Study participants discussed aspects of the CIT program that would be helpful moving forward including increased collaboration. Participants discussed this as occurring within the CIT program through other departments identifying a mental health champion and increased interaction between the mental health system and LEOs. A mental health champion can be a significant part of changing the climate within a department in decreasing mental health stigma (Corrigan and Kosyluck, 2013; Corrigan & Watson, 2002). Participants also discussed the importance of increasing positive interaction between the systems. Previous researchers have discussed the negative effects that occur on help-seeking as a result of negative perception of treatment ineffectiveness (Arter & Menard, 2018; Owen et al., 2013). Participants discussed the importance of the formation of relationships between the system to decrease systemic stigma as well. The CIT training utilizes community providers in an attempt to build relationships between the system. However, most of these providers are within the community mental health system which LEO identified as having barriers to attending. Potentially, including presenters from the private sector as well can increase LEO relationships with providers that they may feel more comfortable engaging in care with.

In addition to training and increasing relationships between systems, participants identified a need to focus on greater peer support moving forward. They viewed the aspect of peer support as a necessary component in shifting the culture within law enforcement to being more accepting of addressing officer mental health and encouraging help-seeking. Peer supports reduce the challenges of treatment providers being outside of the culture. The peer supporters act as a linkage between the LEO community and those outside of it. Peer supporters can also be utilized within the CIT program as facilitators or provide information about peer support programs during training times to increase LEO knowledge of peer support resources within the community.

Shifting the LEO culture relating to mental health was identified consistently among participants to increase engagement in help-seeking and willingness to disclose help-seeking. Study participants proposed this shift could occur through modifications in training, greater relationship development with mental health providers and participation in the CIT program, and development of peer support programs within the communities. These aspects align with previous researchers in the field who also encouraged training to increase mental health awareness (Price, 2017), greater interaction between systems through required use of services (Arter & Menard, 2018) and increased use of peer support (Price, 2017). Implications for the Counseling Profession on how to support these continued needs will now be discussed.

5.2.6 Through the Lens of Critical Theory

It is also important to understand the data through the lens of Critical Theory when reviewing this study's results. Critical Theory focuses on the influence of social dynamics within society on the behaviors and experiences of individuals. Often, these social dynamics relate to power and oppression (Denzin & Lincoln, 2011). LEO culture appears to create a dynamic of oppression for those who experience mental health symptoms within the employment. This dynamic presented itself in the data provided by several participants. For example, some participants discussed attending mental health treatment, with the caveat of keeping the experience from their peers and administrators out of fear of being viewed as incapable. Another participant discussed hesitancy to attend mental health treatment even after advocating for others in the profession to seek help if needed. This experience appeared to be heightened for those who were further away from a position of power, such as those who were female or newer to the profession. The theme *Continued Needs* identified the need for cultural change. A focus on culture is paramount to the other needs that were identified throughout the theme in being effective in encouraging engagement in treatment. For instance, increasing access may not be effective in the absence of culture change, as individuals will not seek treatment as frequently if they fear retribution within their employment. While each aspect of continued needs is important, a focus on culture change has significant implications upon the counseling profession. The theme of continued needs included facets of access, engagement and competency relating to mental health care. These along with cultural change will be discussed in the implications section.

5.3 Implications for the Counseling Profession

There is a notable absence of research within counseling literature regarding serving the LEO population. Literature from other professions indicates a significant need for LEOs to receive services (Violonti et al., 2011). However, fewer members of the LEO population engage in services (Karaffa & Tochkov, 2013). The results of this study provide opportunities for the advancement of clinical practice, counselor education, and supervision practices.

5.3.1 Implications for Counseling Practitioners

Throughout the research study, participants discussed the importance of counseling professionals greatly increasing their understanding of LEO culture and employment factors. However, barriers exist to engaging these individuals into care in the first place. Counseling practitioners must work to develop competency to treat LEO and increase their understanding of methods to engage the population into services.

5.3.1.1 Developing Competency in Treating LEO. When approaching competency development in providing treatment to individuals employed within the law enforcement profession, application of the dimensions identified by the American Counseling Association Multicultural and Social Justice Counseling Competencies (MSJCCs; Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015) must be applied from the perspective of both the counselor and the law enforcement population, The point of view of the clinician will vary based on their intersectionality and previous experiences with the community. This can include a clinicians' previous experience with law enforcement

and their broader cultures experience with law enforcement. Additionally, counselors must obtain education regarding the world view of the officer, their culture and common psychological manifestations within the occupation. Understanding can be gained within a context of media, additional training, through collaboration with clinicians currently practicing with law enforcement and direct experience interacting with officers. Anecdotally, this researcher has been informed by individual LEOs that the accuracy of media representation for LEO work varies. LEOs have identified the televisions series "Southland" (Biderman, Chulack, & Wells, 2009) and the movie "End of Watch" (Ayers, 2012) as two examples of accurate representations. Additionally, requesting a ride along with officers is an opportunity for clinicians to immerse themselves within the occupation, culture and have contact with officers outside of the clinical setting to increase their understanding and credibility (Fair, 2009). Following the chain of command is important when engaging in a ride-along. These requests should be directed to upper administration, such as the chief of police. Typically, agencies have a process to complete to engage in a ride-along and the protocols are important to have knowledge of and follow precisely. Arriving prior to the scheduled time ensures that the clinician can complete any additional steps without causing challenges to the department.

5.3.1.2 Engaging LEO into Treatment. There are several necessary elements relating to the engagement of this population, including gaining credibility within the community and marketing of services. To cross into the sector of people that law enforcement officers are willing to speak with at a deeper level, there are several mechanisms that help-providers can utilize to gain credibility. The first is the ride along; this allows

providers to demonstrate dedication to understanding the law enforcement profession and develop relationships outside of the counseling setting (Fair, 2009). According to Fair (2009), another mechanism to establish relationships with the law enforcement community is to provide mental health education to officers. The results of the current study indicate this is beneficial within the context of local CIT training, particularly for private practice clinicians.

After a counselor has established relationships within the law enforcement community, a focus must also be placed upon marketing techniques to increase engagement further. The results indicated challenges in LEO accessing services, specifically within the private sector. However, participants also discussed barriers in engaging in treatment stemming from perceptions of therapists not being knowledgeable with LEO culture. Viewing of marketing materials is an LEO first interaction with a provider and can be an opportunity to set a tone of effectively being able to provide services. Effective marketing techniques must align with the masculine subculture of law enforcement; this will have implications on the language and focus of marketing efforts (Wester & Lyubelsky, 2005; Mahalik, Good, & Englar-Carlson, 2003). Male culture has less comfort with emotions and loss of control. Language in marketing must avoid help-seeking stereotypes to engage officers in treatment, with a focus on services centering around terms such as interviewing, classes and education rather than therapy, counseling, or support group (Wester & Lyubelsky, 2005; Rochlen & Hoyer, 2005). Capitalizing on the strengths of this culture are also fundamental to engagement. Male culture

exemplifies problem-solving and goal oriented behavior, each of which is helpful in the therapeutic process as well (Mahalik et al., 2003).

5.3.2 Implications for Counselor Education

Within recent years, arguments have been made for the development of and the need for specialization when working with various populations in which increased knowledge regarding their specific needs and cultures would be necessary to provide the most appropriate treatment (Glickman & Harvey, 2008; Kegerreis, 2006). The process to unify competency development led to the creation of a general framework concerning multicultural competencies and standards, as specialization often revolves around a population having unique cultural experiences (Sue, Arredondo, & McDavis, 1992). According to Sue et al. (1992), competencies must be developed around characteristics and dimensions to provide a full understanding of a population. One must look at both the counselor and client world view to include their attitudes and beliefs, knowledge and skills and appropriate interventions (Sue et al., 1992). To accomplish this understanding, there are several methods to include: training and/or licensure, supervision, consulting with related and appropriate disciplines, and consulting with current experts within the area (Flores et al., 2014; Lassiter, Napolitano, Clubreth, & Ng, 2008; Rooney, Flores, & Mercier, 1998).

Counselor education can play a role in the development of competencies within future clinicians in the treatment of LEO. Coursework across the curriculum addressed the importance of cultural competence and increased understanding of various

populations. LEO culture could be incorporated within the topic throughout the curriculum to provide advanced understanding to clinicians during their education.

Professional organizations can also provide an opportunity for additional education for counselors that may increase understanding of the LEO culture. Increasing an understanding of the individuals that LEO encounter within their line of work enhances the ability of the counselor to also understand the LEO. Membership to the International Association for Addiction and Offender Counseling is one opportunity for further engagement within these populations.

5.3.3 Implications for Supervision

Obtaining support from individuals who are currently knowledgeable in the form of consultation, collaboration and supervision can also contribute to the development of specialization (Flores et al., 2014; Ladany, Inman, Constantine, & Hofheinz, 1997; Lassiter, Napolitano, Clubreth, & Ng, 2008). Flores et al. (2014), highlight the importance of learning about cultural strengths in addition to challenges through direct communication with those in the culture or currently knowledgeable about the culture. Consultation and collaboration activities to provide direct interaction can include relationship development, learning from others direct experience in the form of readings, documentaries, and conversation and reflection (Flores et al., 2014). While relationships with individuals of the identified culture are critical to increasing awareness and understanding, a structure of support in the form of supervision from a supervisor already competent in working with the population increases acceptable practice (Ladany, Inman, Constantine, & Hofheinz, 1997). Supervisors can assist in providing education and

understanding to individuals interested in developing a specialization in this area. Additionally, supervisors can encourage training counselors to participate in engagement opportunities of providing training to LEO regarding mental health topics and participate in ride alongs to increase relationships and understanding of the population.

5.4 Study Limitations

This study's findings are best appreciated in the context of the study's limitations. First, limitations within the current study exist in the research team's potential biases. These biases include involvement with the program being studied and belief in the effectiveness of treatment. These biases are a potential limitation as they could lead to reflexivity within the interview process and influence the selection of participants. The research process attempted to mitigate these challenges through the use of triangulation of researchers and an external auditor. The prolonged engagement of the researcher can be a strength and limitation within the current study. Prolonged engagement has strengths in a greater willingness for participants to answer honestly, but it can also present a risk for bias in participant selection. A strength in reducing this limitation includes the primary researcher has been within the planning stages limiting interaction with training participants for several years. This results in a large pool of participants that have not had any interaction with the primary researcher, nor that the primary researcher has any knowledge of. However, participants could be selected who naturally have a greater investment in the CIT program due to extraneous factors which resulted in the prolonged engagement with the researcher. This may make it difficult to determine if there are

extraneous characteristics that affected the participant's views of treatment outside of the CIT training.

Participant honesty may be an additional limitation. As mentioned above, limitations of honesty can arise from the prolonged engagement relationship. Additionally, these limitations can arise due to the stigma of mental health law enforcement officers. Law enforcement officers may not feel comfortable sharing the experiences that are against cultural norms, especially within the focus group. Officers often view their peers as less willing to seek help than they are (Karaffa & Tochkov, 2013). The concern relating to these perceptions may limit honesty within this setting.

Another limitation of the current study is the inclusion of just one case. Interviewing individuals from multiple CIT programs could further increase the generalizability of the study. There may be aspects regarding this specific county or program that are independent of this location. This information is unable to be known in the absence of participants from another location.

Lastly, dynamics within the research study among participants presented challenges and limitations. Originally, the goal within the current research study was to conduct a follow up a focus group. The composition of this group proved to be problematic in navigating power dynamics between participants. The culture presents barriers in both the closed nature of the topic and the hierarchical nature of the profession. Throughout the study, participants discussed challenges in disclosing their experiences based off of several factors including rank, gender, and length of employment. Navigating these challenges within the focus group to allow for a protected

environment for disclosure proved to be problematic. Disclosure to those outside of the profession are also limitations within the culture (Kirschman et al., 2014; Skolnick, 2014). It is possible that these dynamics affected what individuals were willing to share within individual interviews as well.

5.5 Recommendations for Future Research

Researchers have previously established LEO mental health needs (Violonti et al., 2011) and reluctance to seek help for these mental health needs (Karaffa & Tochkov, 2013). Barriers have included stigma relating to mental health treatment (Arter & Menard, 2018). However, little exploration has centered on how to reduce barriers relating to stigma. The current study aimed to increase this understanding, with some limitations present. For future studies relating to this topic, it would be helpful to utilize multiple communities to reduce the limitations presented during the current study. CIT programs from multiple communities would allow for a larger sample of participants. Thus, reducing the presence of bias associated with prolonged engagement of the researchers to a specific program. This would increase the generalizability of the study and address concerns for researcher bias or participant response for social desirability.

Additional efforts to determine aspects that can reduce LEO stigma relating to mental health symptoms and help-seeking would be beneficial to assisting counselors in furthering LEO engagement in treatment. The current research study provided some feedback within this area regarding training. Future efforts to understand the effects of training such as Blue Courage, modifications made to resiliency modules in the CIT

training suggested within this research, and effects of the shift in academy curriculum would be beneficial.

Further, the community could benefit from increased understanding in administration and LEO characteristics that are proactive in shifting the culture toward acceptance of help-seeking. Participants in the current study discussed actions from the administrator perspective, and LEO discussed perception from the line officer perspective. However, administrators and LEO were from a different department. Thus, it was not within the scope of the current study to determine how their department received administrator actions. Gaining this insight regarding administrator actions would be beneficial.

5.6 Conclusion

Law enforcement officers experience mental health concerns at a rate higher than the general population as a result of their employment (Violonti et al., 2011). However, stigma is present within their culture regarding the presence of mental health symptoms and the need for engaging in mental health treatment (Bullock & Garland, 2017). Little research has been conducted on methods to reduce stigma relating to help-seeking for LEO.

Previous research within this area suggested the CIT training could reduce stigma relating to the general population (Compton et al., 2006). However, researchers had not previously investigated if this stigma reduction had secondary gains for reducing officer self-stigma. The current study aimed to provide insight into how CIT training affects

LEO mental health help-seeking. Continued research in this area would be beneficial for counselors in being able to engage and treat this population competently.

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Appendix A

Informed Consent

Counselor Education and Supervision

Department Address

Toledo, Ohio 43614

Phone #

Fax #

ADULT RESEARCH SUBJECT - INFORMED CONSENT FORM

Reducing Stigma in Law Enforcement Help-Seeking: An Exploratory Study of the Role of Crisis Intervention Team Training

Principal Investigator: *Principal Investigator Dissertation Chair, Dr. John Laux*

Laura Fullenkamp, Doctoral Student, (419) 306-3017

Purpose: You are invited to participate in the research project entitled Reducing Stigma in Law Enforcement Help-Seeking: An Exploratory Study of the Role of Crisis Intervention Team Training which is being conducted at the University of Toledo under the direction of *Dr. John Laux, Dissertation Chair and Laura Fullenkamp* The purpose of this study is *to* determine if education aimed to reduce general stigma relating to mental health will assist law enforcement officers in reducing stigma relating to their own needs and increase willingness to engage in help-seeking behaviors.

Description of Procedures: This research study will take place in Bowling Green*, Ohio. The interview will take approximately 1 hour and will be completed over one session. You will be asked to complete a questionnaire in which you will answer brief questions regarding yourself, your education and experiences with individuals with mental illness, and your thoughts about seeking help for mental health needs. Following the questionnaire, interview questions will be discussed and audio recorded for accuracy. If desired, you can participate in a follow up focus group to further*

discuss aspects of your experience. This will take approximately an hour and a half on a later date.

YES ☐ NO ☐ Initial Here _____

After you have completed your participation, the research team will debrief you about the data, theory and research area under study and answer any questions you may have about the research.

Potential Risks: There are minimal risks to participation in this study, including loss of confidentiality and their right to stop participation at any point. Answering the survey may make you feel anxious or upset, you may discontinue the survey at any point.

Potential Benefits: The only direct benefit to you if you participate in this research may be that you will learn about how surveys are run and may learn more about Crisis Intervention Team training and law enforcement officer help seeking. Others may benefit by learning about the results of this research, which could have broader implications on increasing officer wellness and support.

Confidentiality: The researchers will make every effort to prevent anyone who is not on the research team from knowing that you provided this information, or what that information is. The consent forms with signatures will be kept separate from responses, which will not include names and which will be presented to others only when combined with other responses. Although we will make every effort to protect your confidentiality, there is a low risk that this might be breached.

Voluntary Participation: Your refusal to participate in this study will involve no penalty or loss of benefits to which you are otherwise entitled and will not affect your relationship with The University of Toledo. In addition, you may discontinue participation at any time without any penalty or loss of benefits.

Contact Information: Before you decide to accept this invitation to take part in this study, you may ask any questions that you might have. If you have any questions at any time before, during or after your participation or experience any physical or psychological distress as a result of this research you should contact a member of the research team, Dissertation Chair, TBD or Laura Fullenkamp at (419) 306-3017.

If you have questions beyond those answered by the research team or your rights as a research subject or research-related injuries, the Chairperson of the SBE Institutional Review Board may be contacted through the Office of Research on the main campus at (419) 530-2844.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

SIGNATURE SECTION – Please read carefully

You are making a decision whether or not to participate in this research study. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to take part in this research.

The date you sign this document to enroll in this study, that is, today's date must fall between the dates indicated at the bottom of the page.

Name of Subject (please print)	Signature	Date
Name of Person Obtaining Consent	Signature	Date

This Adult Research Informed Consent document has been reviewed and approved by the University of Toledo Social, Behavioral and Educational IRB for the period of time specified in the box below.

Approved Number of Subjects: _____

Appendix B

Law Enforcement Demographic Questionnaire

Gender: _____

Age: _____

Race:_____

Rank: _____

Jurisdiction (Sheriff's office; city PD; village PD: _____

Rank order your preference to the following roles in law enforcement

(1- preferred role, 3- least preferred role):

_____ Maintaining Order

_____ Enforcing Laws

_____ Providing Service

When did you attend the CIT training?

_____

What led to you attending the training?

_____

_____

How is the training viewed within your department?

_____

_____

What resources are available to officers at your department for your mental health?

_____

_____

Appendix C

Facilitator Demographic Questionnaire

Gender: _____

Age: _____

Race:_____

Professional Role: _____

Role in CIT (Development, presenter, etc.)_____

How long have you been involved in the CIT training?

_____

What led to you participate in the training?

_____

_____

How is the training viewed within your department/agency?

_____

_____

What resources are available to officers at your department/agency for your mental health?

_____

_____

Appendix D

Law Enforcement Officer Interview Protocol

Thank you for meeting with me today. I know that you're very busy so I want to make sure to be respectful of your time. I will make every effort to keep today to an hour, but if you would like more time it is not a problem. We are going to begin today reviewing an informed consent document (see appendix A). Your participation is entirely voluntary today. If at any point you would like to discontinue the interview you are welcome to. Additionally, resources are available if any of our discussion today brings about discomfort.

Historical Baseline:

1. Throughout your personal and professional life, what has your experience been with individuals with mental illness?
2. Growing up and beginning your career, what was your understanding of the development and treatment of mental illness?
3. Describe your typical interaction with the mental health system throughout your employment.

Transition to Personal Experience:

4. "Today you were asked to bring some type of a physical artifact that influences your experience of mental health help seeking within your department. What did you bring with you today and help me understand how it influences your decision?"

5. If individual did not bring an artifact: "When someone doesn't bring an object or artifact it can also provide some insight into mental health help-seeking. What led to your not bringing an artifact today?"

6. What is the culture at your agency in relation to mental health of officers?

7. In your experience, what has affected officers in receiving help for any mental health needs?

8. What are the largest barriers in seeking help for mental health needs that you have experienced?

After Participation in Intervention:

9. Describe your experience attending a Crisis Intervention Team training.

10. How, if in any way, did the training affect your view on mental health?

11. How, if in any way, did the training affect your view on mental health treatment?

12. Describe your perceptions of mental health issues of officers both before, and after completing the training.

13. Are there any other things you would like to discuss today that are important to understanding your experiences?

Thank you for speaking with me today! The next steps will involve transcribing our discussion and I will be providing a copy for your review. Please read it over for accuracy. Make sure that the interview captured your thoughts and experiences. We will be looking a bit more deeply into this topic at a focus group with around six participants over the next few weeks. As you a reviewing the experience, I will be checking back in with you to see if this is something you would like to participate in. Thank you again!

Appendix E

Facilitator Interview Protocol

Thank you for meeting with me today. I know that you're very busy so I want to make sure to be respectful of your time. I will make every effort to keep today to an hour, but if you would like more time it is not a problem. We are going to begin today reviewing an informed consent document (see appendix A). Your participation is entirely voluntary today. If at any point you would like to discontinue the interview you are welcome to. Additionally, resources are available if any of our discussion today brings about discomfort.

Historical Baseline:

1. Throughout your personal and professional life, what has your experience been with law enforcement officers and individuals with mental illness?

2. Describe your typical interaction with law enforcement officers throughout your life.

3. Describe your typical interaction with the mental health system throughout your employment.

Transition to Personal Experience:

4. “Today you were asked to bring some type of a physical artifact that influences someone’s experience of mental health help seeking within the law enforcement profession. What did you bring with you today and help me understand how it influences a decision?”

5. If individual did not bring an artifact: “When someone doesn’t bring an object or artifact it can also provide some insight into mental health help-seeking. What led to your not bringing an artifact today?”

6. What is your understanding of the culture of law enforcement within the county in relation to mental health of officers?

7. In your experience, what has affected officers in receiving help for any mental health needs?

8. What are the largest barriers in seeking help for mental health needs that you have experienced?

After Participation in Intervention:

9. Describe your experience participating in a Crisis Intervention Team training.

10. Describe your perceptions of officers interacting with mental health both before, and after completing the training.

11. How do you think this training affects officer help-seeking for their own mental health?

12. Are there any other things you would like to discuss today that are important to understanding your experiences?

Thank you for speaking with me today! The next steps will involve transcribing our discussion and I will be providing a copy for your review. Please read it over for accuracy. Make sure that the interview captured your thoughts and experiences. We will be looking a bit more deeply into this topic at a focus group with around six participants over the next few weeks. As you a reviewing the experience, I will be checking back in with you to see if this is something you would like to participate in. Thank you again!

Appendix F

Recruitment Flyer for Law Enforcement Officers

Appendix G

Recruitment Flyer for Facilitators